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2009

Mozambique

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
Moz Executive Summary_COP09.doc	application/msword	11/14/2008	Executive Summary	MGormley

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.

[X] Yes [ ] No

Description:

Please see attached supporting document

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador's Letter.doc	application/msword	11/14/2008	Ambassador's Letter	MGormley

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Amy	Dubois	Interim PEPFAR Coordinator	MozPEPFARCoordinator@mz.cdc.gov
DOD In-Country Contact	Andrew	Olsen	Lieutenant Colonel	Olsenac@state.gov
HHS/CDC In-Country Contact	Lisa	Nelson	Country Director	NelsonL@mz.cdc.gov
Peace Corps In-Country Contact	Christine	Djondo	Country Director	cdjondo@mz.peacecorps.gov
USAID In-Country Contact	Polly	Dunford	General Development Officer	pdunford@usaid.gov
USAID In-Country Contact	Todd	Amani	Country Director	tamani@usaid.gov
U.S. Embassy In-Country Contact	Todd	Chapman	Chargé d'Affaires	ChapmanTC@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	$300000
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	No

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

Prevention	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
End of Plan Goal	506,379			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	437,427	0	437,427
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	51,271	0	51,271

Care (1)	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		638,416	0	638,416
End of Plan Goal	550,000			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	525,358		525,358
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	14,291	0	14,291
8.1 - Number of OVC served by OVC programs	0	113,058	0	113,058
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	521,768	187,360	709,128

Treatment	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		99,768	58,509	158,277
End of Plan Goal	110,000			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	99,768	58,509	158,277

Human Resources for Health	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		115	0	115
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	115	0	115

2.2 Targets for Reporting Period Ending September 30, 2010

Prevention	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	549,849	0	549,849
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	69,074	0	69,074

Care (1)	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	778,162	0	778,162
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	653,837	0	653,837
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	19,420	0	19,420
8.1 - Number of OVC served by OVC programs	124,325	0	124,325
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	651,609	328,829	980,438

Treatment	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	131,741	50,759	182,500
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	131,741	50,759	182,500

Human Resources for Health	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	150	0	150
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	150	0	150

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: GHAI CDC HQ PHE MULTIc EffPEPFAR

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11931.09
System ID: 11931
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: M&S

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8786.09
System ID: 9849
Planned Funding($): [redacted]
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: MCHIP Follow-on

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12245.09
System ID: 12245
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Ambassador's Girl's Scholarship Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11331.09
System ID: 11331
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD Combination Prevention MCP Needs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11719.09
System ID: 11719
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3640.09
System ID: 10303
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD PHEs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8865.09
System ID: 10414
Planned Funding($): [redacted]
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD Policy Partner

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10824.09
System ID: 10824
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Combo Prevention IQC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12252.09
System ID: 12252
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: DoD-TBD-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9944.09
System ID: 9944
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Health Care Improvement Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9317.09
System ID: 10355
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Interagency APS for Innovative Programs and New Partnerships

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11333.09
System ID: 11333
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: MARPs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12251.09
System ID: 12251
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: OVC Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12253.09
System ID: 12253
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: OVC Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12254.09
System ID: 12254
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: PPP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9312.09
System ID: 10354
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD RFA Communities and Corridors Prevention

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10813.09
System ID: 10813
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD RFA Community Care Services

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10909.09
System ID: 10909
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD RFA Food and Nutrition Commodities and Logistics

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10815.09
System ID: 10815
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD RFA Human Capacity Development

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10814.09
System ID: 10814
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD RFA Mass Media

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10812.09
System ID: 10812
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD RFA Nampula and Zambezia Integrated Community Services

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9305.09
System ID: 10460
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD RFA Sofala, Manica, Tete, Niassa Community & Clinical Services

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10811.09
System ID: 10811
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD RFP for Infrastructure - Contracts Direct

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10817.09
System ID: 10817
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD RFP Infrastructure Construction

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10818.09
System ID: 10818
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD SAPI - HIV Prevention Training for USG Staff, GRM, Partners

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11332.09
System ID: 11332
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: USAID-TBD Local (USAID)-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3673.09
System ID: 10353
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Follow-on to PHRplus

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3721.09
System ID: 10356
Planned Funding($): $1,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Abt Associates
New Partner: No

Sub-Partner: Bearing Point
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:

Mechanism Name: Fanta II GHN-A-00-08-0001-00

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9310.09
System ID: 10357
Planned Funding($): $650,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: AED Dot.org

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9316.09
System ID: 10358
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Capable Partners Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3692.09
System ID: 10359
Planned Funding($): $7,436,456
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Association of Mozambique Nurses
Planned Funding: $350,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Health Scholarship Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9709.09
System ID: 10360
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Africa-America Institute
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3697.09
System ID: 10361
Planned Funding($): $522,984
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Africare
New Partner: No

Mechanism Name: Track 1 Supplement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4055.09
System ID: 10362
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Africare
New Partner: No

Mechanism Name: New Partners Initiative USAID

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7237.09
System ID: 10363
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Aid for Development People to People, Mozambique
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3585.09
System ID: 10254
Planned Funding($): $545,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: American Association of Blood Banks
New Partner: No

Mechanism Name: Twinning_AIHA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3720.09
System ID: 10112
Planned Funding($): $811,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: American International Health Alliance
New Partner: No

Sub-Partner: University of California at San Francisco
Planned Funding: $952,520
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, HTXS - Treatment: Adult Treatment

Sub-Partner: Catholic University of Mozambique
Planned Funding: $370,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Association of Mozambique Nurses
Planned Funding: $190,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC_ASCP_CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8891.09
System ID: 9861
Planned Funding($): $20,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society of Clinical Pathology
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3576.09
System ID: 10257
Planned Funding($): $1,806,659
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: PPP/NoCountryFunding

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10910.09
System ID: 10910
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Becton Dickinson
New Partner: Yes

Mechanism Name: Project Search

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9302.09
System ID: 10410
Planned Funding($): $400,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Boston University
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC CARE INTL

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6124.09
System ID: 10258
Planned Funding($): $2,533,724
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: CARE International
New Partner: No

Mechanism Name: HHS_HRSA/HBHC/Catholic Univ/Central/NPI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7923.09
System ID: 10753
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Catholic University of Mozambique
New Partner: No

Mechanism Name: State Grant

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3823.09
System ID: 9330
Planned Funding($): $46,350
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: Catholic University of Mozambique
New Partner: No

Mechanism Name: Central Contraceptive Procurement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3649.09
System ID: 10342
Planned Funding($): $735,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Central Contraceptive Procurement
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 ARV

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3580.09
System ID: 10262
Planned Funding($): $4,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Columbia University
New Partner: No

Sub-Partner: Ministry of National Defense
Planned Funding: $190,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Pathfinder International
Planned Funding: $850,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Zambezia Provincial Health Directorate
Planned Funding: $99,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: DPS GAZA
Planned Funding: $64,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: DPS Nampula
Planned Funding: $196,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Table 3.1: Funding Mechanisms and Source

Mechanism Name: GHAI_CDC_HQ_PHE_CU_09

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11932.09
System ID: 11932
Planned Funding($): $166,078
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Columbia University
New Partner: No

Mechanism Name: Track 1 ARV Moz Supplement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3568.09
System ID: 10264
Planned Funding($): $17,224,418
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Columbia University
New Partner: No

Sub-Partner: Pathfinder International
Planned Funding: $850,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Mothers 2 Mothers
Planned Funding: $150,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Zambezia Provincial Health Directorate
Planned Funding: $99,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: DPS Nampula
Planned Funding: $196,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Ministry of National Defense
Planned Funding: $190,000
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: DPS GAZA
Planned Funding: $64,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Mechanism Name: Track 1 ARV Moz Supplement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3574.09
System ID: 10291
Planned Funding($): $18,841,717
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: Akuvumbana
Planned Funding: $22,333
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Reencontro Xaixai
Planned Funding: $22,333
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: CVM Gaza
Planned Funding: $22,333
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: CVM Maputo
Planned Funding: $22,333
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: DDS subgrants Maputo Province
Planned Funding: $91,764
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Table 3.1: Funding Mechanisms and Source

Sub-Partner:	DDS subgrants Nampula
Planned Funding:	$168,234
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Program Budget Codes:	MTCT - Prevention: PMTCT

Sub-Partner:	DDS subgrants Gaza
Planned Funding:	$107,058
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Program Budget Codes:	MTCT - Prevention: PMTCT

Sub-Partner:	DDS subgrants Cabo Delgado
Planned Funding:	$152,940
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Program Budget Codes:	MTCT - Prevention: PMTCT

Sub-Partner:	DPS GAZA
Planned Funding:	$785,290
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner:	DPS Maputo
Planned Funding:	$783,820
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner:	DPS Cabo Delgado
Planned Funding:	$889,700
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner:	DPS Nampula
Planned Funding:	$919,140
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVTB - Care: TB/HIV, HVCT - Prevention: Counseling and Testing

Sub-Partner:	Desafio Jovens

Table 3.1: Funding Mechanisms and Source

Planned Funding:	$22,333
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Program Budget Codes:	MTCT - Prevention: PMTCT

Sub-Partner:	Igreja Presbyteriana
Planned Funding:	$22,333
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Program Budget Codes:	MTCT - Prevention: PMTCT

Sub-Partner:	LadoLado
Planned Funding:	$22,333
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Program Budget Codes:	MTCT - Prevention: PMTCT

Sub-Partner:	Associacao Ntwanano
Planned Funding:	$22,333
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT

Sub-Partner:	Pfukane
Planned Funding:	$22,333
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Program Budget Codes:	MTCT - Prevention: PMTCT

Sub-Partner:	Tsembeca
Planned Funding:	$22,333
Funding is TO BE DETERMINED:	No
New Partner:	Yes
Associated Program Budget Codes:	MTCT - Prevention: PMTCT

Mechanism Name: USAID-Elizabeth Glaser Pediatric AIDS Foundation-GHAI-Local

Mechanism Type:	Local - Locally procured, country funded
Mechanism ID:	5088.09
System ID:	10411
Planned Funding($):	$0
Procurement/Assistance Instrument:	Cooperative Agreement
Agency:	U.S. Agency for International Development
Funding Source:	GHCS (State)
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
New Partner:	No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID-Family Health International-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10419.09
System ID: 10419
Planned Funding($): $3,833,941
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: FURJ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6128.09
System ID: 10294
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Federal University of Rio De Janeiro
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3683.09
System ID: 10415
Planned Funding($): $480,786
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Food for the Hungry
New Partner: No

Mechanism Name: USAID-Foundation for Community Development-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3674.09
System ID: 10416
Planned Funding($): $803,117
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Foundation for Community Development, Mozambique
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Habitat for Humanity

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7229.09
System ID: 10417
Planned Funding($): $1,150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Habitat for Humanity
New Partner: No

Mechanism Name: USAID-Health Alliance International-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3629.09
System ID: 10337
Planned Funding($): $10,087,960
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Health Alliance International
New Partner: No

Mechanism Name: JHPIEGO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8784.09
System ID: 10412
Planned Funding($): $7,471,890
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: JSI/DELIVER

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12250.09
System ID: 12250
Planned Funding($): $180,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: John Snow International
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Vulnerable Girls Initiative Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7232.09
System ID: 10344
Planned Funding($): $234,750
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University
New Partner: No

Mechanism Name: The Health Communication Partnership

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3680.09
System ID: 10418
Planned Funding($): $915,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Sub-Partner: International HIV/AIDS Alliance
Planned Funding: $240,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Mechanism Name: Track 1 Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3630.09
System ID: 10295
Planned Funding($): $1,400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Ministry of Health, Mozambique
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3570.09
System ID: 10296
Planned Funding($): $3,629,390
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Mozambique
New Partner: No

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3569.09
System ID: 10297
Planned Funding($): $97,200
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Women and Social Action, Mozambique
New Partner: No

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 11728.09
System ID: 11728
Planned Funding($): $0
Procurement/Assistance Instrument:
Agency:
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner:

Mechanism Name: HRSA IAA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3586.09
System ID: 10242
Planned Funding($): $631,400
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: New York AIDS Institute
New Partner: No

Sub-Partner: Vanderbilt University
Planned Funding: $250,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: JHPIEGO
Planned Funding: $25,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3701.09
System ID: 10420
Planned Funding($): $391,615
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Opportunity International
New Partner: No

Mechanism Name: SCMS Blood Safety Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 11926.09
System ID: 11926
Planned Funding($): $200,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: Supply Chain Management System

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3650.09
System ID: 10421
Planned Funding($): $24,722,279
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: DoD-PSI-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6904.09
System ID: 9338
Planned Funding($): $1,040,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: USAID-Population Services International-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3579.09
System ID: 10422
Planned Funding($): $4,059,794
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3702.09
System ID: 10423
Planned Funding($): $1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Project HOPE
New Partner: No

Mechanism Name: Global Health Technical Assistance Project (GH Tech)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10810.09
System ID: 10810
Planned Funding($): $424,844
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: QED Group, LLC
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 Blood Safety RPSO

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5006.09
System ID: 9331
Planned Funding($): $155,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: Central GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: RPSO National Public Reference Laboratory

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 12249.09
System ID: 12249
Planned Funding($): $250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3557.09
System ID: 10426
Planned Funding($): $739,218
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Samaritan's Purse
New Partner: No

Mechanism Name: USAID-Samaritans Purse-GHAI-HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5083.09
System ID: 10428
Planned Funding($): $477,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Samaritan's Purse
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID-Save the Children U.S.-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6782.09
System ID: 10429
Planned Funding($): $1,550,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Save the Children US
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6129.09
System ID: 9865
Planned Funding($): $367,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The American Society for Microbiology
New Partner: No

Mechanism Name: Health Policy Initiative (ex-PDI)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3686.09
System ID: 10430
Planned Funding($): $475,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: The Futures Group International
New Partner: No

Mechanism Name: USAID-United Nations Children's Fund-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5085.09
System ID: 10431
Planned Funding($): $0
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: United Nations Children's Fund
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8898.09
System ID: 10711
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of California at San Francisco
New Partner: No

Mechanism Name: DoD-University of Connecticut-GHAI-HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6903.09
System ID: 9339
Planned Funding($): $100,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: University of Connecticut
New Partner: No

Mechanism Name: MEASURE Phase III Evaluation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7413.09
System ID: 10432
Planned Funding($): $1,480,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University of North Carolina at Chapel Hill, Carolina Population Center
New Partner: No

Mechanism Name: I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3583.09
System ID: 9948
Planned Funding($): $6,118,091
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: No

Sub-Partner: Global Health Communications
Planned Funding: $785,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVCT - Prevention: Counseling and Testing

Sub-Partner: University of California at San Francisco
Planned Funding: $757,520
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Mechanism Name: CDC_OHSS_USAID

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 10298.09
System ID: 10298
Planned Funding($): $0
Procurement/Assistance Instrument: IAA
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID - IRM Cost Recovery

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7080.09
System ID: 11061
Planned Funding($): $152,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID-USAID-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3685.09
System ID: 10433
Planned Funding($): $11,447,396
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID-BUCEN SCILS Follow On HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7411.09
System ID: 10434
Planned Funding($): $80,525
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Bureau of the Census
New Partner: No

Mechanism Name: BASE_CDC_HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3521.09
System ID: 10461
Planned Funding($): $558,320
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: GHAI_CDC_HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3526.09
System ID: 10462
Planned Funding($): $4,432,736
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: BASE_CDC_POST

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3524.09
System ID: 10463
Planned Funding($): $1,778,680
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: GHAI_CDC_POST

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3529.09
System ID: 10464
Planned Funding($): $4,439,624
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: DOD-DOD-GHAI-HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3520.09
System ID: 9340
Planned Funding($): $925,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: CDC_DoS_ICASS/Capital Security Cost

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6693.09
System ID: 9760
Planned Funding($): $1,653,481
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State/OGAC/ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11910.09
System ID: 11910
Planned Funding($): $5,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PAO

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4978.09
System ID: 9874
Planned Funding($): $520,001
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Sub-Partner: Youth for Change and Action Committee
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Girls in Development, Education and Health (REDES Committee)
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Science Fair Committee
Planned Funding: $60,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Mechanism Name: Quick Impact Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3837.09
System ID: 9876
Planned Funding($): $745,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Sub-Partner: Lurio University
Planned Funding: $95,000
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Budget Codes:

Table 3.1: Funding Mechanisms and Source

Mechanism Name: State Grant

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4791.09
System ID: 9873
Planned Funding($): $15,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State/OGAC/ICASS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9303.09
System ID: 9336
Planned Funding($): $0
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: U.S. Department of State-U.S. Department of State-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3648.09
System ID: 9875
Planned Funding($): $480,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: USAID - ICASS Costs

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7246.09
System ID: 9855
Planned Funding($): $273,000
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Peace Corps-Peace Corps-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3528.09
System ID: 9341
Planned Funding($): $1,387,500
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: CDC-Vanderbilt CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6127.09
System ID: 10249
Planned Funding($): $7,862,075
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Vanderbilt University
New Partner: No

Sub-Partner: LEPRA Society
Planned Funding: $180,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVTB - Care: TB/HIV

Mechanism Name: GHAI CDC HQ PHE Vanderbilt

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11930.09
System ID: 11930
Planned Funding($): $345,636
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Vanderbilt University
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID-World Food Program-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3628.09
System ID: 10435
Planned Funding($): $1,425,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: World Food Program
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3675.09
System ID: 10437
Planned Funding($): $802,419
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: World Relief Corporation
New Partner: No

Mechanism Name: USAID-World Relief Corporation-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3626.09
System ID: 10438
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: World Relief Corporation
New Partner: No

Mechanism Name: USAID-World Vision International-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3627.09
System ID: 10439
Planned Funding($): $0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: World Vision International
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3721.09	10356	Abt Associates	U.S. Agency for International Development	GHCS (State)	Bearing Point	N	$100,000
3692.09	10359	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Association of Mozambique Nurses	N	$350,000
3720.09	10112	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Association of Mozambique Nurses	N	$190,000
3720.09	10112	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Catholic University of Mozambique	N	$370,000
3720.09	10112	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	University of California at San Francisco	N	$952,520
3568.09	10264	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	DPS GAZA	N	$64,000
3568.09	10264	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	DPS Nampula	N	$196,000
3568.09	10264	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ministry of National Defense	N	$190,000
3568.09	10264	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Mothers 2 Mothers	N	$150,000
3568.09	10264	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Pathfinder International	N	$850,000
3568.09	10264	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Zambezia Provincial Health Directorate	N	$99,000
3580.09	10262	Columbia University	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	DPS GAZA	N	$64,000
3580.09	10262	Columbia University	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	DPS Nampula	N	$196,000
3580.09	10262	Columbia University	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Ministry of National Defense	N	$190,000
3580.09	10262	Columbia University	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Pathfinder International	N	$850,000
3580.09	10262	Columbia University	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Zambezia Provincial Health Directorate	N	$99,000
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Akuvumbana	N	$22,333
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Associacao Ntwanano	N	$22,333
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	CVM Gaza	N	$22,333
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	CVM Maputo	N	$22,333
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	DDS subgrants Cabo Delgado	N	$152,940
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	DDS subgrants Gaza	N	$107,058
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	DDS subgrants Maputo Province	N	$91,764
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	DDS subgrants Nampula	N	$168,234
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Desafio Jovens	N	$22,333
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	DPS Cabo Delgado	N	$889,700
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	DPS GAZA	N	$785,290
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	DPS Maputo	N	$783,820

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	DPS Nampula	N	$919,140
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Igreja Presbyteriana	N	$22,333
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	LadoLado	N	$22,333
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Pfukane	N	$22,333
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Reencontro Xaixai	N	$22,333
3574.09	10291	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Tsembeca	N	$22,333
3680.09	10418	Johns Hopkins University Center for Communication Programs	U.S. Agency for International Development	GHCS (State)	International HIV/AIDS Alliance	N	$240,000
3586.09	10242	New York AIDS Institute	HHS/Health Resources Services Administration	GHCS (State)	JHPIEGO	N	$25,000
3586.09	10242	New York AIDS Institute	HHS/Health Resources Services Administration	GHCS (State)	Vanderbilt University	N	$250,000
3583.09	9948	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Global Health Communications	N	$785,000
3583.09	9948	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	University of California at San Francisco	N	$757,520
3837.09	9876	US Department of State	Department of State / African Affairs	GHCS (State)	Lurio University	N	$95,000
4978.09	9874	US Department of State	Department of State / African Affairs	GHCS (State)	Girls in Development, Education and Health (REDES Committee)	N	$100,000
4978.09	9874	US Department of State	Department of State / African Affairs	GHCS (State)	Science Fair Committee	N	$60,000
4978.09	9874	US Department of State	Department of State / African Affairs	GHCS (State)	Youth for Change and Action Committee	N	$100,000
6127.09	10249	Vanderbilt University	HHS/Centers for Disease Control & Prevention	GHCS (State)	LEPRA Society	N	$180,000

Table 3.3: Program Budget Code and Progam Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: $21,610,179

Program Area Narrative:

USG direct support for PMTCT (Prevention of Mother to Child Transmission) services in Mozambique has expanded from 16 sites in FY04, with 901 women receiving a complete course of ARV prophylaxis, to 263 sites with 14,025 women receiving ARV prophylaxis for PMTCT in the first half of FY08 alone. USG implementing partners have developed a variety of support models, ranging from on-site direct service delivery to technical assistance for the MOH. Initial emphasis was on counseling and testing and provision of single-dose nevirapine (sdNVP) for PMTCT. Focus has more recently shifted to rolling out combination prophylaxis, including AZT, for PMTCT; initiating eligible pregnant women on treatment; and providing early infant diagnosis. The MOH vision is for nationwide PMTCT coverage with access to more effective regimens in the context of strengthened maternal and child (MCH) services and efforts to reduce maternal and child mortality.

USG support currently covers 9 out of the 11 provinces in Mozambique, at facilities that include both ANC and maternity services. About two-thirds of all clients receiving services at USG-supported facilities are seen in the ANC setting. More than 80% of pregnant women attend at least one ANC visit, while about 54% have a facility-based delivery. In FY09 USG will provide PMTCT support in all 11 provinces.

PMTCT Priorities in FY09:
USG coordination with the Ministry of Health (MOH) at all levels will be a priority in FY09. National level TA to the MOH for policy development and dissemination will be critical for increasing access to PMTCT services, with focus on finalizing and disseminating information. Currently, many of the documents that would provide national guidance remain in draft form. Nevertheless, there is helpful information in the current draft documents which, combined with discussions with MOH, help shaped the FY09 USG planning process. For example, the draft third edition of the national strategic plan to combat HIV/AIDS includes the following objectives: Expansion of PMTCT into peripheral sites; Improved quality of MCH/PMTCT service provision; Access to a comprehensive package of MCH/PMTCT and access to other HIV/AIDS related services; Improved maternal and child nutrition practices as a major strategy to improve health and reduce vertical transmission; and access to psychosocial support for HIV-infected pregnant women, mothers and their families. Additional information from an internal MOH meeting in June 2008 emphasized training material revision and training activities for supervisors and providers, access to ART for pregnant women, and harmonization, finalization, and dissemination of data collection tools for maternal and child health (including PMTCT).

MOH has mandated integration of HIV care and treatment with primary care services; USG PMTCT support will be designed to complement this approach. Towards this end, and in order to encourage capacity building and sustainability of USG support, in FY09 USG will be realigning its PMTCT programming to support the MOH vision and encourage sustainable scale up of PMTCT through network-, district-, and provincial-level PMTCT support, technical assistance, training, quality improvement, and monitoring and evaluation.

Challenges:
While PMTCT is already integrated into routine MCH services to some extent, significant challenges remain. Linkages to MCH system strengthening will be pursued wherever possible, including continued support for syphilis testing and expanded support for appropriate treatment of diagnosed cases. Integration with malaria prevention is currently being explored through an FY08 funded situational analysis that will form the basis for FY09 activities in this area. Coordination with PMI will continue in FY09. In addition, an interagency interdisciplinary team will engage in a resource mapping exercise that will inform the PEPFAR country team how PMTCT resources can be best utilized to support comprehensive maternal and child health services.

USG support will be limited to one partner per district providing clinical services, and wherever possible, we will also move towards funding one partner per province. Partner rationalization, and in some cases redistribution will be carried out in FY09 to promote improved coordination with MOH. In coordination with other PEPFAR program areas (counseling and testing, care, and treatment) this will be approached in a way that minimizes any disruption of service provision.

The district-based approach aims to increase PEPFAR's responsiveness, including support for overall systems strengthening. Some direct support to sites may continue during the transition period in order to minimize service disruption, but the explicit goal is to shift away from this approach. To support this transition, USG is developing graduation criteria for sites with the ultimate goal of shifting partners towards closer collaboration with MOH and a focus on capacity building.

Services supported by USG partners supporting PMTCT will include:
Provider-initiated counseling and testing (PICT) integrated into PMTCT services, with group pre-test counseling and individual post-test counseling. Rapid tests are utilized, with results provided on the same day. Testing uptake among ANC clients is approximately 90% at USG-supported sites and 75% nationally. However, serious challenges have been identified, including use

of expired stocks of HIV rapid test kits and documented incorrect results. Quality assurance (QA) activities will scale up in FY09, including refresher training and quality assurance projects focusing on counseling and testing in the PMTCT setting. Scale up of testing in the maternity setting will continue in FY09, and

ARV prophylaxis will be based on combination therapy (AZT). Among all women receiving ARV prophylaxis for PMTCT, about 43% received the AZT component (SAPR08). Partners will be asked to develop specific FY09 targets for scale up of AZT-based prophylaxis for PMTCT and will receive support for achieving these goals, including access to hemoglobin meters. Partners will support approaches for strengthening adherence for AZT. Partner reporting data has been stratified by regimen since SAPR08, and this will continue in FY09 with additional focus on M&E strengthening and ART for eligible pregnant women. Among all women receiving ARV's for PMTCT, about 11% were on ART (SAPR08). In coordination with the PEPFAR care and treatment program, partners will develop in-country targets for pregnant women on ART for the first time in FY09. The minimum target for all partners is anticipated to be 20%. USG will work with implementing partners to develop models of integrated PMTCT and ART service provision in selected ANC settings to fast track pregnant women who are eligible for ART. In addition, USG will pursue national level advocacy and support for expanding ART eligibility criteria (currently CD4 <250).

Cotrimoxazole (CTX) prophylaxis

SAPR08 data for CTX among pregnant women revealed extremely low coverage, which is most likely due to policy and training issues for health workers. Currently there is no national guidance allowing nurses to prescribe CTX prophylaxis within ANC, although there is some flexibility at the provincial level. Advocacy for updating guidance is ongoing and will continue in FY09. In FY09 targets will be established for CTX prophylaxis for pregnant women for the first time, and implementing partners will be asked to develop plans for integrated initiation and adherence support. Support for infant CTX prophylaxis will continue.

Enrollment in longitudinal care

CTX prophylaxis, along with linkages to care and treatment services, will be part of an effort to increase rates of enrollment in longitudinal care for pregnant women; USG will also strengthen psychosocial support and adherence activities. The USG goal will be that 80% of women identified in PMTCT settings are linked to longitudinal care.

Early infant diagnosis

Preliminary Chain Reaction (PRC) is still in an early scale-up stage in Mozambique, with only about 3,700 children tested out of the more than 10,000 deliveries by HIV-infected women at USG-supported facilities and approximately 150,000 deliveries by HIV-infected women nationally (SAPR08). USG partners will describe activities to ensure access to timely early infant diagnosis in close coordination with the USG pediatric care and treatment program;

Support groups and male involvement

In FY08, USG funded a national inventory of support group activities in PMTCT settings, as well as design of a preliminary national framework. USG will complete formal operational guidelines in FY09. This will be a key intervention to strengthen PMTCT, including linkages between facility and community-based care, and support for male and family involvement. USG partners will support roll out with emphasis on engaging local/Mozambican organizations. Male involvement will be further encouraged with partner-specific invitations for counseling and testing

Community-based care

In FY09 the USG PMTCT program will strengthen linkages with the community-based care program, including home-based care, to strengthen support group and male involvement activities.

Prevention

Male involvement and increased attention to discordancy will be one aspect of additional focus on primary prevention to reduce MTCT. The PMTCT program will also coordinate with sexual transmission prevention and prevention with positives activities within the PEPFAR Mozambique portfolio. The PMTCT program will be coordinating with the counseling and testing program regarding a study on reducing incidence among high risk individuals who test negative for HIV.

Training

At least 10% of the PMTCT budget will be allocated to human capacity development, with emphasis on training. At central level, revision of training materials will be completed for both pre-service and in-service. PMTCT clinical mentoring activities that started in FY08 will continue and expand to all partners in FY09.

Information, Education, and Communication (IEC)

Two implementing partners will be requested to coordinate with the Health Education branch of the MOH to coordinate development and dissemination of PMTCT IEC material—one partner for central level technical assistance and the other for material development and dissemination.

Traditional Birth Attendants (TBAs)

Some implementing partners have already engaged in training and collaboration with TBAs to specifically support uptake of and adherence to facility-based services, which is encouraged by the PEPFAR PMTCT program. However a uniform approach in collaboration with MOH at the provincial level needs to be developed.

Infant nutrition and food assistance for pregnant / lactating women

Training for PMTCT service providers will be reinforced in this area, through revised materials and refresher trainings where needed. Ongoing central level technical assistance will focus on clear policy and information dissemination to the provinces, in combination with IEC. Programs will emphasize AFASS criteria (acceptable, feasible, affordable, sustainable and safe) to define best practices. Food support through a "food by prescription" model has already been explored in Mozambique and will be rolled out incrementally to all partners.

Referral and linkages

As mentioned, the PMTCT program will be prioritizing initiation of ART for eligible pregnant women. In addition to actively monitoring indicators and targets that reflect linkages, these linkages will be directly measured in selected networks. There is also significant potential for increased PMTCT coverage, as well as facility-community linkages and collaboration, by working with support groups, community health care workers, and coordinating activities with community care in FY09.

Local groups and Mozambican partner organizations

PEPFAR funded partners will continue to support indigenous implementing organizations and start to develop the long term sustainability of HIV/AIDS programs in Mozambique. Specifically, PMTCT psychosocial support activities may provide a feasible starting point.

Monitoring and Evaluation

Specific support will be provided for PMTCT, including target setting for partners as described below. Central level national M&E

of PMTCT services has improved dramatically in the past year, allowing more accurate description of accomplishments as well as challenges. In FY08, the USG team helped MOH produce PMTCT data that were included in indirect accomplishments in SAPR for the first time since 2005, and in FY09 the goal is create a system that produces a single set of higher-quality nationally approved PMTCT statistics. USG is in the final stages of recruitment of a technical advisor whose primary focus will be capacity building with MOH PMTCT program for M&E.

Target Setting:
A common formula for calculating counseling and testing targets in PMTCT will be offered to partners for FY09 planning: (SAPR08 Number of unique clients * 2) * (X%) = target for number counseled and tested. A common formula for calculating overall targets for ARV prophylaxis will also be offered to partners for FY09 planning, based on target for number counseled and tested as described above: (Target for number counseled and tested) * (local prevalence or 16%) * (X%) = target for receiving ARV prophylaxis.
In both cases the percentage (X) will be developed on an individual partner basis, incorporating past performance data, local operating environment, etc. National targets for number of women receiving ARV prophylaxis for PMTCT are 59,465 (2009); 69,634 (2010); 80,453 (2011); 91,806 (2012); and 103,732 (2013).
These targets are conservative; 80% coverage (approximately 120,000 women receiving ARV prophylaxis) is expected by FY12. The PMTCT program in Mozambique has made significant gains recently (national coverage roughly doubled between FY06 and FY07, to 18%); however it is unlikely that annual doubling of coverage is sustainable.

Coverage of counseling and testing in the context of PMTCT reached 30% of all pregnant women in Mozambique in FY07, and data from SAPR08 indicate that more than 50% coverage may be achieved in FY08 with inclusion of upstream data. In this case, and for ARV prophylaxis coverage as discussed above, current trends need to be confirmed in APR08 reporting. USG partners may be at or above 80% coverage in the sites where they provide support, but national coverage of 80% or more remains a goal that may take additional years to achieve.

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	10810.09	**Mechanism:**	Global Health Technical Assistance Project (GH Tech)
Prime Partner:	QED Group, LLC	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	21244.25612.09	**Planned Funds:**	$300,000
Activity System ID:	25612		

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008

The community health worker program in Mozambique, known as the Agente Polivalente Extraordianaria (APE), is being re-vitalized. The Minister of Health and the Prime Minister of Mozambique have both been quoted on record regarding the intense need for community involvement and community solutions to community issues. With only 30-32% of Mozambicans living in urban areas, the real opportunity is providing community-based prevention and basic care to more rural populations (approximately seven million people).

The APE program began years ago with a scope of work and modus operandi, which seemed to be doomed from the start. The community was to pay the APE through the setting of a fee schedule as well as enjoying a small profit off the medicines in the kit provided by the Ministry of Health. However, in actuality, the APE's were rarely paid for their work and this resulted in a distortion of their use of the medications in their kits. The APE's are still active in a few areas of Mozambique, normally supported by NGO partners working in the community. The Government of Mozambique's new commitment to this program is particularly extraordinary given the Minister of Health's felt aversion to clinical work being undertaken at the community level.

The APE program, is in the initial stages of review, and is being implemented in the three northern provinces of Mozambique (Niassa, Cabo Delgado, and Nampula) through the World Bank. The first activity will be to review the existing interventions utilizing APE's and to document current practice in country across donors and implementing partners. More thought will need to be invested into the revision of the curriculum and the operational details, which will ultimately heavily influence its success. USAID, directly and through her partners, seeks to provide technical assistance to the Department of Community Health, to ensure a proper curriculum and thoughtful roll-out of the operational plan. In its entirety, it is estimated that Mozambique will train approximately 5,000-6,000 community health workers.

This re-programming is timely and important to be responsive to the Ministry of Health's request. It is also an opportunity for South-to-South collaboration with Brazil. Brazil enjoys a fertile, productive, and efficient community health worker program. The funds attributed to GH-Tech will be utilized to hire Brazilian consultants to work with their Mozambican counterparts. Given Brazil's vast experience in this area and their Lusophone capability, it is thought that this type of cooperation is ideal.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21244

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21244	21244.08	U.S. Agency for International Development	QED Group, LLC	7238	7238.08	Global Health Technical Assistance Project (GH Tech)	$193,327

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 10811.09

Mechanism: TBD RFA Sofala, Manica, Tete, Niassa Community & Clinical Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 25620.09

Planned Funds: [redacted]

Activity System ID: 25620

Activity Narrative: THIS IS A NEW ACTIVITY under COP09.

In FY 09, USG will consolidate its approach to the provision of community and clinical services by competing out its activities in four provinces - Niassa, Sofala, Manica and Tete Provinces. This includes 7 districts in Niassa, 13 in Sofala, 10 in Manica, and 7 districts in Tete. The agreement will be awarded to one to four partners, or a consortium of partners, who will subcontract with the DDS and sites to implement a comprehensive package of services across a continuum of care. Services include PMTCT, counseling and testing, and adult and pediatric palliative care and ART services at health facilities, and home based care, OVC, and general follow-care and support at community levels.

This FY09 activity supports the implementation of PMTCT services at 185 health facilities to reach a 144,670 women with HIV counseling and testing services. As prevalence rates vary across provinces and districts, an estimated 21,701of HIV-infected pregnant women will receive a full course of ARV prophylaxis, including 10,850 with combination AZT prohylaxis (50% of the total). An estimated 5425 eligible pregnant HIV-infected women will receive ART for their own health, and 3,255 will receive CTX prophylaxis.

The partner(s) will support the Districtand Provincial Health Authorities to provide and expand the full range of family-centered PMTCT services at clinic level that include: opt-out counseling and testing of pregnant women during ANC, syphilis testing, screening for ART eligibility of HIV-positive women through CD4 count testing and/or clinical assessment, provision of combination ARV prophylaxis for PMTCT for the mother-infant pair and referral for ART for eligible pregnant women, quality infant feeding counseling based on best practices, including exclusive breastfeeding for the first six months and weaning based on AFASS, and reinforced counseling and messages for increasing facility deliveries.

RFA partner(s) will expand and strengthen the provision of combination ARV prophylaxis to more sites, and will collaborate with the DDS and DPS to ensure PMTCT sites have adequate stocks of prophylactic ARVs for pregnant women and exposed infants. Funds have been allocated to SCMS to procure ARVs for PMTCT prophylaxis as well as lab reagents for hemoglobin (Hb) testing for women receiving AZT, CTX for eligible pregnant women, syphilis test kits, and HIV RTKs. RFA partners will strengthen capacity of sites to manage their commodities, and will work with SCMS, DPS and DDS to ensure adequate distribution of supplies. Clinton Foundation/CHAI will provide 100% of exposed infant CTX and DBS PCR testing kits.

PMTCT sites have initiated CD4 sample blood draw on site at the ANC with sample referral to the nearest CD4 testing center. This approach reduces the lost-to-follow-up of pregnant women and ensures that all pregnant women identified as HIV positive will be fast-tracked and receive eligibility screening services. The RFA partner(s) will strengthen and expand this approach by collaborating with the DDS and District/Provincial Hospitals to establish and/or strengthen the system for CD4 sample referral and collection.

RFA Partner(s) will support the DDS and sites to strengthen services for HIV-exposed infants including routine provision of CTX, clinical and growth monitoring, DBS PCR testing, and referral for pediatric services. To improve adherence to follow-up and reduce lost-to-follow up of exposed infants, partners will work with sites to organize exposed infant follow-up visits during child vaccination/well-baby services. The program will continue to foster linkages with the Child at Risk Consult (CCR) as well as treatment services. The referral system between PMTCT, treatment services, and the CCR will be the first line of approach, which has broad Governmental support. However, the program will also explore manners to reinforce testing and treatment linkages with vaccination campaigns, well baby visits, and weighing stations. The national integrated Child Health Card that includes HIV-related information on the mother/child will facilitate efforts for linkages and identification of HIV-exposed infants. In addition, RFA partners will introduce and train health facility staff in the use of a national algorithm for identification of HIV-infected infants and children (see PDCS and PDTX TBD Central TA to MOH). RFA Partner(s) will ensure the provision of focused training in exposed infant follow-up, in particular the importance of clinical and grow th monitoring and referrals for pediatric care. The RFA partners(s) will coordinate with the MOH to ensure sites and providers have received training in DBS PCR in line with the MOH DBS PCR training strategy and program. The RFA partners will support the DDS and sites to foster linkages between clinical care and treatment services and sites and PMTCT and exposed infant follow-up services. This could include support for weekly or monthly meetings of a multi-disciplinary team of health staff and community liaisons to discuss issues of adherence and follow-up, linkages between PMTCT and other services, data review, and follow-up activities to improve service delivery and linkages. RFA partners will also support the DDS and DPS to strengthen the district network model by funding quarterly district meetings and annual provincial meetings to discuss challenges with implementation and best practices.

USG/PEPFAR will leverage resources from PMI and Global Fund. PMI will provide LLINs for distribution to pregnant women while Global Fund procured LLIN's will support both pregnant and lactating women. However, PEPFAR, through PSI, will provide a buffer stock of LLIN for PMTCT partners to ensure that all pregnant women receive a mosquito net.

Integration and uptake of family planning (FP) services has been weak in Mozambique, and has not been a focus of USG Mozambique. Under this agreement, the partner(s) will increase efforts to improve access to FP services for HIV-infected women, particularly post-partum. In some situations, postpartum visits and FP are offered on different days and by different providers. RFA partner(s) will work with sites to improve service delivery and patient flow by organizing FP days around exposed infant visits, and to ensure FP counseling appropriate to the HIV-infected woman's needs is provided to HIV-infected women during postpartum FP visits as part of Mozambique's safe motherhood program. To improve data on HIV-infected women receiving FP services, partners will develop a system for tracking provision of these services.

Testing of male partners in the ANC setting has been a challenge in Mozambique due to the stigma of HIV and HIV testing and the limited participation of men in supporting women's pregnancy and health. RFA partners will introduce innovative ways of bringing men to the facility for testing, including provision of invitation letters for women to bring to their husbands/partners and other family members to come for

Activity Narrative: testing, organization of specific testing days for men

Food and nutrition will be an important component of the program. Partner(s) will provide support to sites in improving the quality of counseling on infant and young child feeding, including exclusive breastfeeding until 6 months or when replacement feeding is AFASS, and complementary feeding of infants > 6 months. Partners will receive nutritional supplements for eligible pregnant and lactating mothers who meet national eligibility criteria for food supplementation, and exposed infants > 6 months through the food and nutrition commodities award recipient in sites that are not within WFP-mandated provinces. In provinces that are considered food-insecure based on WFP eligibility, RFA partner(s) will leverage food support from WFP resources. Partners will leverage additional food support through UNICEF and Clinton Foundation, who support Plumpy Nut needs for severe malnutrition. A small amount of the budget has been allocated to support the management of food commodities at sites and districts, including distribution at sites, procurement of storage materials (ie. pallets or ventilation materials), and for tracking food distribution. This food support will cover around 25% of the need, based on the assumption that WFP will support a portion and the Food and Nutrition commodities award recipient will also support a portion but neither source will be enough to cover the need.

Monitoring and evaluation has been a priority of the Government of Mozambique, and efforts have started under FY08 to implement a national M&E program for PMTCT through Columbia ICAP support. National, provincial and district level M&E are dependent on the quality of facility level data. RFA partners will support the DDS to strengthen the data collection at facilities for PMTCT services, including tracking of provision and/or outcomes of clinical eligibility assessments in ANC/PMTCT registers, provision of AZT prophylaxis, and eligibility for HA ART and outcomes. National level TA in M&E for PMTCT through Columbia ICAP support will result in the revision of PMTCT M&E tools, and RFA partner(s) will collaborate with ICAP and the MOH in the introduction of these tools and registers once finalized and approved by the MOH.

RFA partners will also support community activities. For PMTCT, this will include introduction of mothers' psychosocial support and adherence groups. While this generally takes place within a facility setting, it reinforces community participation and stigma reduction among community members. In addition to mothers support groups, RFA partners will continue to provide community based follow-up care and support to PLWHA, including mother infant pairs, and conduct community participation efforts. Community groups and PMTCT support groups will carry out community-based outreach and advocacy to promote support to PLWHA, reduction in violence against women living with HIV, and promotion of male participation and involvement. OVC and HBC volunteers, as well as APEs will serve as liaisons to the health center for follow -up adherence care and support, and for reaching pregnant HIV-infected women, their exposed infants, and family members.

During FY 09, USG is increasing its efforts in overall systems strengthening, supporting decentralization of activities, and sustainability planning. RFA partners will provide significant support to the DPS and DDS for implementation of activities. RFA partners will look into subcontracting mechanisms with local health authorities (DDS and/or DPS) to conduct integrated supervision of clinical services; monitoring and evaluation, in particular analysis of facility level data for monitoring performance of individual sites, districts and provinces; financial planning and budgeting; and annual work planning and quarterly monitoring of implementation of activities. RFA partners will work with the DPS to strengthen existing supervision tools to ensure the most recent technical updates of the national program have been incorporated. This will be done in a harmonized fashion with support from the MOH to ensure the use of standardized tools for supervision. The contracting mechanisms will include key indicators for performance monitoring of DPS and DDS activities. In addition, RFA partners will work with provincial clinical mentor advisors to ensure that PMTCT services are integrated into clinical mentoring activities.

This activity addresses the following Programmatic Emphasis Areas: Gender and Health Wraparound activities, which are described above.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery [redacted]

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities [redacted]

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 10815.09
Mechanism: TBD RFA Food and Nutrition Commodities and Logistics
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 25622.09
Planned Funds: [redacted]
Activity System ID: 25622

Activity Narrative: NEW ACTIVITY

This activity relates to TBD FN HTXS, and TBD FN HKID.

In keeping with current guidance from (OGAC) Emergency Plan funds for this activity will target food support to the following priority groups: Orphans and Vulnerable Children born to an HIV infected parent (regardless of the child's HIV and nutritional status); HIV-positive pregnant and lactating women in programs to prevent the transmission of HIV to their children (PMTCT); and Adult patients in anti-retroviral therapy (ART) and care programs who have evidence of severe malnutrition, as defined by the Ministry of Health.

The activity will support a Request for Proposals to procure commodities and provide logistics support required to implement a nutrition/HIV program modeled after Kenya's Food by Prescription. It is important to note that USG does not yet have full buy-in of the Ministry of Health for a food by prescription program model. PEPFAR/Mozambique will sponsor a study tour to Kenya in early 2009 (led by FANTA) for Ministry of Health, National AIDS Council, and the Social Welfare Ministry to observe and understand implementation of AMPATH and FBP.

This activity will involve (1) competitive procurement of one or more fortified, blended flour products for clinically malnourished PLWHA, PMTCT women during pregnancy and lactation, and early weaned infants born to HIV-positive women (specifications based on foods presently used in the Mozambique (2) regular delivery of the product(s) implementation sites (supported by PEFFAR partners); and (3) support to the clinic sites on inventory control, storage, and record keeping (working with FANTA and the hospital and health center clinical care partners).

A 30-day supply of food will be provided to patients who have undergone clinical nutrition assessment and counseling, and who meet specific entry criteria, specifically: clinically malnourished patients with body mass index (BMI) or mid-upper arm circumference (MUAC) defined by Ministry of Health. Patients will return on a monthly basis for reassessment and an additional month's food supply until their weight stabilizes above an established exit cutoff (to be defined with MOH). Typically, patients are provided with 3-6 months of supplementary food before exceeding the BMI/MUAC exit cutoff. In addition, supplementary food will be provided on a monthly basis for women in select PMTCT programs during pregnancy and until the infant is weaned (~4-6 mo of age), at which time food will continue to be provided on a monthly basis for the infant until 2 years of age. FANTA will assist in establishing the product specifications and production standards (e.g. GMP and safety) for the low-cost, nutrient-dense supplementary food(s) to be procured under this activity.

In a later phase, contractor will supply food baskets in line with MOH food and nutrition guidelines and the food by prescription program for all USG-supported clinical sites not within WFPs geographic focus areas.

The contractor will develop a food distribution strategy that ensures that all beneficiary sites receive the recommended food commodities. The contractor will support the following activities: 1) Forecasting of food commodities in close collaboration with AED/FANTA project, MOH, UNICEF, World Food Programme (WFP), and Clinton Foundation/CHAI. 2) Development of a distribution strategy based on different scenarios, including distribution within existing distribution system as well as outsourcing distribution of food commodities to point of service, in cases where the existing system is not functioning. 3) Develop SOPs and tools for USG clinical partner-supported sites, districts, and provinces to adequately manage food commodities, including LMIS tools for reporting on food consumption, FIFO, storage at sites, and distribution 4) Conduct assessments of provincial warehouses and district warehouses in collaboration with the DPS/DDS and USG clinical partners supporting the provinces and districts to identify needs for adequate storage and distribution of food stuffs 5) Provide assessment tools and SOPs to DDS/DPS and USG partners for assessing storage space and conditions at PMTCT sites. 6) Provide ongoing technical support in the logistics management and supervision of the management of food commodities.

USG will wrap food distribution around existing World Food Program (WFP) supported MCH clinics, as WFP only supports food insecure provinces. USG will support non-WFP supported sites and a mapping between USG and WFP activities will be conducted to ensure that all USG supported PMTCT sites are supported either by WFP wrap around or the USG TBD partner.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery [redacted]

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities [redacted]

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3685.09
Mechanism: USAID-USAID-GHAI-Local
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 25634.09
Planned Funds: $240,000
Activity System ID: 25634

Activity Narrative: THIS IS A NEW ACTIVITY IN FY09.

STAFF
USAID will fund 100% of the PMTCT Advisor; 50% of the Health Development Advisot and 50% of the Sr. Health & Nutrition Advisor:
All are existing positions.

1. Health Development Advisor (USPSC)

This activity supports the costs of a Health Development Advisor to provide strategic guidance on behalf of USAID and USAID partners in implementation of PMTCT activities. He/she will provide overall planning and management related to all PMTCT activities, coordinate with the Ministry of Health and other partners involved in PMTCT and MCH-related activities, and collaborate closely with other USG activites supported by SO8/Health, including malaria, family planning, and child survival activities. He/she will actively engage the Ministry and provide overall technical leadership in collaboration with the FSN PMTCT Advisor on integration of family planning and strengthening infant feeding activities for PMTCT. He/she will supervise the Senior FSN PMTCT Advisor.

2. PMTCT Advisor (FSN)

This activity supports the salary and activities of a local Foreign Service National Staff to provide PMTCT guidance and management of USAID clinical partners providing PMTCT services. He/she will work closely with the Health Development Specialist in managing PMTCT activities, conducting site visits, coordinating with Ministry of Health and the Reproductive Health Unit at the MOH, and collaborating with the CDC PMTCT counterpart on PMTCT-related activities and technical working groups.

3. Senior Health and Nutrition Advisor (USPSC)

This activity supports the costs of a Senior Health and Nutrition Advisor for strengthening linkages between PMTCT and HIV and other health and nutrition activities. He/she will provide overall technical guidance and leadership in collaboration with the Senior FSN PMTCT Advisor and Senior Health Development Specialist for strengthening linkages and integration of PMTCT into health and nutrition activities, and for strengthening best practices for infant feeding among all infants. He/she will manage and monitor the food and logistics commodity RFP and provide strategic guidance on implementing food and nutrition activities in the context of PMTCT and MCH programs.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3583.09
Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 8798.23219.09
Planned Funds: $400,000
Activity System ID: 23219

Activity Narrative: SUMMARY and BACKGROUND

I-TECH's FY09 PMTCT program consists of providing technical support to MISAU in four activities: 1) support for the on-going clinical mentoring program for PMTCT nurses; 2) the finalization and dissemination of an Operational Guide and training package for mothers' support groups; 3) the selection and adaptation of an internationally-approved curriculum for PMTCT to replace the current in-service course; and 4) the provision of technical assistance for the insertion of PMTCT content into key pre-service courses, with a particular focus on the pre-service course for the tecnicos de medicina (TM). Additionally, I-TECH will continue to provide technical assistance to MISAU's PMTCT technical working group and its sub-groups, as requested by the MOH.

ACTIVITIES

ACTIVITY 1: Clinical Mentoring of PMTCT Nurses ($180,000)

I-TECH has been working with MOH in developing a mentor's training curriculum and set of clinical mentoring tools for PMTCT nurses in order to strengthen the national expansion of PMTCT services. I-TECH has been collaborating with two PEPFAR partners, Columbia University/ICAP and EGPAF, to develop and pilot two different clinical mentoring models. The ICAP-supported model consists of the provision of nurses' training via two-week rotations through a PMTCT model center, followed by on-site mentoring. The EGPAF model consists of mentor training and subsequent mentoring for PMTCT nurses at their "home facility" sites. The primary objectives of the program are to increase and reinforce PMTCT-related knowledge and aptitude of nurses working in the nation's pre-natal, delivery, and post-partum facilities, and to address some of the barriers to providing a basic PMTCT package of services for women of reproductive age in Mozambique.

I-TECH's collaboration with ICAP in the development of a mentors' training and nurse rotation materials dates back to 2007. In June 2008, the two organizations conducted the first training of 20 PMTCT nurse mentors followed by the initiation of rotations in the Nampula model center. The training materials developed for the first course consisted of a Facilitator's Manual, a Reference Manual for mentors, a Clinical Rotation Guide, a set of technical lectures with accompanying notes for mentors and set of checklists for mentors to use to measure mentee progress during clinical rotations and during subsequent on-site mentoring. A key finding of the initial mentor's training was lack of a strong clinical knowledge base on the part of the selected mentors, an issue that will need to be addressed by the program implementers prior to conducting mentor trainings. Based on the evaluation of the first mentor training and rotations, the materials have been refined for the subsequent training at the model center in Maputo province, scheduled for October 2008.

The materials developed in FY08 will be used to inform development of a national approach for PMTCT clinical mentoring, led by MOH, in FY09. While the Ministry has approved the use of model centers (ICAP) for training PMTCT nurses, it is the decentralized mentoring model being developed with EGPAF that they believe will be most appropriate for national expansion. I-TECH is presently working with EGPAF to develop tools to conduct a baseline assessment of the knowledge level and clinical skills of possible mentors. The results of the assessment will provide enough of an evidence base to gauge the technical knowledge and skills of PMTCT nurses in general and to draft training materials to upgrade both the theory and clinical practice of potential mentors before they are expected to work with their mentees. The same assessment tools may be helpful to MOH in other facilities.

In FY09, 15 mentors at ICAP-supported sites in Maputo will be trained, 10 EGPAF-supported tutors will be trained, and 10 MOH mentors, including provincial and district supervisors in Gaza, will be trained. An evaluation of the decentralized model's materials will be conducted following the initial training and the materials will be revised accordingly. Following revisions, the final products will be submitted to MOH for their approval as official MOH documents and made available to all partners and Ministry-supported sites conducting PMTCT activities.

ACTIVITY 2: Framework for Mother Support Groups ($130,000)

I-TECH completed an inventory of PMTCT mother support groups in Mozambique in February 2008, which was complemented by a regional desk review conducted by UNICEF. Following the release of the report, I-TECH supported MOH in conducting a series of workshops to help steer the development of a Mothers for Mothers (Maes para Maes, or MpM) Operational Guide. The aim of the Operational Guide is to provide simple, standardized guidance on how to start and successfully run a support group for HIV positive pregnant women or women who have recently delivered. The Guide will ensure that MOH-approved policies and best practices are followed wherever the groups are formed, and that groups are linked with the national health service. The Guide will not only be an important tool for health facility nurses and mothers, but also will encourage male participation in this important prevention service. This activity will be ongoing in FY09; completion in FY08 was not possible due to replacement of key MOH personnel who were acting as counterparts on this project. The MpM Operational Guide will be submitted to MOH for approval before the end of November 2008. Once MOH has approved the Guide, I-TECH will use FY09 funds to develop a comprehensive training package to accompany the Guide. It will include materials for nurses and mothers who play lead coordination and training roles in the support groups. I-TECH will conduct a pilot and an evaluation of the training materials for 10 nurses with a PEPFAR-supported NGO partner and finalize the materials based on the evaluation. A training-of-trainers will then be offered to an approximate total of 20 nurses from MOH and other implementing partners. Given the close linkage between training PMTCT nurse mentors and the creation of mother support groups that are based in PMTCT services, the Operational Guide and accompanying training package will also be shared with the PMTCT nurses who are trained in the mentoring program.

ACTIVITY 3: PMTCT In-Service Course Revision ($70,000)

The present national PMTCT in-service course is out-dated and requires revisions. To that end, in FY09 I-TECH will work closely with MOH and its PMTCT technical working group on selecting an appropriate internationally-approved PMTCT course to be adapted for Mozambique. The Ministry will be encouraged to choose either the WHO IMAI/IMPAC Clinical Training Course for Integrated PMTCT Interventions or the CDC 2008 generic training package for adaptation. Within the context of the MOH PMTCT working group, I-TECH will provide technical assistance to the Ministry and help guide the decision making process such

Activity Narrative: that I-TECH can initiate course adaptation and updates. The deliverable for this activity is an improved, updated, and printable PMTCT curriculum by the end of FY09.

ACTIVITY 4: PMTCT Content Developed for Pre-Service Courses ($20,000)
The current pre-service courses for TM, nurses and other health worker cadres do not include any information on PMTCT services. I-TECH will support the MOH training department in reviewing and inserting PMTCT content in pre-service curricula where appropriate. I-TECH is presently technically supporting an MOH working group in revising the TM pre-service course for HIV care and treatment, and will ensure that appropriate PMTCT content is included in this new curriculum.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13217

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13217	8798.08	HHS/Health Resources Services Administration	University of Washington	6417	3583.08	I-TECH	$500,050
8798	8798.07	HHS/Health Resources Services Administration	University of Washington	4941	3583.07	I-TECH	$450,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $270,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3586.09
Mechanism: HRSA IAA
Prime Partner: New York AIDS Institute
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 15807.23589.09
Planned Funds: $170,000
Activity System ID: 23589

Activity Narrative: The Mozambican Ministry of Health (MOH) is committed to reducing HIV transmission from mother to child. In 2007 the MOH implemented a plan to improve the quality of services in sexual and reproductive health and infant health utilizing guidelines entitled “Gestao e Reconhecimento dos Servicos com Base em Padroes de Desempenho (GRBP)” (Management and Recognition of Services Based on Performance Patterns). The program aims to improve coordination between all facilities that serve HIV+ pregnant women including antenatal clinics, maternity clinics, postpartum clinics and ART clinics. Some women will access PMTCT services prior to and after a home delivery. The first phase of the program was focused in 6 provinces and included provision of training and education of standards of care and materials to support these standards. Data comparing services provided in 2007 to early 2008 showed a significant increase in services provided to pregnant women and their infants. The 2nd phase (2008-2009) of the program will focus on the 5 remaining provinces.

While access to PMTCT services increases dramatically in Mozambique, a mechanism to monitor the quality of the services provided is critical. HIVQUAL accomplishments and ongoing activities in FY08 include development of PMTCT indicators, key stakeholders meeting, identification of pilot facilities, and baseline data collection and analysis and QI training for PMTCT providers. HIVQUAL-Mozambique will build on FY08 activities to further develop a framework to assess the quality of services provided by PMTCT services. The core components of the HIVQUAL model are 1) Performance Measurement; 2) Quality Improvement; and 3) Quality Management Program or Infrastructure to support Quality Improvement. This model promotes a balance between data and improvement activities. It emphasizes the importance of national, provincial, district and site level leadership to promote and support quality activities in a sustainable way.

The HIVQUAL model has been used in Mozambique since being adopted by the MOH in 2006, and has been successfully implemented in 42 adult HIV treatment programs across the country. The program has worked in close collaboration with USG implementing partners. Multiple trainings for data collection and QI methodology have occurred nationally, regionally and at the facility level. The ART committees in most facilities function as the quality committee where HIVQUAL data is reviewed and analyzed and priorities for improvement identified. The MOH has expanded from 32 facilities to 42 and has asked that the program be implemented to 100 facilities in 2009, expanding to all 215 HIV treatment facilities in 2010.

This successful model will be also applied to facilities providing PMTCT programs. The following activities will be conducted during the project period:
1. Continued meetings of key stakeholders
2. Ongoing implementation of project workplan/timeline
3. Review and expansion of relevant, reliable and improvable indicators related to PMTCT and coordination of these services in concert with MOH and CPIP
4. Expansion of involved facilities
5. Update HIVQUAL-Mozambique software package
6. Training of new facilities in data collection methodology
7. Collection of baseline data at expanded group of facilities, analysis and report generation
8. Training of new facilities in Quality Improvement Methodology following baseline data collection.
9. Support ongoing Quality Improvement Projects at pilot facilities and implementation of QI projects in new facilities
10. Planning to add indicators for routine antenatal care and integrated services

In addition to the above activities the HIVQUAL team will perform an annual Organizational Assessment (OA) on each new facility. The OA assesses the current program and infrastructure in place to support and sustain the QI program at the facility level. The OA includes the following components: Leadership understanding of the need to support QI activities, planning, measurement, consumer involvement, staff involvement and education, QI
projects and an assessment of the facilities information systems capability.

The HIVQUAL-Mozambique program, funded through HRSA, is directed by the New York State Department of Health, AIDS Institute, under the directorship of Dr. Bruce Agins. Margaret Palumbo, Deputy Director of HIVQUAL-International and the lead for HIVQUAL-Mozambique will oversee these activities in collaboration with the MoH. The AIDS Institute contracts with a two local NGO's, JHPIEGO, and FGH (Vanderbilt University) to coordinate these activities in country. Currently Dr. Mussa Calu is the program coordinator who has ably led the implementation of HIVQUAL-Mozambique. Dr. Calu works closely with the Ministry of Health and was invited to attend weekly MoH meetings to develop a national quality management program and address quality issues related to integration of HIV and Primary Care. Antonio Langa, serves as the projects Data Manager, responsible for the data collection and reporting process. Mr. Langa provides hands on training to facilities and works closely with implementing partners to assure data is collected and reported in a timely manner. Mr. Langa will provide data analysis and report generation in conjunction with the MoH.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15807

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15807	15807.08	HHS/Health Resources Services Administration	New York AIDS Institute	6418	3586.08	HRSA IAA	$170,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 6127.09
Mechanism: CDC-Vanderbilt CoAg
Prime Partner: Vanderbilt University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 15778.23618.09
Planned Funds: $1,800,000
Activity System ID: 23618

Activity Narrative: SUMMARY

Vanderbilt University / Friends in Global Health (FGH) has been supporting HIV care and treatment in 6 rural districts of Zambezia Province with ongoing plans to scale-up to a total of 24 clinical sites throughout these 6 districts. FGH support has included direct support to the HIV care and treatment programs with clinicians; This approach has allowed us to provide one-on-one supervision, clinical mentoring, and technical assistance to programmatic areas and to focus on our other activities which include training, logistical support, community development, infrastructure development, monitoring and evaluation, technical assistance to provincial level MOH (DPS) in Zambezia, provincial human capacity development, and information technology development. In FY2009, FGH will be expanding its support activities to 6 more rural districts of Zambezia Province for a total of 12 districts.

Through partner relocation which will be taking place in FY09, FGH will assume support responsibilities for all facility-based HIV services including HIV care and treatment, PMTCT and counseling and testing in the districts it supports. This will allow for improved coordination and integration of services offered within the health units as well as a budgetary scale down of the costs to support these services as a result of economy of scale. FGH will assume and continue PMTCT services in those sites currently being supported by other USG PMTCT partners (17 sites) and based on the DPS Zambezia plan for PMTCT roll-out will expand services to 19 other sites not currently being supported by another USG partner.

ACTIVITIES

(1) Assume responsibility for 17 PMTCT sites and training activities currently supported by other USG partners. (Estimated budget: $750,000)

These sites will include 11 district headquarters and 6 rural peripheral health units. FGH will support the provision of a comprehensive package of services integrated with the routine MCH system and the HIV care and treatment program, with focus on increasing the number of pregnant women who receive appropriate counseling, testing, and their test results. Once an HIV+ pregnant women is identified she will be staged clinically, within the MCH setting at the time of diagnosis; staged immunologically with CD4 count; initiated on cotrimoxazole (CTX) prophylaxis; provided with an appropriate ARV regimen for PMTCT according to national standards; and offered participation in a psychosocial support group for mothers. Male and family (including mother in law) involvement in PMTCT/MCH services will be encouraged through invitations and psychosocial support activities. Wherever possible, malaria prevention interventions (such as distribution of bed nets) will be integrated into the PMTCT approach in coordination with PMI. Promotion of dual protection among HIV+ women will continue, and provider-initiated testing and counseling (PITC) will be implemented within FP services.

HIV+ pregnant women will be integrated into the existing FGH supported adherence network to support followup for both mother and child, medication adherence including CTX prophylaxis, encouragement for facility-based birth and appropriate post birth referral, treatment. FGH proposes to focus on the MOH-approved PMTCT regimen which includes AZT; the target is 70% uptake of ARV prophylaxis among HIV+ pregnant women in FY09. Among all women receiving ARV prophylaxis, at least 20% will be intiated on ART.

Exposed infants will received an appropriate ARV regimen for PMTCT according to national guidelines, CTX prophylaxis, and support for best infant feeding practices for reduction of MTCT as described below. Early infant diagnosis will continue to scale up in FY09.

Due to FGH´s already existing infrastructure for HIV care and treatment, additional costs for support to the PMTCT program including training/clinical mentoring of health care workers, integration of patients into the existing medical record and monitoring and evaluation systems, logistical support, and health center infrastructure support will be kept at a minimum. This will include the salary support for one local MCH nurse and supervisory staff as well as contribute to the purchase of supplies needed such as PMTCT registries, hemoglobin meters, and health education materials. FGH will also continue to support routine syphilis testing and treatment when needed.

HIV+ pregnant women will also receive nutritional assessment and be offered micronutrient supplementation and nutritional counseling which will focus on the mother´s nutritional needs as well as the importance of exclusive breastfeeding and rapid weaning for the child. In support of best feeding practices for reduction of MTCT, FGH currently supports educational cooking demonstrations for mothers waiting to have their children seen in the CCR (child at risk clinic) and will expand these courses to include mothers waiting to be seen in the PMTCT clinic. In addition, based on preliminary data collected by FGH in its HIV Care and Treatment program, approximately 10% of HIV+ patients are severely malnourished. For those women determined eligible (BMI adjusted for gestational age or MUAC), FGH is proposing to provide targeted food support, using Fortified Blended Foods, Ready to Use Therapeutic Foods, and/or Corn Soya Blends, for HIV+ pregnant and lactating women based on the “Food by Prescription” model.

(2) Expansion of support for PMTCT based on the DPS Zambezia plan for PMTCT roll-out to include 19 other sites not currently supported by another USG partner. (Estimated budget: $930,000)

This will include 1 district headquarter (Chinde) and 18 peripheral health units. These sites correspond to the DPS PMTCT roll-out plan and the existing FGH expansion plan for HIV Care and Treatment. Programmatic activities and support will be the same as mentioned above. Some funds will be allocated to address energy and water needs, as well as medical equipment (including gas or solar powered refrigerators to keep stocks of HIV rapid tests, vaccinations and medications for the PMTCT program).

For both activities (1) and (2), the model of support will begin to transition in FY09 to provide more district-level capacity building, including coordinated supervision with DPS teams, and less site-specific support.

(3) Training and integration of Traditional Birth Attendants (TBAs) to support facility-based delivery and follow up. (Estimated budget: $90,000)

As part of the existing FGH adherence network, FGH will target the integration of TBAs into facility-based services in each district. FGH proposes supporting the creation of associations of TBA´s and providing them with training related to HIV, PMTCT, to encourage them to support facility-based deliveries. As these associations develop and strengthen FGH will help the creation of a referral system between the health units and the TBA´s and vice versa. FGH estimates it will train approximately 20 TBA´s per district at a cost of $10,000 per training.

Activity Narrative: (4) Health information system support for PMTCT at district level. (Estimated budget: $30,000)
FGH is currently undertaking a roll-out of an OpenSource medical record system in the health units in which it supports HIV Care and Treatment which will help integration of services, improve patient tracking, improve monitoring and evaluation activities, improve implementation of HIVQUAL and will be used for all reporting requirements for PEPFAR and MISAU. As a result, FGH´s PMTCT activities will easily be incorporated into this system at a minimal cost per health unit. FGH estimates an initial start up cost of $1000 per site.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15778

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15778	15778.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	6415	6127.08	CDC-Vanderbilt CoAg	$490,200

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $450,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $25,000

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $100,000

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3570.09
Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 8588.23785.09
Planned Funds: $300,000
Activity System ID: 23785

Activity Narrative: Since the formal establishment of the MOH PMTCT program coordination office in 2003, the USG has supported the development of national PMTCT program guidelines and training materials, as well as the geographical expansion of PMTCT services, including training of of PMTCT trainers and service providers. In 2005-2006 MOH was reorganized to include PMTCT within the reproductive health section of the community health department. USG continues to support central-level PMTCT efforts within this framework.

FY09 funding will contribute to and support the following activities:

1) PMTCT training: Support for PMTCT training at sites that do not currently have USG partner support. Funding for FY09 will support the revision, finalization, and dissemination of training materials. 160 personnel will be newly trained, including program trainers, using existing materials until revisions of materials are completed. Whenever possible, training activities will incorporate evaluation and validation activities. Specific focus will include new and refresher training for counseling and testing in PMTCT settings. Counseling and testing will be incorporated in ante/postnatal and maternity settings, with focus on male involvement and couples counseling and testing.

2) PMTCT supportive supervision: FY09 funding will support supervision team visits from central level to PMTCT sites, as well as support for provincial supervisory teams. Central-to-provincial support for PMTCT will be coordinated through the MOH reproductive health department.

3) PMTCT service provision: Funding in FY09 will support service delivery at selected sites that are not currently supported by a USG implementing partner, including supplies, travel, specimen transport, and other needs such as renovation projects and durable goods such as refrigerators.

4) Production and distribution of PMTCT kits for trainers and providers: These kits contain key PMTCT program materials such as the PMTCT operational guidelines, the PMTCT training manual, PMTCT providers' pocket guide, and other job aids and educational materials. In FY09 central level activities will focus on finalizing norms and guidance for PMTCT, with subsequent dissemination of materials supported through this activity.

5) Community PMTCT activities: In FY09 support will continue for MOH leadership on community mobilization and development of facility-community linkages around PMTCT services, and the incorporation of materials developed by other USG partners, especially on mother support groups in PMTCT settings.

Community activities will be designed to help community health agents (traditional birth attendants, peer educators, other laypersons involved in PMTCT activities) to focus on PMTCT service promotion, PMTCT related behavior change promotion of adherence to ante/postnatal care consultations and institutional births in general as well as adherence to ARV prophylaxis or treatment, where applicable, and support to HIV infected pregnant women, mothers and families.

As a follow-on to FY08 activities, MOH will continue to support training for community health agents. Whenever possible, training activities will incorporate evaluation and validation activities. In keeping with MOH guidance from a national meeting on community involvement, these training activities are still being pursued as a short term solution while a holistic long-term approach is developed. This approach will incorporate multiple health service areas.

MOH activities will include coordination with USG partners who are currently working on PMTCT PHE's that will inform central level policy and practice.

USG funding for these activities will complement funding for PMTCT program expansion and training support provided by other agencies such as WHO, UNICEF, and the Global Fund.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13189

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13189	8588.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6408	3570.08	Cooperative Agreement	$388,314
8588	8588.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	$524,200

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$200,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3640.09
Mechanism: TBD Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 16309.23829.09
Planned Funds: [redacted]
Activity System ID: 23829

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
(1) HIV and malaria in pregnancy component reprogrammed to JHPIEGO in FY08; no new funding for FY09
(2) Central level support component to be reprogrammed for implementation in FY09

April08 Reprogramming Changes: This reprogramming request is to split the TBD, with $135,000 for HIV and malaria in pregnancy activities to JHPIEGO.

This activity, which is new in the PMTCT program area, represents initial steps for strengthening the linkages between HIV and malaria prevention, diagnosis and treatment services. Experience from this activity can be used to create the foundation for improved linkages between HIV and malaria components.

Objectives: A) Strengthen the linkages between HIV and malaria prevention, diagnosis and treatment services; B) Improve coordination of PMTCT and malaria mitigation activities.

Main Activities will be: (1) Complete HIV and malaria health services assessment, including documentation of current malaria and HIV prevention, diagnosis and treatment services conducted in PMTCT settings in selected provinces, with additional focus on linkages between services; (2) Complete analysis of assessment findings, develop and disseminate recommendations; (3) Develop updated service delivery guidelines for malaria, HIV/AIDS, and reproductive health; (4) Based upon results of assessment, create plan for next steps for development/adaptation and pilot test of materials and recommendations for strengthening of linkages between malaria and HIV prevention, diagnosis and treatment services.

This activity is composed of two distinct pieces: the first focusing on HIV and malaria in pregnancy [$135,000], and the second focusing on central-level support for PMTCT policy development, including mother support groups and integration with child health [$203,000].

HIV and malaria in pregnancy

It is well-known that malaria and HIV are devastating global health problems. Less is known about the interaction of the diseases or treatment choices for co-infected individuals; however, the current information reveals a very serious public health problem given the wide geographic overlap of the diseases in sub-Saharan Africa. HIV and malaria are highly endemic in Mozambique. HIV prevalence is 16.2%, and more than 90% of the population is exposed to malaria. Malaria is the largest single cause of mortality in hospitals: it is responsible for over 40% of outpatient visits and for 30% of recorded hospital deaths. The population is thus not only at severe risk of ill-effects of each disease, but for co-infection by both of them.

Pregnant women are especially vulnerable to these diseases. Malaria during pregnancy increases the risk of maternal anemia, spontaneous abortion, still birth, low birth weight, and neonatal death. It is responsible for the death of approximately 10,000 African women and 200,000 infants each year.

This activity, which is new in the PMTCT program area, represents initial steps for strengthening the linkages between HIV and malaria prevention, diagnosis and treatment services. Experience from this activity can be used to create the foundation for improved linkages between HIV and malaria components.

Objectives: A) Strengthen the linkages between HIV and malaria prevention, diagnosis and treatment services; B) Improve coordination of PMTCT and malaria mitigation activities.

Main Activities will be: (1) Complete HIV and malaria health services assessment, including documentation of current malaria and HIV prevention, diagnosis and treatment services conducted in PMTCT settings in selected provinces, with additional focus on linkages between services; (2) Complete analysis of assessment findings, develop and disseminate recommendations; (3) Develop updated service delivery guidelines for malaria, HIV/AIDS, and reproductive health; (4) Based upon results of assessment, create plan for next steps for development/adaptation and pilot test of materials and recommendations for strengthening of linkages between malaria and HIV prevention, diagnosis and treatment services.

The activity described so far will provide a foundation for future revision of training materials and service delivery guidelines beyond the PMTCT setting, with latest evidence relating to the interaction between HIV & Malaria.

Central-level PMTCT support

This is a new activity designed to strengthen national PMTCT leadership and guidance by creating opportunities with a TBD partner with central-level influence and experience in Mozambique, such as UNICEF or other potential applicants. The TBD partner will be in a unique position to influence MOH policy at central level, including finalization of outstanding PMTCT norms and standards, as well as a systematic approach to integrating PMTCT and child health (IMCI) activities, thereby creating a stronger link between PMTCT and child survival efforts.

Key activities will include A) Support for central-level finalization and dissemination of PMTCT norms and standards; B) Support for coordination of PMTCT and child health integration, including IMCI; C) Collaborate with I-TECH in development and implementation of mother support groups for PMTCT. Coordination between stakeholders started in FY07 with planning for a support group assessment activity, and FY08 activities will include development of a standard model, pilot phase, and implementation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16309

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16309	16309.08	HHS/Centers for Disease Control & Prevention	To Be Determined	6412	3640.08	TBD Cooperative Agreement	[redacted]

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 6124.09

Mechanism: CDC CARE INTL

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 12222.23648.09

Planned Funds: $600,000

Activity System ID: 23648

Activity Narrative: Summary and Background

Comprehensive PMTCT activities will be continued in all the 14 sites in 3 districts under CARE coverage in FY08, with further expansion in FY09 to the district of Govuro as well as peripheral health facilities in Inhassoro district. CARE will provide support to district-level ministry of health (DDS) in 3 districts through capacity building of staff, on-the-job training, and technical assistance. FY09 activities will also include assistance to the Centro De Formacao in Inhambane to increase the number of pre service trained health workers.

Activity 1: Ongoing support and expansion to peripheral facilities within supported districts.
CARE will continue to support comprehensive PMTCT services in Vilanculos, with inclusion of the peripheral health centers in the district and expansion within Mabote and Inhassoro in October. Support will include capacity building for MOH staff (in provision of counseling and testing, STI screening and treatment, ARV prophylaxis, monitoring and evaluation, etc.), minor renovation of PMTCT centers, and hiring of additional district supervisors in the area of midwifery to oversee PMTCT activities in the 4 districts supported by CARE. Refresher training on use of prophylaxis with cotrimoxazole for pregnant women and newborn as well as diagnosis at infancy using PCR will be carried out in all the service centers. Creation and training of psychosocial support groups, including mothers to mothers to be groups, will be continued in FY09. This will serve as a linkage with communities and contribute to male and family involvement, as well as support best practices for nutrition and infant feeding, including exclusive feeding for prevention of MTCT. Dual protection among HIV+ women will continue to be promoted, and provider initiated testing and counseling (PITC) has been implemented within Family Planning services. Delivery of PMTCT services will be enabled through support for medical equipment, and distribution of insecticide treated bednets for malaria prevention will be integrated into services in coordination with PMI.
Estimated budget: $320,000

Activity 2: Expansion into Govuro district.
Govuro is the last district in the north of Inhambane province and it shares a boundary with Sofala province, which has HIV prevalence of about 23%. CARE plans to commence support for comprehensive PMTCT activities in this district, which has never had a direct impact of PEPFAR assistance. Activities will include training (new or refresher) for MOH staff on VCT for all pregnant women who are attending ANC; ARV and cotrimoxazole prophylaxis provision; establishment of psychosocial support groups; minor renovations of PMTCT facilities; coordination with SCMS for provision of medical supplies and consumables as required for PTMCT services; coordination with PMI for provision of insecticide-treated bednets for malaria prevention; support for transport of blood samples to the regional hospital for CD4 analysis; hiring and capacity building for a district supervisor to oversee PMTCT activities; and training for MOH staff to support a high quality package of PMTCT services.
Estimated budget: $ 100,000

Activity 3: Support for Human Resource for Health
Health institutions in Mozambique still lack adequate workforce to provide services for the growing number of patients. CARE plans to give assistance to the Centro de Formacao in Inhambane, through partnership with Columbia / ICAP, in training a class of 30 students in midwifery over a period of 30 months. Graduates are expected to work solely in the province upon graduation. Minor rehabilitation of classrooms will also be given adequate attention.
Estimated budget: $ 150,000

Activity 4: Expansion of AZT (Zidovudine) prophylaxis.
CARE will expand the coverage of AZT to more of its supported sites through training of health workers on AZT administration based on MOH guidance, and purchase of haemoglobinometers to all units without an automatic full blood count analyzer. The MOH is expected to take over the continuation of this activity upon completion of project.
Estimated budget: $30,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 13213

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13213	12222.08	HHS/Centers for Disease Control & Prevention	CARE International	6414	6124.08	CDC CARE INTL	$330,000
12222	12222.07	HHS/Centers for Disease Control & Prevention	CARE International	6124	6124.07	CDC CARE INTL	$309,375

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3568.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 16288.23676.09
Planned Funds: $0
Activity System ID: 23676

Activity Narrative: This PHE activity, “Moving from single dose Nevirapine to more complex antiretroviral prophylactic regimens in PMTCT programs: assessing implementation successes and barriers”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.07.0087.

Continuing Activity: Replacement Narrative

The Columbia University International Center for AIDS Care and Treatment Programs (ICAP) will complete implementation of the PHE, “Moving from single dose Nevirapine to more complex antiretroviral prophylactic regimens in PMTCT programs: assessing implementation successes and barriers.” This activity was previously titled “Assessment of access, uptake and adherence to single-dose nevirapine (sdNVP) prophylaxis among HIV-infected pregnant women.” Since this project was conceptualized for FY06 planning, rapid changes have occurred in international standards for PMTCT practice, and MOH guidelines have been revised. The protocol has been updated accordingly, and the scope has been expanded to move beyond sdNVP to include complex ARV prophylaxis regimens.

This activity was conceptualized in FY06; new MOH PMTCT program direction and staff reorganization in the PMTCT program has significantly delayed progress during the first year. At this time, these institutional issues have stabilized. ICAP has significantly expanded their Mozambique-based research team.

At the moment the protocol is under final revision with headquarter & Mozambique in-country teams. The protocol is planned to be submitted to appropriate local and US-based IRBs in October 2007. The implementation is expected to be concluded in January 2009. Principal investigators are Dra. Lilia Jamisse, MOH Adjunct National Health Director, and Dra. Elsa Jacinto, MOH Reproductive Health Program Director and PMTCT Program Coordinator.

The main objectives of the study are: 1) To identify patient-level determinants of maternal and pediatric PMTCT outcomes; 2) To identify contextual, programmatic and site-level determinants of maternal and pediatric PMTCT outcomes; 3) To identify facility and program level characteristics that are associated with HIV care and treatment outcomes, after adjusting for patient-level characteristics.

This study will include retrospective and prospective cohort follow-up with data from medical records and interviews with women as well as a descriptive study of site and program characteristics. This work is vital to identifying important programmatic aspects of HIV care and PMTCT programs for use in planning future programs and improving existing ones in Mozambique and elsewhere.

Work will start in the field in January 2008. Findings will be shared with participants, study sites and ICAP supported sites involved. It is also in the public interest that findings be made available to a broader range of HIV/AIDS health care providers.

Stakeholders (MOH, USG, ICAP) will participate in the planning and presenting of the data at meetings and conferences, as well as disseminating information through routine channels within the USG PMTCT partners community and MOH organizational structure. Results will be submitted for publication in an appropriate peer reviewed journal.

The estimated costs are USD 220,000; USD 70,000 will be continue to be rolled over from the FY06 budget, and in FY08 an additional USD 150,000 is requested to fund completion of the project.

Budget justification: 1) Personnel: USD 90,000; 2) Equipment: USD 18,000; 3) Supplies: USD 10,000 4) Travel: USD 40,000; 5) Dissemination of findings: USD 12,000; 6) Training (material development and courses), USD 15,000; 7) Other: USD 35,000.

Participant incentives will not be issued as per current MOH guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16288

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16288	16288.08	HHS/Centers for Disease Control & Prevention	Columbia University	7403	3568.08	Track 1 ARV Moz Supplement	$150,000

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	$0
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3568.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 16286.23677.09
Planned Funds: $0
Activity System ID: 23677

Activity Narrative: This PHE activity, “Evaluation of eligibility for ART in Mozambique by clinical staging performed for HIV-infected pregnant women by ANC/PMTCT personnel and comparison to CD4 and total lymphocyte count”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.07.0086.

Continuing activity: Replacement narrative

Evaluation of eligibility for Anti-Retroviral Therapy (ART) in Mozambique by clinical staging performed for HIV-infected pregnant women by antenatal care / prevention of mother-to-child (ANC/PMTCT) personnel and comparison to CD4 and total lymphocyte count (TLC)

This project aims to evaluate techniques used for determining ART eligibility among pregnant women by comparing various algorithms of clinical staging, CD4 count, total lymphocyte count, and hemoglobin/hematocrit. Sensitivity and specificity of these tools will be compared when used by maternal child health (MCH) nurses in the context of ANC PMTCT services in Mozambique. The study will help determine the best method for evaluating eligibility for ART among pregnant women, in particular for sites with limited or no access to laboratory services.

The Mozambican Ministry of Health (MOH) National PMTCT protocols currently recommend initiation of ART for pregnant women if they are stage III or IV, or have a CD4 of less than 250/mm3 . While a network of laboratories is being established with PEPFAR support that will in the future increase access to CD4 testing, many remote PMTCT sites will not have easy access to laboratory services for the next years. This fact, coupled with the scarcity of skilled and trained personnel available to clinically assess patients leads to a large contingent of HIV-infected pregnant women who are not adequately assessed for ART eligibility.

As part of conducting this PHE, training in clinical staging will be provided for participating nurses.

This activity was conceptualized in FY06 but protocol has not yet been finalized. New MOH PMTCT program direction and staff reorganization in the PMTCT program has significantly delayed progress during the first year. At this time, these institutional issues have stabilized. ICAP, the proposed USG implementing partner, has significantly expanded their Mozambique-based research team. Money will be reprogrammed from FY06 to Columbia University International Center for AIDS Care and Treatment Programs (ICAP) to collaborate and facilitate study administration and logistics. Additional FY08 funding will also be allocated to support completion of this activity. CDC Mozambique is actively recruiting a study coordinator who is expected to be in place by late September or early October, 2007, to function as the lead for this activity.

To date, discussions to refine study design and implementing issues have taken place. A draft protocol has been developed and will be presented and shared with implementing partners and other MOH staff involved. The protocol and instruments will be vetted through the appropriate ethical reviews in the US as well as the Mozambican Bioethics Committee in country. Principal investigators are Dra. Lilia Jamisse, MOH Adjunct National Health Director, and Dra. Elsa Jacinto, MOH Reproductive Health Program Director and PMTCT Program Coordinator.

Stakeholders (MOH, USG, ICAP) will participate in the planning and presenting of the data at meetings and conferences, as well as disseminating information through routine channels within the USG PMTCT partners community and MOH organizational structure. Results will be submitted for publication in an appropriate peer reviewed journal.

After the protocol has been cleared by the appropriate ethics boards, the assessment will take place in two ICAP-supported PMTCT sites, with laboratory support available either on site or within proximity at the provincial hospital laboratory. Three potential sites are currently under evaluation, and initial site assessments have taken place. Staff will be trained in assessing patients in clinical staging according to WHO guidelines; initial development of materials has started and is expected to be completed by September-October 2007.

Study activities and data analysis are expected to be complete by the end of FY08.

Budget Justification: $150,000 will be rolled over from FY06/FY07 and reprogrammed to Columbia. To enable completion of the project, $37,500 in additional funds will be allocated for FY08.

Cost centers will be 1) Personnel support, $68,000; 2) Equipment, $26,000; 3) Supplies, $12,000; 4) Travel and specimen transport, $38,000; 5) Training (material development and courses), $23,500; 6) Dissemination meetings, $12,000; 7) Other, $8,000.

Participant incentives will not be issued as per current MOH guidance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16286

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16286	16286.08	HHS/Centers for Disease Control & Prevention	Columbia University	7403	3568.08	Track 1 ARV Moz Supplement	$37,500

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3568.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 5208.23678.09
Planned Funds: $4,950,000
Activity System ID: 23678

Activity Narrative: Summary and background ($4,950,000)
In FY09 Columbia University (CU) / ICAP will continue PMTCT support at 41 existing sites (including 2 model centers) and expand to absorb 24 USG-supported facilities with PMTCT services in Maputo City, Zambezia and Gaza. Transition between USG partners will start following planning meetings including CDC and district-level MOH (DPS). In addition ICAP support for comprehensive PMTCT services will expand to 13 sites in Maputo City, Inhambane and Nampula.
CU will emphasize Health System Strengthening (HSS) at provincial (DPS) and DDS levels, developing capacity in PMTCT Clinical Mentoring and management of district teams. CU will work with DPS and DDS to support supervision and, in turn, scale up comprehensive PMTCT care at all sites. CU will roll out counseling and testing at sites and strengthen linkages between PMTCT & ART services. CU will enhance infant & child initiatives to increase enrollment and retention in care, ART initiation, access to adequate infant feeding, and counseling and support services. Activities will include building maternal and child health (MCH) staff capacity, strengthening coordination with the early infant diagnosis (EID) program, developing infant feeding tools, piloting the provision of micronutrients, implementing infant feeding support groups and revitalizing the Baby Friendly Hospital Initiative.

(1) Support for comprehensive PMTCT Activities – continuation and expansion ($3,235,000)
Integration of PMTCT into HIV care & treatment services is critical to provide more effective PMTCT interventions for HIV-infected pregnant women. CU will continue to emphasize this comprehensive approach, building on MCH services, focusing on access to ART and more complex PMTCT regimens, as well as cotrimoxazole (CTX) prophylaxis for women in ANC. CU will also enhance MCH services, including training for providers in CTX prophylaxis based on WHO guidelines, provision of malaria prophylaxis to pregnant women including ITNs in coordination with PMI, strengthening TB screening, continued support for dual protection and integrating HIV counseling and testing (CT) into family planning (FP) services.
Integration and uptake of FP services has been weak in Mozambique, and has not been a focus of USG Mozambique. ICAP will increase efforts to improve access to FP services for HIV-infected women, particularly post-partum (including coordination of postpartum visits and FP services).
In order to increase ART initiation amongst pregnant women, CU will continue to build a PMTCT network focused on integrated services in ART clinics, as well as strengthening referral systems between PMTCT and ART services. At model centers, HIV treatment will be integrated into PMTCT services, coordinated through an MCH-focused ART committee to facilitate rapid initiation of ART for pregnant women.
In FY09, the proportion of women initiating ART will increase to 20% (2673) from 8% in FY08, among all women receiving ARV's for PMTCT. Consequently the proportion of women receiving single-drug regimens with sdNVP and AZT will decrease from 28% to 20%, and 62% to 60%, respectively. Activities to optimize adherence and retention in care include enhancing patient support by training MCH staff in skills and quality of care with a focus on adherence monitoring and counseling, group management skills, and psychosocial support. CU will expand mother support groups to 24 sites (8 in Maputo, 5 in Zambezia/Gaza, 4 in Inhambane). In Nampula, mothers2mothers will implement their model in 17 support groups. IEC materials for patients & health care staff to guide group sessions will be developed.
Promotion of male-friendly models of care in MCH will be expanded by distributing written invitations to all pregnant women at ANC & increasing MCH staff motivation to involve men by conducting sensitization sessions during regular monitoring meetings.
Peer educators will be trained in outreach services/defaulter tracing to improve adherence and increase treatment literacy. Activities will include capacity building of expert patients in PMTCT and HIV care and treatment, designing materials appropriate for low-literacy audiences and PMTCT training of trainers for peer educators.
Traditional birth attendants (TBAs) will continue to promote mother-infant follow up and ensure linkages between the community & MCH sector. Four trainings will be held in Nampula and Inhambane to build TBA capacity. Supervision and stipend/incentives for home-based care will be provided.
Support for infant/child health care initiatives will also be incorporated as part of the PMTCT continuum. Regular follow up of women & children is required to promote safe infant feeding practices and improve infant outcomes. To optimize adherence and retention in care, CU will provide nutrition education and counseling targeted at pregnant women and infants, micronutrient sprinkles for porridge fortification, and linkage to supplementation and food security programs. In addition new infant feeding support groups will be developed at 16 sites and continued at 14. Promotion of early initiation of breastfeeding and good practices in HIV context will continue at all sites by training 80 health staff at ANC and Maternities. The Baby Friendly Hospital Initiative will be revitalized at 48 maternities and daily breastfeeding group sessions for all women delivering in maternity will be promoted.
Infant and child health care initiatives will be prioritized by rapid identification of HIV exposed infants, implementation of a referral system, and early consistent follow up of HIV exposed infants in at-risk child consultations (CCR). EID training and mentoring of health staff on linkages between EID and MCH services will be coordinated to improve patient follow-up. "Family days" will be supported at facilities with both PMTCT and ART services.

(2) Supporting and strengthening MOH district health teams to scale up PMTCT and expand PMTCT coverage ($420,000)
Using a district team approach, CU will expand support to PMTCT in 8 districts in Nampula, Inhambane, Zambezia and Gaza. Funds will be used for on-site mentor training to enhance supervisory skills, as well as site assessments to improve patient services and flow. Support will also be provided to ensure consistent stock of ARV drugs and other necessary materials by strengthening the link between PMTCT and pharmacy services. CU will work with SCMS to develop feedback systems for supply management at DDS/DPS level. In the shift from direct site support to district level health systems strengthening, CU will be lead partner in Nampula, Inhambane and Maputo City and proposes PMTCT TA positions for Nampula and Inhambane to strengthen DPS capacity.
CU will continue to build capacity by supporting district and facility level trainings in all districts to improve quality of M&E for PMTCT. At a national level, in collaboration with the MOH PMTCT Technical team, CU will support review of program registers & assist in strengthening data links between PMTCT, care & treatment, and infant follow up services. National M&E support will emphasize quality assurance. CU will provide a fully seconded technical advisor to the MOH, as well as develop an electronic patient tracking system & implement a national database.

Activity Narrative: CU will continue FY08 activities, including development and piloting of the PMTCT patient database to track HIV+ mothers across health systems (ANC, maternity, care & treatment and CCR).

(3) Human capacity development ($1,095,000)
PMTCT Clinical Mentoring was launched in FY08 at model centers, which will continue to serve as reference centers providing support at a provincial level. Trained mentors will conduct routine supervisory visits at sites in order to ensure delivery of quality services consistent with national PMTCT guidelines. Additionally, CU will start Clinical Mentoring in 8 more districts. A total of 50 staff from district teams will be trained as mentors/supervisors to oversee PMTCT program implementation at district level, and 92 nurses from peripheral sites will participate in the mentoring rotation. During FY09, CU will continue collaboration with I-TECH to evaluate and revise PMTCT clinical mentoring tools.
CU will support DPS level trainings to increase number of MCH staff trained in PMTCT, including CT, infant follow-up. and safer infant feeding practices.

(4) Central-level MOH Personnel Support ($200,000)
CU will support the MOH by providing direct TA to PMTCT M&E activities as mentioned above. Efforts will also focus on improving district-level utilization of data, including feedback to site level. Due to the lack of PMTCT support within the MOH, CU will continue to provide a data entry clerk to help with PMTCT program monitoring as well as an admin assistant to facilitate internal MISAU coordination and communication between MISAU and partners and program implementers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16284

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16284	5208.08	HHS/Centers for Disease Control & Prevention	Columbia University	7403	3568.08	Track 1 ARV Moz Supplement	$3,165,000
8567	5208.07	HHS/Centers for Disease Control & Prevention	Columbia University	4859	3567.07	UTAP	$2,603,125
5208	5208.06	HHS/Centers for Disease Control & Prevention	Columbia University	3567	3567.06	UTAP	$1,091,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$300,000

Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$75,000

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3629.09
Mechanism: USAID-Health Alliance International-GHAI-Local
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 15999.24050.09
Planned Funds: $0
Activity System ID: 24050

Activity Narrative: Reprogramming August08: HAI will no longer undertake this PHE.

This is a continuing PHE activity under COP08, linked to COP07 activity # 5352.07.

Title: A Targeted Evaluation to Improve Access to Nevirapine (NVP) and Social Support for Mothers and Infants in PMTCT Programs in Mozambique

Time and Money Summary: Fy08 funding request for $200,000 for a biological component to test cord-blood and do related follow-up. Once COP08 is approved, protocol will be amended and sent through the University of Washington's IRB for approval.

Local Co-Investigator: Pablo Montoya, HAI

Project Description:

Study Question: Does an intervention providing social support and home provision of NVP for both mothers and infants increase the number of mother-child pairs receiving a full course of NVP and/or antiretroviral treatment for eligible women?

Study Design: This study will be a non-equivalent control group design to test the effectiveness of an intervention using lay activists to improve adherence to PMTCT services and treatment referrals among seropositive women identified through HIV testing at the time of their initial prenatal visit. This evaluation will compare the rates of NVP provision and provision of HAART to HIV-positive mother-baby pairs at PMTCT sites where the intervention has been implemented (experimental group) to the rates in matched sites without the intervention (control sites). Up to eight sites in Manica and Sofala (and potentially one other province) will be chosen for the intervention.

All women testing HIV-positive at these sites during the study period will be included in the experimental group, including both those who accept participation in the intervention activities and those who refuse. The intervention sites will be matched with an equal number of non-intervention sites, and all women testing HIV positive at these sites during the study period will be included in the control group. Matched sites will be in the same province, have a similar rate of NVP coverage and treatment referral before the intervention, be similar in volume of patients seen, and have a similar type of catchment area (urban or rural).

Importance of Study: Currently more than 30,000 children per year are infected via mother-to-child transmission of HIV in Mozambique. The vertical transmission rate from mothers to children is thought to be as high as 35%. Overall, the risk of HIV transmission from a seropositive mother is 15-30% during pregnancy, labor and delivery, with an additional 5-20% risk for breastfed children.

Regimens such as single-dose nevirapine for mother and infant, alone or paired with third trimester zidovudine (AZT), have been employed in resource-poor settings to reduce the risk of MTCT. Single-dose nevirapine (SD NVP) has been shown to reduce in utero and intrapartum MTCT by at least 50%. These interventions have most commonly been provided in maternity wards before and after delivery, or given to women during third trimester prenatal visits for self-administration at home. However, access to PMTCT regimens remains limited for several reasons.

In settings like those in Mozambique, because most women have few prenatal visits and low rates of institutional deliveries, barriers to access remain high. Although prenatal care coverage in Mozambique is high, with an estimated 80% of pregnant women having at least one visit, most women have 3 or fewer total visits and, outside of urban centers, only about 40% have institutional deliveries.

Several experiences from other countries have shown that that women can successfully administer NVP to themselves and their babies and achieve lower rates of HIV transmission. One program in Kenya gave NVP syrup in a foil-wrapped syringe for mothers to take home. In the first half of 2004, the percent of infants receiving the dose was 45%. The percentage of infants receiving the infant dose steadily increased over the subsequent 3 months to 87.4% of the HIV exposed infants receiving NVP. These are service delivery data and not from a controlled research design, but suggest that coverage could significantly improve by liberalizing the infant dose.

Although current policy in all PMTCT sites is to refer mothers for evaluation and definitive HIV care, many barriers and constraints conspire to make implementation of this goal difficult. Some PMTCT sites are far from treatment centers, but even where treatment sites are close by, less than 40% of HIV-positive mothers make even one visit and less than 5% start HAART before their delivery.

Planned Use of Findings: This targeted evaluation is expected to provide useful and practical information which will help inform:
• A training curriculum for the training of community-based lay activists to support PMTCT and referral HIV treatment
• The development of educational tools designed to improve mothers' knowledge of HIV, PMTCT, HAART adherence, nutritional recommendations, and appropriate follow-up
• Recommendations for the development of a cost-effective lay activist social support model to improve PMTCT coverage and HAART referral in resource poor-settings

Status of Study: Protocol is pending approval at the University of Washington (HAI affiliated).

Lessons Learned: Research takes longer than anticipated due to long processes of review and authorization by the Ethics Committee and the Minister of Health.

Information Dissemination Plan: Publicly announced at both provincial and federal levels.

Activity Narrative: Planned FY08 Activities: HAI will expand the scope of this existing PHE to also gauge the effectiveness of take-home Nevirapine (NVP). The question which will be addressed is whether women who receive NVP at 28 weeks or after and give birth outside of the formal health system actually take the NVP, administer it correctly, and whether they bring their children to a health facility for follow-up. To avoid issues of recall bias, the only objective manner to gauge the effectiveness of take-home NVP is to quantify its presence in cord blood. HAI has two ongoing studies that access women and babies from which this component of the study can be added. The results of the investigation will assist the USG and MOH in defining take-home NVP policy for both mothers and babies. An added benefit to this study is that HAI will be able to provide data which better informs pediatric treatment interventions and directly addresses the issue of loss to follow-up, enabling better tracking and enrollment of eligible children into treatment and care programs.

Budget Justification for the FY08 Monies:
Field study team $30,000 Includes study coordinator, field supervisors, data collection and data entry costs.
Consultants $30,000 Includes participation in study design, training of study team, initial enrollment, supervision visits and data analysis.
International Travel $15,000 For Technical Advisors/Consultants 2 trips including per-diems.
Training of field staff $15,000 Includes development of materials and reproduction..
Equipment and supplies $8,000 Includes two laptop computers, software, computer supplies, office supplies and printing.
Clinical supplies $34,000 Testing of samples
Transportation vouchers $2,000 Transportation of samples
Dissemination of results $5,000
Supervision and support costs $25,000 Includes staff time, phone, fuel, and other organizational support costs related to study.
Indirect costs $36,000 At rate of 18%
GRAND TOTAL $200,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 15999

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15999	15999.08	U.S. Agency for International Development	Health Alliance International	7278	3629.08	USAID-Health Alliance International-GHAI-Local	$0

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3629.09

Mechanism: USAID-Health Alliance International-GHAI-Local

Prime Partner: Health Alliance International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 5352.24051.09

Planned Funds: $2,327,879

Activity System ID: 24051

Activity Narrative: April09 Reprogramming: Increased $2,327,879.

This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008

This is a continuing activity under COP08. HAI's will continue to foster linkages with the Child at Risk Consult (CCR) as well as treatment services. The referral system between PMTCT, treatment services, and the CCR will be the first line of approach, which has broad Governmental support. However, the program will also explore manners to reinforce testing and treatment linkages with vaccination campaigns, well baby visits, and weighing stations.

Using COP 07 plus up funds, PSI will map existing PEPFAR and non-PEPFAR partner interventions in PMTCT and overlay this map with mosquito net distribution data from the President's Malaria Initiative (PMI) and other donors and partners (Malaria Consortium, Government of Japan, the Global Fund, etc). The assessment will be a gaps analysis of where present activities under PEPFAR, PMI, and other partners are taking place and where, geographically and programmatically speaking, more concerted and coordinated action is needed by the consortia of actors. PEPFAR and PMI will leverage each others' resources with PMI providing the vast amount of LLINs for distribution to pregnant and lactating mothers. However, PEPFAR, through PSI, will provide a buffer stock of LLIN for PMTCT partners to ensure that all pregnant women receive a mosquito net. Finally, PMTCT partners will be crucial partners to PMI for the routine integration of at least two doses (of the recommended three) of SP.

The program will also partner with WFP to support the nutritional needs of the most vulnerable PMTCT clients through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

Per July 2007 reprogramming; Health Alliance International will need less money than anticipated given previous re-programming. This re-programming request should not affect the achievement of their targets.

Plus-up change: With plus up funds, HAI will expand PMTCT interventions to five new sites, three in Sofala (a focus province) and two in Manica. The new sites are expected to be smaller in nature than most sites as HAI is already working in the most high-yield sites. This site expansion is exciting as it will test HAI's model of care. To that end, HAI will also create a comprehensive care model for HIV/AIDS. The model will include tie-ins from the President's Malaria Initiative, cross-training of family planning/reproductive health and PMTCT nurses, and nutritional support and micro-nutrient supplementation. Further, HAI will explore how they might further link this new model to the Child at Risk consult to ensure better and more complete follow-up of infected children. HAI will also build into the model the bridging mechanism between clinic and home-based care including palliative care, social support, and possibly income generation activities. Finally, HAI will hire a PMTCT technical advisor for the province of Sofala to assist the DPS in improving the quality and quantity of PMTCT services within the province, especially in sites that receive no direct NGO support. HAI will support the provincial PMTCT advisor with funds to assist in supervisory visits, petrol, and communications.

This activity is related to other HAI activities in care CT 9113 and treatment HTXS 8799. In FY07, HAI will support a comprehensive package of PMTCT services in 117 sites: 52 existing sites, and 65 new sites within the highly HIV-infected Beira Corridor in Manica and Sofala provinces. Populations receiving services at antenatal sites in the Beira Corridor are among the most-at-risk populations in Mozambique. At some antenatal centers 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. An increasing number of pregnant women are continuing ARV treatment after delivery, thus linking HAI's PMTCT activities with HAI activities in HIV/AIDS care and treatment. In FY06, HAI's capacity for CD4 testing has increased facilitating the entry of more eligible pregnant women and new mothers into treatment. Emphasis on getting eligible mothers into treatment will continue in FY07. HAI works with community groups, community leaders, CBO and FBO in linkages with care and treatment, and to form support groups for people living with HIV/AIDS, positive pregnant women and mothers groups. Working with these groups as well as high quality services and well trained providers help reduce stigma and discrimination in the community. These interventions are helping others in the community see that people living with HIV can continue to live productive lives.

Additionally, the MOH has set ambitious targets for provision of bednets and IPT for ANC, and PMTCT will benefit from this program. However, it will take some time for the malaria initiative to get up and running, and for bednets and IPT to flow to all parts of the country. HAI should plan for a 3-6 month supply of bednets and IPT to assure that the minimum package of PMTCT includes these malaria interventions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15865

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15865	5352.08	U.S. Agency for International Development	Health Alliance International	7278	3629.08	USAID-Health Alliance International-GHAI-Local	$3,782,361
9140	5352.07	U.S. Agency for International Development	Health Alliance International	5041	3629.07	USAID-Health Alliance International-GHAI-Local	$2,851,875
5352	5352.06	U.S. Agency for International Development	Health Alliance International	3629	3629.06		$1,495,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7232.09
Mechanism: Vulnerable Girls Initiative Local
Prime Partner: Johns Hopkins University
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 15877.24071.09
Planned Funds: $0
Activity System ID: 24071

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008

This is a new activity in COP08 which refers to field funded activities under the “PEPFAR Gender Initiative on Girls’ Vulnerability to HIV”. Vulnerable Girls Initiative activities in Mozambique will include services in AB, C&OP, OVC, HBC and PMTCT to provide a holistic program aimed at adolescent girls especially high risk of HIV. These combined funds will target cohorts of girls in Nampula, the third USG focus province, supporting a model program whose effectiveness and sustainability can be measured for potential scale-up and replicability in other areas.

The PEPFAR Gender Initiative on Girls’ Vulnerability to HIV has been developed as part of a set of PEPFAR special gender initiatives. The program aims to prevent HIV infection among 13- to 19-year-old girls, by developing innovative program interventions to successfully modify contextual factors associated with increased sexual risk behavior and rates of HIV infection among these adolescents and assessing the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings. Botswana, Malawi and Mozambique are the three countries selected for this Initiative.

Many PEPFAR programs reach adolescent girls through broad-reaching prevention activities that focus on HIV education in church and school settings. However, these programs often do not reach those at highest risk, who are commonly found outside of these settings. Those at highest risk need to be reached with a package of comprehensive services, including economic strengthening activities, to meet their unique needs.

This Initiative seeks to address these programming gaps in PMTCT services by implementing and evaluating promising integrated models to reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

A multi-component approach with a focus on the most vulnerable girls will be undertaken to address the antecedents of risk. Age-segmentation and targeting based on different types of risks girls face will be utilized to prevent girls from adopting risky behaviors as well as addressing the needs of girls already engaged in risky behaviors. This activity will target adolescent girls who are receiving PMTCT services and may not be reached through broad-reaching AB prevention activities.

The PMTCT site is an excellent point of contact for outreach and linkages with HIV-related health services, as such this activity will ensure that the PMTCT clients in the target group are referred to and have access to the following services/activities: wrap-around or direct support for training in sustainable livelihoods and/or improved access to economic resources such as development of appropriate age- and gender-specific financial literacy, development of savings products and related social support mechanisms, sustainable livelihoods and/or improved access to economic resources, including government-provided entitlements and health services; for adolescents without parents, developing mentoring programs to ensure all adolescents have support on a continuing basis from a caring mentor/community member; empowerment and interpersonal skills to enable girls to adopt and/or maintain healthy sexual behaviors, including promotion of decision-making power of young girls within relationships, families and communities; addressing peer influence by promoting positive group norms and behaviors; and addressing community social norms that help to reduce sexual coercion and exploitation and other harmful practices contributing to girls’ vulnerability.

This activity will focus on the unique needs and increased vulnerabilities of younger, pregnant and lactating girls ages 13-19 for targeted PMTCT services. An illustrative activity might be the establishment of Mothers-to Mothers groups targeting 15-19 year-olds, creating a safe space for the young mothers to discuss their challenges and concerns.

Specific activities are TBD, pending selection of the Task Order contractor and development of the workplan which is anticipated to begin October 2008.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15877

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15877	15877.08	U.S. Agency for International Development	To Be Determined	7232	7232.08	Vulnerable Girls Initiative Local	[redacted]

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3574.09 **Mechanism:** Track 1 ARV Moz Supplement

Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	23768.09	**Planned Funds:**	$4,650,000
Activity System ID:	23768		

Activity Narrative: SUMMARY and BACKROUND
Since 2004 EGPAF has supported the expansion of integrated PMTCT services within existing maternal and child health (MCH) services in four provinces. In addition, EGPAF has strengthened the linkage between PMTCT and care and treatment services to ensure access to ARV treatment (ART) for HIV+ pregnant women and their families. EGPAF has expanded PMTCT support to a total of 42 health facility in a total of 27 districts. Between October 2007 and June 2008, a total of 65,643 pregnant women received HIV counseling and testing at EGPAF supported sites, and 9,738 women were identified as HIV+ of whom 6,341 received ARV prophylaxis and 644 ART (7%); 3,738 exposed infants received ARV prophylaxis and 3,807 started CTX. EGPAF will support scale up of PMTCT services to a total of 82 sites in FY09. The percentage of HIV+ women receiving ARV prophylaxis will increase from 65% to 75% and the proportion of women starting ART will increase from 7% to 15%. EGPAF targets to increase the percentage of infants receiving ARV prophylaxis to 75% of exposed infants while increasing the percentage of exposed infants receiving CTX prophylaxis to 60%.
While PMTCT has expanded and over time important improvements have been made to increase access and quality of services, several challenges remain. These include: adherence to ARV regimens, enrollment into long-term care, timely access to ART for eligible women, low levels of institutional deliveries in some districts, follow up of HIV exposed infants until definitive HIV diagnosis, and effective promotion of and support for safer infant feeding practices. For interventions to be successful, involvement of the community, in particular male partners and mothers/mothers-in-law, is necessary.

In FY09 EGPAF activities will focus on:
-Providing technical support to MOH for the development or revision of policies, guidelines, training documents, IEC materials and job aids through active participation in relevant working groups;
-Providing technical support and managerial and technical capacity building at provincial (DPS) and district (DDS) MOH levels;
-Supporting districts to expand PMTCT services into peripheral sites;
-Fostering family-focused approaches in the supported health centers;
-Supporting the implementation of a quality improvement program;
-Ensuring linkages between health services and community that will improve adherence to services, including access to psychosocial support services.

To enhance the capacity of DPS and DDS to oversee, manage and monitor HIV services including MCH/PMTCT, and improve integration of EGPAF-supported activities into DPS and DDS HIV and health plans, EGPAF will move to a district-wide approach which establishes a partnership between EGPAF and the districts and includes a subgrant to the district for the delivery, expansion and quality improvement of services.

ACTIVITIES

(1) Improve capacity of DPS and DDS to expand and manage PMTCT programs. ($2,132,000)
To enhance the capacity of DPS and DDS to manage and monitor HIV services including MCH/PMTCT, and achieve better integration of EGPAF supported activities into DPS and DDS HIV and health plans, EGPAF plans to move to a district-wide approach. This will includes support for quarterly task force and coordination meetings, joint supervision; recruitment of additional MCH nurses and lay counselors to reduce the human resources gap impairing quality service delivery; and funds for medical equipment and small renovations needed to ensure confidentiality within MCH services.

(2) Training and mentoring. ($1,109,000)
In FY08 EGPAF initiated a PMTCT clinical mentoring program. In FY09, EGPAF will continue to implement this mentoring program. District level chief MCH nurses will be trained as mentors so they can support the scaling up of quality PMTCT programs within their district and ensure expansion into all health facilities with ANC services. Funds will support formal training in mentoring and PMTCT and counseling and testing, supervision and the mentoring of health staff on site.

(3) Quality Improvement of MCH/PMTCT services ($ 465,000)
To ensure quality of services during the scale up of PMTCT services, EGPAF will support the implementation of a Quality Assurance (QA) program. This will utilize tools developed by MOH. The modules of this program support the development and strengthening of clinical skills, patient friendly service delivery, management skills, and monitoring and evaluation for performance improvement.

The mentoring program and quality assurance programs will contribute significantly to building capacity of health staff at provincial, district and health facility level and thus contribute to the sustainability of the MCH/PMTCT program.

(4) Primary Prevention ($279,000)
Primary prevention is included in services for women starting ANC through group education and counseling. EGPAF will continue to support integrated routine screening for STI's, including rapid syphilis testing in ANC. Supported prevention education activities include theatre, group discussions, working with community leaders.

(5) Linkages with Communities and Psychosocial Support ($515,000)
Through the partnership with local CBOs and the employment of peer educators and lay counselors, EGPAF supports psychosocial services for pregnant women and mothers living with HIV. In addition to support group activities, they have implemented infant feeding counseling and food preparation demonstrations. They further provide active tracing of defaulting patients including pregnant women and HIV exposed infants lost to follow up. EGPAF will continue to support the implementation of support group activities at the health facility level through training of peer educators and health staff. EGPAF recognizes that enhancing the organizational and programmatic capacity of community based partners would improve the overall program quality and provide the organization with the tools to grow, expand coverage and

Activity Narrative: become independent. By providing financial/managerial and programmatic oversight of these subgrantees, EGPAF will build capacity of local CBOs in these areas.

To strengthen linkages between health facility-based services and community-based support services, EGPAF will provide basic PMTCT-related training of community leaders, traditional birth attendants with focus on encouraging facility-based delivery and follow up, and CBO volunteers. EGPAF will also support district level meetings that include DDS, health facility staff, community leaders, and CBO representatives.

In context of primary prevention and linkages, EGPAF will continue to make efforts to ensure that male partners are invited for HIV counseling and testing, and issues around gender-based violence will also be addressed in the context of psychosocial support.

(6) Support to MOH ($150,000)
The Foundation has supported MOH at central level in several technical working groups. In FY09 EGPAF will continue to be actively involved in these working groups. Areas that need to be addressed are: integration of ART in ANC/MCH services, improving male involvement and psychosocial support guidelines for HIV+ pregnant women. EGPAF has used its past experience in running support groups and materials developed to contribute to the development of national guidelines and training curriculum, lead by I-TECH to be finalized. For FY09 EGPAF plans to support roll out of the PMTCT support groups using national guidelines and training curriculum. The Foundation will continue to support MOH for the operationalization of the Infant Feeding Policy and the Strategy for Communication and Social Mobilization for the Promotion, Protection and Support for Breastfeeding which is being drafted in the last quarter of 2008. This operationalization includes the development and reproduction of job aids and IEC materials and support for IEC activities, and the training of relevant staff of MOH, community workers and CBO workers in the use of these materials. EGPAF will work with DPS to document and share lessons learned and best practices regarding the mentoring and QA programs and PMTCT service delivery and expansion in general.

In addition, the supported package of PMTCT services will include continued promotion of dual protection and integration of provider initiated testing and counseling (PITC) within Family Planning services, support for medical equipment, and distribution of insecticide treated bednets for malaria prevention will be integrated into services in coordination with PMI.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $1,200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $75,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8784.09
Mechanism: JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 19729.24266.09
Planned Funds: $0
Activity System ID: 24266

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

(1) HIV and malaria in pregnancy component reprogrammed to JHPIEGO in FY08; no new funding for FY09
(2) Central level support component to be reprogrammed for implementation in FY09

-- Acticity unchanged from FY08 --

This activity is composed of two distinct pieces: the first focusing on HIV and malaria in pregnancy [$135,000], and the second focusing on central-level support for PMTCT policy development, including mother support groups and integration with child health [$203,000].

HIV and malaria in pregnancy

It is well-known that malaria and HIV are devastating global health problems. Less is known about the interaction of the diseases or treatment choices for co-infected individuals; however, the current information reveals a very serious public health problem given the wide geographic overlap of the diseases in sub-Saharan Africa. HIV and malaria are highly endemic in Mozambique. HIV prevalence is 16.2%, and more than 90% of the population is exposed to malaria. Malaria is the largest single cause of mortality in hospitals: it is responsible for over 40% of outpatient visits and for 30% of recorded hospital deaths. The population is thus not only at severe risk of ill-effects of each disease, but for co-infection by both of them.

Pregnant women are especially vulnerable to these diseases. Malaria during pregnancy increases the risk of maternal anemia, spontaneous abortion, still birth, low birth weight, and neonatal death. It is responsible for the death of approximately 10,000 African women and 200,000 infants each year.

This activity, which is new in the PMTCT program area, represents initial steps for strengthening the linkages between HIV and malaria prevention, diagnosis and treatment services. Experience from this activity can be used to create the foundation for improved linkages between HIV and malaria components.

Objectives: A) Strengthen the linkages between HIV and malaria prevention, diagnosis and treatment services; B) Improve coordination of PMTCT and malaria mitigation activities

Main Activities will be: A) Complete HIV and malaria health services assessment, including documentation of current malaria and HIV prevention, diagnosis and treatment services conducted in PMTCT settings in selected provinces, with additional focus on linkages between services; B) Complete analysis of assessment findings, develop and disseminate recommendations; C) Develop updated service delivery guidelines for malaria, HIV/AIDS, and reproductive health; D) Based upon results of assessment, create plan for next steps for development/adaptation and pilot test of materials and recommendations for strengthening of linkages between malaria and HIV prevention, diagnosis and treatment services.

The activity described so far will provide a foundation for future revision of training materials and service delivery guidelines beyond the PMTCT setting, with latest evidence relating to the interaction between HIV & Malaria.

Central-level PMTCT support

This is a new activity designed to strengthen national PMTCT leadership and guidance by creating opportunities with a TBD partner with central-level influence and experience in Mozambique, such as UNICEF or other potential applicants. The TBD partner will be in a unique position to influence MOH policy at central level, including finalization of outstanding PMTCT norms and standards, as well as a systematic approach to integrating PMTCT and child health (IMCI) activities, thereby creating a stronger link between PMTCT and child survival efforts.

Key activities will include A) Support for central-level finalization and dissemination of PMTCT norms and standards; B) Support coordination of PMTCT and child health integration, including IMCI; C) Collaborate with I-TECH in development and implementation of mother support groups for PMTCT. Coordination between stakeholders started in FY07 with planning for a support group assessment activity, and FY08 activities will include development of a standard model, pilot phase, and implementation.

New/Continuing Activity: Continuing Activity
Continuing Activity: 19729

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19729	19729.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	8784	8784.08		$135,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3650.09

Mechanism: Supply Chain Management System

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 9142.24304.09

Planned Funds: $1,056,279

Activity System ID: 24304

Activity Narrative: This is a continuing activity under COP09.

THE NARRATIVE BELOW REPLACES THE NARRATIVE FROM PREVIOUS YEARS.

This activity relates to the following activities: SCMS HVCT, OHSS, HTXD, HLAB, and HBHC, and to PMTCT activities for all treatment partners providing PMTCT services. There will be a more focused emphasis during this funding period on the procurement of PMTCT-specific commodities.

The Partnership for Supply Chain Management (SCMS) is mandated and funded to procure all HIV-related commodities on behalf of the USG and USG partners. SCMS also provides technical assistance to CMAM and the MOH in forecasting and supply planning, procurement procedures, warehousing and distribution, and LMIS for all essential medicines and laboratory reagents. SCMS works closely with the JSI/DELIVER Project through PMI and Reproductive Health/family planning program ensure an integrated approach to supply chain management systems building. Forecasting and supply planning of commodities is conducted jointly with CMAM and Clinton Foundation/CHAI.

This activity comprises two components: 1) Procurement of PMTCT-related commodities ($995,056); and 2) technical assistance $100,000 (other technical assistance funds are budgeted in other program areas).

1. Procurement of PMTCT-related commodities

The Governments of Mozambique and United States have placed high priority for improving the quality and scale up of PMTCT services. Budgets for PMTCT have increased since the previous year and USG estimates reaching X number of pregnant women for HIV testing and X number of HIV+ women with AZT prophylaxis. SCMS will receive funding ($995,056) for the procurement of PMTCT specific commodities for all USG partner supported PMTCT sites, including rapid test kits ($500,000) in line with the country's national HIV testing algorithm in ANC settings, ARVs for combination PMTCT prophylaxis regimens ($100,000), CTX for eligible pregnant women in line with national care and treatment guidelines ($200,000), and where necessary, funds for the procurement of lab-related supplies such as RPR tests and Hemoglobinometers for hemoglobin testing of pregnant women ($195,056.279).

Clinton Foundation (CHAI) through the UNITAID Program will donate CTX syrup for all exposed infants, as well as pediatric-related ARVs including AZT syrup for exposed infant prophylaxis. SCMS and the US Government coordinate regularly with CHAI to ensure non-duplication of commodities donated and conduct quantification and supply planning exercises jointly with CMAM.

2. Technical Assistance
In addition to commodity procurement, SCMS will provide technical assistance ($100,000) in the area of quantification and procurement to CMAM, ensuring that national PMTCT targets are taken into account during national planning, and will provide assistance to USG partners supporting the provinces and the MOH to ensure PMTCT sites also have capacity to manage commodities.

In FY09, SCMS will continue to support partners and the MOH in managing and collecting data through the redesigned logistics system for rapid test kits for all testing settings. SCMS Mozambique staff will collaborate with programs that use PMTCT-related commodities, CMAM, CHAI, and any other sources of financing and procurement of PMTCT-related commodities for the MOH by providing technical assistance in the monitoring and management of the incoming PMTCT-related commodity pipelines and their distribution in country, including RTKs, lab reagents, and CTX. SCMS will facilitate annual HIV test and other commodity forecasts and quarterly updates to the national supply plans, enabling timely identification and response to any inbound supply constraints that may arise.

Along with USG's overall strategy to support the decentralization of activities, SCMS will expand its existing central level activities to support the work of provincial pharmaceutical and laboratory advisors funded by USG under the treatment partners. Specific activities for supporting the provincial level warehouses and distribution will depend largely on the result of the PLMP that has not yet been developed. SCMS will serve as a resource for the orientation and capacity building of these staff. These provincial advisors will participate in all national logistics systems building activities implemented by SCMS, such as potential training of trainers for rollout of LMIS SOPs for ARVs, Via Classica, RTKs, and clinical Lab reagents and consumables. SCMS will work closely with these advisors to strengthen the ability of the provincial health management teams to provide training, supervision, and monitoring of logistics management of key HIV/AIDS medicines, reagents, and consummables. In addition, CMAM conducts routine supervision and monitoring visits to provincial warehouses. SCMS will support CMAM's efforts in supervision and monitoring of these warehouses in collaboration with Provincial Advisors.

This addresses gender equity in HIV/AIDS programs through the procurement of CTX specifically for eligible pregnant women, as well as necessary laboratory reagents, as pregnant women often have difficulties accessing follow-up care and treatment services. This activity also addresses safe motherhood wrap around through the procurement of RPR test kits for syphilis testing and reagents and equipment for Hemoglobin testing, both services that are components of a basic ANC package of care.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14554

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14554	9142.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6868	3650.08	Supply Chain Management System	$600,855
9142	9142.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5045	3650.07	Supply Chain Management System	$875,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9310.09
Mechanism: Fanta II GHN-A-00-08-0001-00
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 21426.24122.09
Planned Funds: $150,000
Activity System ID: 24122

Activity Narrative: THIS IS A CONTINUING ACTIVITY UNDER COP 09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity is being funded across PMTCT, OVC, HBHC, and ARVS. Funds were reprogrammed in August 2008.

This activity will strengthen nutrition support for PLWHA, including HIV-positive pregnant and lactating women in PMTCT programs, and OVC, particularly the integration of nutrition assessment, counseling and support within clinical care and treatment services (hospital and health center levels), while linking patients to food security and livelihood assistance at the community level. FANTA II will also provide support and TA to partners and the Ministry of Health for maternal nutrition interventions. FANTA II will provide technical guidance to USG and USG partners on the integration of best practices for infant and young child feeding (IYCF) interventions for HIV-infected pregnant and lactating women and their infants, and will participate in the development of national nutrition policies in collaboration with other partners and Ministry of Health, including policies around IYCF. While not a primary focus of their support, as FANTA is currently USG/Mozambique's primary partner in the area of nutrition, and IYCF interventions are a critical component of PMTCT programming and nutrition interventions, this will be an important area of support from FANTA.

The Academy of Educational Development (AED)'s Food and Nutrition Technical Assistance Project II (FANTA) has assisted numerous countries in Sub-Sahara Africa to formulate policies and technical guidance for HIV/AIDS and nutrition, develop appropriate training curricula and job aides for nutrition support, and establish programs to directly address the nutritional needs of those who are most vulnerable within HIV/AIDS care and treatment programs. Drawing heavily on this experience and using/adapting materials from other countries, FANTA will provide support to PEPFAR/Mozambique to: (1) develop a USG strategy for food and nutrition 2) strengthen and re-vitalize Ministry of Health Technical Working Groups and other coordination mechanisms on nutrition and HIV 3) revise/develop training materials and job aids 4) assist in developing plans and participate in a visit to Nairobi by representatives of PEPFAR/Mozambique with National AIDS Council, Ministry of Health and Social Welfare Ministry, to observe the PEPFAR/Kenya-supported Food-by-Prescription (FBP) and the AMPATH Program at hospital and other Comprehensive Care Center ART sites and the InstaProducts Ltd. supplementary food production facility; 5) work with implementing partners responsible for clinical sites to establish training and QA approaches to effectively integrate and strengthen nutrition assessment and counseling within all PEPFAR-supported care and treatment sites (including PMTCT) 6) provide recommendations on specifications for appropriate daily multi-micronutrient supplements for adult PLWHA, PMTCT pregnant/lactating women, and OVC whose diets are likely to be inadequate to meet basic vitamin/mineral requirements.

Finally, FANTA will share current scientific knowledge and program experience from other countries with PEPFAR/Mozambique and its implementing partners, particularly with regard to linking clinical nutrition support with food security and livelihood assistance, including “wrap-arounds” with food aid and MCH/nutrition programming, to address the longer-term food and nutrition needs of PLWHA and their families.

Reprogramming August08: Food and nutrition support is an essential component of services for people living with HIV/AIDS, particularly for pregnant and lactating women. Within the PMTCT portfolio, this activity will establish an assessment to improve the coordination and provision of food and nutritional access for this target population. In accordance with PEPFAR guidance, the competed follow-on mechanism to the FANTA agreement will assess the food and nutritional factors that impact PLWHA from the Mozambican experience. The FANTA Follow-on will liaise with WFP, the Ministry of Health, the Ministry of Women and Social Action, current palliative care and treatment partners, and other stakeholders and partners to conduct this assessment. The findings of PMTCT specific issues will help the USG to identify locally appropriate and sustainable ways of improving nutrition for pregnant/lactating women affected by HIV. Expected outcomes will include the development of entry criteria tools that can be used by clinics and hospitals in coordination with community and home care partners for pregnant/lactating PWLHA who are severely malnourished adults, following the guidance on use of PEPFAR funding. Special attention will be paid towards leveraging Title II funds to supplement the needs of PMTCT patients who are mild to moderately malnourished. In addition, monitoring and evaluation systems will be put into place that can most accurately measure the ability of community-based programs to support nutritional provision of PMTCT clients once nutritional assessments and counseling are done at the clinical level.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21426

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21426	21426.08	U.S. Agency for International Development	Academy for Educational Development	9310	9310.08	Fanta II GHN-A-00-08-0001-00	$350,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$50,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$75,000
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5088.09

Mechanism: USAID-Elizabeth Glaser Pediatric AIDS Foundation-GHAI-Local

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 5276.24265.09

Planned Funds: $0

Activity System ID: 24265

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008

Reprogramming August08: Funding decrease by$542,597.
Continuing activity under COP08.
EGPAF will move towards a district level approach in support of a scaleable PMTCT model, a technical approach that accounts for the doubling of sites in this activity. More attention is focused on significant expansion within the districts where EGPAF provides support, including support to the District Health Officer and the Provincial Health Director to achieve and manage this expansion of PMTCT services, than expansion into districts where EGPAF is currently not active.
EGPAF will also support pre-service training costs for 35 nurses in Nampula province, human resources being a key strategy in scaling up the PMTCT program. The program will continue to foster linkages with the Child at Risk Consult (CCR) as well as treatment services. The referral system between PMTCT, treatment services, and the CCR will be the first line of approach, which has broad Governmental support. However, the program will also explore manners to reinforce testing and treatment linkages with vaccination campaigns, well baby visits, and weighing stations.
Using COP 07 plus up funds, PSI will map existing PEPFAR and non-PEPFAR partner interventions in PMTCT and overlay this map with mosquito net distribution data from the President's Malaria Initiative (PMI) and other donors and partners (Malaria Consortium, Government of Japan, the Global Fund, etc). The assessment will be a gaps analysis of where present activities under PEPFAR, PMI, and other partners are taking place and where, geographically and programmatically speaking, more concerted and coordinated action is needed by the consortia of actors. PEPFAR and PMI will leverage each others' resources with PMI providing the vast amount of LLINs for distribution to pregnant and lactating mothers. However, PEPFAR, through PSI, will provide a buffer stock of LLIN for PMTCT partners to ensure that all pregnant women receive a mosquito net. Finally, PMTCT partners will be crucial partners to PMI for the routine integration of at least two doses (of the recommended three) of SP.
The program will also partner with WFP to support the nutritional needs of the most vulnerable PMTCT clients through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets.
The FY2007 narrative below has not been updated.
Plus-Up Change: EGPAF will start PMTCT services in an additional 9 sites, making essential services for the prevention of pediatric AIDS available in more remote settings. In Cabo Delgado and Nampula this implies expansion into additional districts where currently no PMTCT services are available. In Gaza and Maputo, EGPAF will move into additional peripheral sites to ensure increased coverage of PMTCT services in these high prevalence provinces. In these new sites, EGPAF will reach an additional 4,800 women with HIV testing services during pregnancy and aims to provide ARV prophylaxis to an additional 360 HIV positive women.
Support will include basic and on the job training in PMTCT and counseling and testing, formative supervision and technical support to clinical services as well as psychosocial services for identified HIV positive women, including support to the establishment of support groups. Throughout the program, greater emphasis will be placed on primary prevention among women testing HIV-negative. EGPAF will also work to increase rates of exclusive breastfeeding, as a strategy to reduce pediatric infections but also improve the health off all children in these settings with high rates of malnutrition and infant mortality. Finally, EGPAF will hire a PMTCT technical advisor for the province of Cabo Delgado to assist the DPS in improving the quality and quantity of PMTCT services within the province, especially in sites that receive no direct NGO support. EGPAF will support the provincial PMTCT advisor with funds to assist in supervisory visits, petrol, and communications. FY06 program goals for EGPAF/Mozambique focused on 1) support to the Mozambique National PMTCT program 2) use of PMTCT to identify HIV infected individuals, and to link to care and treatment services for families; and 3) strengthening of MCH services, especially capacity building at the Provincial and District level health care system. During 2006 PMTCT services were supported in 18 sites, including three referral maternities.
As of June 2006 the Foundation's PMTCT program has provided 23,830 women with HIV counseling and testing, identified 3,136 as HIV positive, provided 1,533 HIV positive pregnant women with ARV prophylaxis and 1,608 HIV exposed infants with ARV prophylaxis. In 8 of the supported sites, treatment programs were established with support from the Foundation (USG/CDC funds), increasing access to ARV treatment for pregnant women in need of treatment and HIV infected infants and children. For FY2007, EGPAF is requesting funds from USAID for the continuation and expansion of PMTCT services as well as funds from CDC to continue to provide antiretroviral treatment (ART) with a family focused approach and to expand to additional sites. This expansion of ART programs include the planned new PMTCT sites so that comprehensive PMTCT programs will also provide access for ARV treatment for pregnant women and mothers who need this for their own health. The presence of an ART program in these sites will also facilitate the provision of more complex and effective prophylactic regimens.
The Foundation's plans in FY07 are to continue providing comprehensive PMTCT services in existing sites with a focus on improving quality of services and increasing coverage by supporting the DDS to expand into peripheral sites within district programs. In addition, during the next year the Foundation plans to expand into Moamba District in Maputo Province and Nametil District in Nampula province and add four sites in Cabo Delgado. Technical assistance and support will focus on improving monitoring and evaluation systems and moving to provide routine counseling and testing in both the antenatal care and labor and delivery settings in all sites.
The Foundation's PMTCT program will continue to provide a comprehensive package of care and will work to accelerate implementation of key services including the provision of more complex prophylactic regimens for HIV positive women with CD4 counts over 350, integration of family planning, malaria prophylaxis and TB screening services and further emphasis on improving HIV positive eligible women's access to ART. Improving health work skills in staging and screening patients will help decrease loss to follow-up.
Follow up of mother and infant pairs will also receive increased attention. The Foundation staff will provide technical support to the Mozambique MOH for the revision of the national child health card. The new card designs will capture information on HIV exposure. In addition, identification of HIV exposed infants will be improved by training staff in well child clinic (WCC) to look for HIV exposure status on the infant card and

Activity Narrative: inquire if status is missing.
Improvement of the Child at Risk Clinic (Consultas de Crianças em Risco) will also continue for follow up care of HIV infected mothers not eligible for ART at CCR. Early identification of HIV exposed infants will allow early testing and identification of HIV infected infants and timely initiation of treatment services and ultimately lower morbidity and mortality rates for these children. Therefore the Foundation will provide support to the roll-out of DNA-PCR into its supported sites as per MOH implementation strategy. Mother infant pairs who do not return to formal health services will be followed up in the community by volunteers from the Community based organizations that the Foundation has started to support in FY2006.
The Foundation will continue to strengthen existing Mozambican community-based organizations (CBO) to mobilize for PMTCT and provide support to HIV positive pregnant women, infants and their families. As the prevention of unintended pregnancies is a core strategy of PMTCT, the Foundation will implement specific activities to strengthen Family Planning services within the PMTCT program. This will include the training of health staff aimed at strengthening Family Planning services within PMTCT, the roll out of the FSG manual (developed in FY06) which includes a module on FP, and improve the inclusion of men by couples counseling in ANC and maternity.
April08 Reporgramming Change: Reduced $200,000. This request for re-programming of funds originally attributed to EGPAF is based on two separate but inter-related issues. First, EGPAF's burn rate in the last amendment to the cooperative agreement was slower than expected; a no cost extension was requested and granted to EGPAF and the adjustment to the dates will mean that EGPAF will be unable to use the entirety of the funds we had originally planned. Second, closer inspection of their budget indicates that two activities are duplicative with other partners; these activities have been removed from their project description. Future re-programming is anticipated in modest sums.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14311

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14311	5276.08	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	6771	5088.08	USAID-Elizabeth Glaser Pediatric AIDS Foundation-GHAI-Local	$1,857,403
9222	5276.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	5088	5088.07	USAID-Elizabeth Glaser Pediatric AIDS Foundation-GHAI-Local	$2,880,174
5276	5276.06	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	3669	3669.06	Call to Action Project	$1,638,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9305.09

Mechanism: TBD RFA Nampula and Zambezia Integrated Community Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 21418.24419.09

Planned Funds: [redacted]

Activity System ID: 24419

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008
This is a continuing activity under COP 09

The activities to be supported under the integrated RFA are expected to operate within the context of and be coordinated with other USG-supported activities underway in Mozambique, including PEPFAR and PMI, as well as USAID-supported activities such as the Title II Food for Peace program, other agricultural and health activities. The proposed activities should also fit within the context of the Government of Mozambique's (GRM) policies, strategies and programs in health and agriculture, its Action Plan for the Reduction of Absolute Poverty (PARPA), its Strategic Plan for the Health Sector (PESS) and its Food and Nutrition Security Strategy.

Strategic linkages to other U.S. Government (USG) programs should be used wherever feasible to help leverage programmatic results. The holistic approach encouraged in the RFA is also meant to improve communication among key partners, empower our provincial and district-level government counterparts, and provide more cost-effective approaches to achieving development results. Activities under the RFA are expected to increase synergy across USAID/Mozambique's programs to amplify their collective impact at provincial, district, and community levels. Opportunities to integrate at the community level are particularly important. Activities are meant to complement current and future activities of Food for Peace Title II Multi-Year Assistance Programs (MYAPs).

The Minister of Health has recently indicated that his staff, at all levels, are in need of management training. While Forte Saude, a USAID health partner, has been working on this at central level, the RFA provides a key opportunity to de-centralize management capacity building across Ministry of Health technical staff in both Zambezia and Nampula. PMTCT interventions, as they are integrated within primary health care services, are a key area of importance. Supervisory nurses working in the health care system as well as the supervisors of health care facilities are the target population. Both of the target groups mentioned above are of key importance given the somewhat overwhelming scope of work that nurses endure in Mozambique; by also targeting directors of health care facilities, it is hoped that nurses, and their supervisors, will be better able to undertake the clinical aspects of their position whilst streamlining the management system and structure in which they operate in. It should be noted that district level health directorates will also be targeted with management training, especially in regards to quality improvement and quality management techniques that lead to better logistics and improved communication with both provincial and central level directors within the Ministry of Health.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21418

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21418	21418.08	U.S. Agency for International Development	To Be Determined	9305	9305.08	RFA H/HIV	[redacted]

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3680.09

Mechanism: The Health Communication Partnership

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 9162.24285.09

Planned Funds: $0

Activity System ID: 24285

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008

This is a continuing activity under COP08, with the following update. The emphasis in this activity is on providing technical assistance and support to the RESP for behavior change communication activities and materials in support of PMTCT. With increased resources, JHU will have the opportunity to expand provincial level support, as appropriate, to Nampula Province, the target province for USG activities under COP08, in addition to continuing their support to prior year focus provinces of Sofala and Zambezia.

The below narrative from FY2007 has not been updated.

This activity is related to JHU/HCP activities C&OP 8648; AB 8645; HTXS 9165; and OPHS 8646. These activities taken together form a major initiative for providing technical assistance to the MOH/RESP (health education unit) and the CNCS (National AIDS Council) and implementation of communication strategies in support of all program areas at national and provincial levels, especially Zambezia and Sofala Provinces. JHU/CCP is also expected to serve as a resource and support to other Ministries such as the Ministry of Defense, Ministry of the Interior, Ministry of Education and Ministry of Women and Children as well as the NGO community and other USG PEPFAR agencies. With regards to PMTCT, a communication strategy and IEC materials have been developed and are awaiting MOH approval. JHU/CCP will need to determine the status of the PMTCT communication strategy and IEC materials, and work with the MOH and all PMTCT partners to respond to their needs in implementing the strategy. This may include, but is not limited to, organizing consultation meetings at national and provincial levels, reproducing IEC materials and assisting the MOH to distribute them through their normal channels, carrying out formative research and development of additional materials to fill identified gaps, planning and working with partners for community mobilization, developing mass media programming. Given the broad portfolio assigned to JHUCCP for the communication activity, it is expected that opportunities will be found for integrating promotion of PMTCT services and destigmatization of use of those services in other program area activities.

The primary emphasis area is IEC, referring to the need for materials and educational activities for the promotion of PMTCT in the community and patient/client education in the health facilities. Job aides and other materials will improve quality of services delivered. Better understanding on the part of clients, staff and community members will help reduce stigma and discrimination.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14518

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14518	9162.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6855	3680.08	The Health Communication Partnership	$200,000
9162	9162.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4893	3680.07	The Health Communication Partnership	$150,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 10419.09

Mechanism: USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 5269.24292.09

Planned Funds: $855,655

Activity System ID: 24292

Activity Narrative: August08 Reprogramming: Though the proposed re-programming will moderately increase FHI's funding level, a decrease in two PMTCT indicators is requested. The original calculation, undertaken by USAID, was incorrect in the percentage of women, relative to population size, who would be pregnant in the districts where FHI works. The numbers within the algorithm have been changed and the adjusted targets are reflected above. USAID is certian that FHI will fully meet, if not exceed, the targets listed above.

This is a continuing activity under COP08.

FHI will expand to include four additional sites in Niassa province, which will serve as key entry points to ART treatment and community-based care and support. FHI will also work to strengthen food security by creating a twenty hectacre community farm, benefiting HIV-positive pregnant and lactating women in Quelimane and Nicodalawill, using land ceded by the Governor of Zambezia province. Once these women are trained, the Governor has committed to providing them land so that they may use their skills to provide for the nutritional needs of their families and themselves.

The program will continue to foster linkages with the Child at Risk Consult (CCR) as well as treatment services. The referral system between PMTCT, treatment services, and the CCR will be the first line of approach, which has broad Governmental support. However, the program will also explore manners to reinforce testing and treatment linkages with vaccination campaigns, well baby visits, and weighing stations.

Using COP 07 plus up funds, PSI will map existing PEPFAR and non-PEPFAR partner interventions in PMTCT and overlay this map with mosquito net distribution data from the President's Malaria Initiative (PMI) and other donors and partners (Malaria Consortium, Government of Japan, the Global Fund, etc). The assessment will be a gaps analysis of where present activities under PEPFAR, PMI, and other partners are taking place and where, geographically and programmatically speaking, more concerted and coordinated action is needed by the consortia of actors. PEPFAR and PMI will leverage each others' resources with PMI providing the vast amount of LLINs for distribution to pregnant and lactating mothers. However, PEPFAR, through PSI, will provide a buffer stock of LLIN for PMTCT partners to ensure that all pregnant women receive a mosquito net. Finally, PMTCT partners will be crucial partners to PMI for the routine integration of at least two doses (of the recommended three) of SP.

The program will also partner with WFP to support the nutritional needs of the most vulnerable PMTCT clients through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets.

The below narrative from FY2007 has not been updated.

Per July 2007 reprogramming;
This addition of resources will allow FHI to reach an additional 1,000 women with counseling and testing and an additional 100 women who receive a full course of ARV prophylaxis. The funds will also make it possible for assistance with the District Director of Health in overseeing ongoing PMTCT activities at FHI dedicated sites.

Plus-up change:Utillizing plus up funding, FHI will expand its PMTCT intervention to include three additional sites in the province of Zambezia and begin to offer PMTCT services in two sites in Niassa province. The sites in Zambezia are Alto Benfica in Mocuba district, and Micaune and Chinde Sede in Chinde District, which have been strategically identified due to their high HIV prevalence. In Niassa, FHI will strengthen MOH response at the provincial level in two sites, one in Massangulo with a 16% HIV prevalence; the HIV prevalence in Massangulo is on the upward trend due to commercial activity and the high mobility of the population. The second site in Niassa will be Cuamba, which currently has a 14% prevalence of HIV; Cuamba is characterized by economic activity suroundingwood extraction. FHI will also hire a PMTCT technical advisor for the province of Zambezia to assist the DPS improve the quality and quantity of PMTCT services within the province, especially in sites that receive no direct NGO support. FHI will support the provincial PMTCT advisor with funds to assist in supervisory visits, petrol, and communication expended related to said visits.
This activity is related to a palliative care activity 9209. FHI will continue to provide comprehensive, integrated PMTCT services in 10 existing sites and expand coverage to 7 additional sites, to serve a total of 17 sites in Zambezia province. Collaborating closely with MOH and central level and with health teams at provincial level, FHI will provide training to health workers including nurses, counselors, and physicans, 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. 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. Seropositive women are referred 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, and helps reduce stigma and discrimination. FHI intends to establish both PMTCT and CT services in every suggested site in order create or meet (depending on the site) the demand of services.Additionally, the MOH has set ambitious targets for provision of bednets and IPT for ANC, and PMTCT will benefit from this program. However, it will take some time for the malaria initiative to get up and running, and for bednets and IPT to flow to all parts of the country. FHI should plan for a 3-6 month supply of bednets and IPT to assure that the minimum package of PMTCT includes these malaria interventions.

With the total of 17 sites (10 existing and 7 new), FHI expects to reach 35,459 pregnant women with counseling, testing and receiving results. Depending on actual HIV prevalence rates, an estimated 3,530 HIV+ pregnant women are expected to receive a full course of ARV prophylaxis; and 60 health workers will

Activity Narrative: be trained.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15860

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15860	5269.08	U.S. Agency for International Development	Family Health International	7277	5078.08	USAID-Family Health International-GHAI-Local	$3,249,270
9223	5269.07	U.S. Agency for International Development	Family Health International	5078	5078.07	USAID-Family Health International-GHAI-Local	$2,618,850
5269	5269.06	U.S. Agency for International Development	Family Health International	3666	3666.06	Follow-on to IMPACT	$1,274,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3579.09

Mechanism: USAID-Population Services International-GHAI-Local

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 5280.24309.09

Planned Funds: $450,000

Activity System ID: 24309

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY09, PSI will provide the Basic Care Package modeled after programs in Kenya and Uganda. In addition to LLIN and SWS the Care Package will include condoms and IEC materials that deliver clear, consistent messages on health and hygiene. Targets for this activity are atributed to implementing partners, as IP are distribute these commodities as well as train households on use. Community care partners will submit proposals to PSI describing how BCP will be distributed and impact will be monitored. Proposal must also detail how duplication will be avoided with PMI and World Bank support for net distribution. BCP with LLIN included will at a minimum reach 6260 women. The BCP will adjusted and distributed without LLIN if the beneficiary received a net through another point of contact with a health facility, allowing for a greater number of women to be reached with BCP. Targets are attributed to partners distributing the BCP.

August 08 Reprogramming: Funding reduction $150K.

This is a continuing activity with an update under COP08. PSI will provide PMTCT services in 22 sites, increasing the number of pregnant women provided with a complete course of ARV prophylaxix to 6000 and increasing the number of women tested and receiving their test results to 52,000. The large scale PMTCT media campaign and promotion launched in FY07 will be continued in FY08 to ensure that pregnant women, their partners and families, and all relevant groups in the community are aware of and understand the importance of PMTCT clinical services, and promote a community norm of attendance by pregnant women early in their pregnancies. Finally, PSI will be the primary source and distributor of Plumpy Nut to pregnant and lactating women among PMTCT partners in Mozambique. The program will also partner with WFP to support the nutritional needs of the most vulnerable PMTCT clients through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets.

The program will continue to foster linkages with the Child at Risk Consult (CCR) as well as treatment services. The referral system between PMTCT, treatment services, and the CCR will be the first line of approach, which has broad Governmental support. However, the program will also explore manners to reinforce testing and treatment linkages with vaccination campaigns, well baby visits, and weighing stations.

Using COP 07 plus up funds, PSI will map existing PEPFAR and non-PEPFAR partner interventions in PMTCT and overlay this map with mosquito net distribution data from the President’s Malaria Initiative (PMI) and other donors and partners (Malaria Consortium, Government of Japan, the Global Fund, etc). The assessment will be a gaps analysis of where present activities under PEPFAR, PMI, and other partners are taking place and where, geographically and programmatically speaking, more concerted and coordinated action is needed by the consortia of actors. PEPFAR and PMI will leverage each others' resources with PMI providing the vast amount of LLINs for distribution to pregnant and lactating mothers. However, PEPFAR, through PSI, will provide a buffer stock of LLIN for PMTCT partners to ensure that all pregnant women receive a mosquito net. Finally, PMTCT partners will be crucial partners to PMI for the routine integration of at least two doses (of the recommended three) of SP.

The below narrative from FY2007 has not been updated.

Plus-up change: Utilizing plus up funds PSI will research, develop, and test new IEC and BCC campaign materials surrounding PMTCT, male involvement in PMTCT, and male testing, emphasizing a family-centered approach. PSI will also be responsible for creating and reproducing these new campaign materials for nationwide distribution. Further, PSI will adjust their current PMTCT materials to reflect new PMTCT policy guidance and reproduce these materials in Portuguese and two other national languages. the IEC/BCC campaigns are costed at $700,000. This campaign should also be reproduced for nationwide distribution. Finally, PSI will map existing PEPFAR and non-PEPFAR PMTCT interventions and overlay this map with mosquito net distribution data from the President's Malaria Initiative (PMI) and other donors and partners. This assessment will be a gaps analysis of where PEPFAR, PMI, and other partners are complimentary and where, geographically speaking, more action is needed by the consortia of actors ($150,000).
This activity is related to other PSI activities in C&OP 9150 and CT 9114. 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 routine CT, provision of Nevirapine to seropositive mothers and their newborns, and provision of integrated postnatal services. PSI will renovate facilities, train counselors, and track seropositive mothers and their infants for 18 months postnatal. Additional focus will be placed on improving the delivery environment to increase the number of institutional deliveries, and thus the number of seropositive mothers receiving nevirapine. Each site will counsel and test at least 90% of first-time antenatal attendees. PSI will continue to support the 19 PMTCT sites initiated with USG funding between 2003 and 2006, and will add 3 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, focusing on key decision-makers in their lives (e.g., husbands, mothers-in-law). 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, and in coordination with the Johns Hopkins CCP USAID/PMTCT/9162 communication activity. Additionally, the MOH has set ambitious targets for provision of bednets and IPT for ANC, and PMTCT will benefit from this program. However, it will take some time for the malaria initiative to get up and running, and for bednets and IPT to flow to all parts of the country. PSI should plan for a 3-6 month supply of bednets and IPT to assure that the minimum package of PMTCT includes these malaria interventions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14524

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14524	5280.08	U.S. Agency for International Development	Population Services International	6856	3579.08	USAID-Population Services International-GHAI-Local	$1,714,000
9141	5280.07	U.S. Agency for International Development	Population Services International	5042	3579.07	USAID-Population Services International-GHAI-Local	$1,828,000
5280	5280.06	U.S. Agency for International Development	Population Services International	3579	3579.06		$690,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3628.09

Mechanism: USAID-World Food Program-GHAI-Local

Prime Partner: World Food Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 16305.24359.09

Planned Funds: $150,000

Activity System ID: 24359

Activity Narrative: April09 Reprogramming Change: Increased $150,000.

April08 Reprogramming Change: Reduced $100,000.

This is a new activity under COP08 in this program area although WFP has received PEPFAR funding for palliative care, OVC and treatment in FY2006 and FY2007.

WFP will provide support to pregnant and lactating women on an as needed basis. Two provinces will be covered by the PL 480/Title II program, namely Zambezia and Nampula. Food assistance will be channeled and coordinated with PMTCT and treatment partners to ensure a focused intervention (as opposed to HBC distribution points). WFP assistance is a valuable contribution while the USG in Mozambique can ensure that longer term solutions are available, viable, and possible according to OGAC guidance.

It is anticipated that over 6,000 will be reached with emergency individual food rations with COP08 funding.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16305

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16305	16305.08	U.S. Agency for International Development	World Food Program	6858	3628.08	USAID-World Food Program-GHAI-Local	$400,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3627.09

Mechanism: USAID-World Vision International-GHAI-Local

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 5279.24366.09

Planned Funds: $0

Activity System ID: 24366

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008

This is a continuing activity under COP08. No additional funding was added to this activity and targets remain the same as in FY2007.

WV will continue to foster linkages with the Child at Risk Consult (CCR) as well as treatment services. The referral system between PMTCT, treatment services, and the CCR will be the first line of approach, which has broad Governmental support. However, the program will also explore manners to reinforce testing and treatment linkages with vaccination campaigns, well baby visits, and weighing stations.

Using COP 07 plus up funds, PSI will map existing PEPFAR and non-PEPFAR partner interventions in PMTCT and overlay this map with mosquito net distribution data from the President's Malaria Initiative (PMI) and other donors and partners (Malaria Consortium, Government of Japan, the Global Fund, etc). The assessment will be a gaps analysis of where present activities under PEPFAR, PMI, and other partners are taking place and where, geographically and programmatically speaking, more concerted and coordinated action is needed by the consortia of actors. PEPFAR and PMI will leverage each others' resources with PMI providing the vast amount of LLINs for distribution to pregnant and lactating mothers. However, PEPFAR, through PSI, will provide a buffer stock of LLIN for PMTCT partners to ensure that all pregnant women receive a mosquito net. Finally, PMTCT partners will be crucial partners to PMI for the routine integration of at least two doses (of the recommended three) of SP.

The program will also partner with WFP to support the nutritional needs of the most vulnerable PMTCT clients through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets.

The below narrative from FY2007 has not been updated.

This activity is related to other World Vision activities CT 9157, HBHC 9126 and HKID 9155. WV proposed 4 sites in FY06, but was unable to secure MOH approval for the 4th site, so stayed with 3 PMTCT sites. WV will continue to provide training and technical support to 3 existing PMTCT sites in rural Zambezia province, and will increase program coverage to at least 85% of all first-time antenatal attendees in line with policies and protocols of the MOH. A comprehensive package of integrated PMTCT services, including routine 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, ITN and IPT, and test kits will be procured. In the communities served by 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14542

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14542	5279.08	U.S. Agency for International Development	World Vision International	6863	3627.08	USAID-World Vision International-GHAI-Local	$250,000
5279	5279.06	U.S. Agency for International Development	World Vision International	3627	3627.06		$460,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3526.09 **Mechanism:** GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Prevention: PMTCT

Budget Code: MTCT **Program Budget Code:** 01

Activity ID: 5257.24429.09 **Planned Funds:** $108,680

Activity System ID: 24429

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008.

Proposed funding under this activity supports the salary and benefits package of the CDC PMTCT Technical Advisor's position. The CDC PMTCT Technical Advisor works directly with the MoH HIV/AIDS Program Directors, the Director of the Community Health Department, the Reproductive Health/PMTCT Program Director, and PMTCT Program staff on the development and review of National PMTCT program policies, guidelines and training materials, co-facilitates training of trainers, and provides on-the-job mentoring to MOH PMTCT program staff.

The PMTCT Advisor also co-chairs, with the USAID CT&PMTCT CTO, the USG PMTCT Partners' working group, that meets every two months, to exchange information and PMTCT materials developed by individual partners, to discuss PMTCT implementation challenges encountered across partners, to develop plans and provide recommendations as to overcome these challenges. The PMTCT Advisor facilitates linkages between the MOH PMTCT team and the USG PMTCT implementing partners.

While the M&E Advisor is not funded through this activity, the PMTCT and M&E Advisors work together to provide technical assistance and inputs relevant to M&E aspects of the PMTCT program, including improvements in regards to PMTCT data compilation, analysis, and use of PMTCT data, improvement of PMTCT M&E registers and tools.

FY07:

This activity is linked to 8588, 8605, 8617, and 8638 activity sheets.

Proposed FY07 funding in this activity will pay 100% of the salary and benefits package of the CDC PMTCT Technical Advisor's position, which is currently vacant. This staff person will provide technical assistance directly to Ministry of Health (MoH) PMTCT program personnel as well as assists the MoH PMTCT team with coordination and guidance provided to USG and non-USG funded NGOs, CBOs and FBOs involved in PMTCT interventions.

The CDC PMTCT Technical Advisor works directly with the MoH HIV/AIDS Program Directors, the Director of the Community Health Department, the Reproductive Health/PMTCT Program Director and PMTCT Program staff on the development and review of National PMTCT program policies, guidelines and training materials, co-facilitates training of trainers, and provides on-the-job mentoring to MOH PMTCT program staff.

This activity also includes funding for short-term technical assistance and travel expenditures for CDC Atlanta PMTCT technical staff during FY07 to assist with the first National PMTCT program evaluation, PMTCT service implementation at maternities, improvement of infant follow-up, and development of activities for increased community and Traditional Birth Attendants' involvement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12932

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12932	5257.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$133,948
8630	5257.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	$178,047
5257	5257.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHAI_CDC_HQ	$200,341

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3529.09
Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 5252.24443.09
Planned Funds: $85,220
Activity System ID: 24443

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Continuing activity: Replacement narrative

This activity will partially fund the salary and benefits package for the CDC PMTCT/CT Study Advisor who will work with the Ministry of Health PMTCT staff and stakeholders involved on the finalization of the assessment of clinical staging performed by PMTCT personnel with comparison to CD4 & TLC (total lymphocyte count) to determine eligibility for antiretroviral therapy, and dissemination of findings through presentation of findings to MOH and stakeholders in-country, reproduction and dissemination of the final report. Please see the Public Health Evaluation Background sheet for more information.

The remainder of this activity funding is requested to support the USG PMTCT program in the following areas:

1) Travel expenditures for the CDC PMTCT staff facilitating regional and provincial PMTCT trainings, and participating in PMTCT site supervision and quality assurance, in particular to 2008 focus provinces; CDC technical staff visits to the PMTCT reference center and satellite units in Nampula Province; and participation in PMTCT program evaluation activities.

2) Participation of MOH and USG staff in international and/or regional continuing education events relevant to PMTCT program policy development and management, including staff visits to areas with robust district-level support activities. Participants to be selected in discussion with the Ministry of Health (MoH) Community Health, Reproductive Health and PMTCT programs and National AIDS Council (NAC).

3) Exchange visits for MOH and USG PMTCT staff (to be selected in discussion with MoH PMTCT program and NAC) to countries within the African region to learn from experiences in integration of PMTCT services, infant and child follow-up, integration of Counseling and Testing, and male partner involvement.

New/Continuing Activity: Continuing Activity
Continuing Activity: 12943

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12943	5252.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$135,748
8638	5252.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4867	3529.07	GHAI_CDC_POST	$345,000
5252	5252.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3529	3529.06	GHAI_CDC_POST	$166,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3629.09
Mechanism: USAID-Health Alliance International-GHAI-Local
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 16397.29212.09
Planned Funds: $0
Activity System ID: 29212

Activity Narrative: This is a continuing PHE activity under COP08, linked to COP07 activity # 5352.07.

Health Alliance International and the Elizabeth Glaser Pediatric AIDS Foundation will complete a targeted evaluation of improved early breastfeeding cessation strategies. The TE will identify replacement feeding recommendations to help HIV-positive women achieve breastfeeding cessation at six-months. Using data from formative research, recommendations will be field tested, using recipe trials, cooking demonstrations and a qualitative consultative research design, to determine feasibility in Mozambique settings. Findings will be used to develop acceptable, feasible, affordable, sustainable, and safe recommendations, per WHO guidelines, and to create demonstration sites to teach HIV-positive postnatal women about new feeding practices.

Title: Improved Strategies for Early Breastfeeding Cessation

Time and Money Summary: All monies absorbed with exception of dissemination activities, which should take place within the first quarter of FY08.

Local Co-Investigator: Pablo Montoya, HIA and Cathrien Alons, EGPAF

Project Description:

Study Question: What are the best strategies for feeding non-breastfed HIV-exposed infants following early breastfeeding cessation (EBC) at six months in high-prevalence HIV/AIDS regions of Mozambique?

Study Design: The study involves three overlapping and complementary stages: 1) review of existing information; 2) assessment of local context for EBC and RF6; and feasibility of developing specific replacement diets, and 3) evaluation of the initial recommendations for replacement diets to determine their feasibility, affordability, acceptability, and sustainability in mothers who are given EBC advice. Qualitative and quantitative methods will be used throughout.

Importance of Study: Prolonged breastfeeding beyond 6 months is responsible for 50-68% of all postnatal HIV transmission (PNT) if BF is continued for 18 months. Early breastfeeding cessation at 6 months (EBC) is currently recommended for HIV-positive Mozambican mothers who choose to breastfeed in order to reduce the risk of late PNT. However, health workers report that mothers are having difficulty implementing this recommendation because prolonged breastfeeding is the cultural norm, traditional weaning foods are nutritionally inadequate for infants who are not breastfed, and commercial infant formula is too expensive for the majority of Mozambican families to use daily. Mothers justifiably worry that if they stop breastfeeding their infants will become sick and malnourished, and health workers have not yet been equipped to provide advice on this issue.

Planned Use of Findings:
• Recommendations for EBC that are based on field experience and inputs of HIV-affected Mozambican families
• Recommendations for RF6 that are based on locally available foods, nutritional and cost analysis, and inputs of HIV-affected Mozambican families
• Recommendations on the feasibility and acceptability of different approaches for providing HIV-positive mothers with postnatal infant feeding support

Status of Study: Study completed, data analysis in progress

Lessons Learned: Research in Mozambique takes longer than expected due to long processes of review and authorization by the Ethics Committee and the Minister of Health.

Information Dissemination Plan: Preliminary data has already been presented; however, a larger dissemination campaign will take place upon completion of the data analysis.

Planned FY08 Activities: HAI, along with other PEPFAR partners, have collected data to explore the best strategies for feeding non-breastfed HIV-exposed infants following early breastfeeding cessation (EBC) at six-months in high-prevalence HIV/AIDS regions of Mozambique. Final results should be disseminated within the next three months.

Budget Justification for FY08: No new money in FY08.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16397

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16397	16397.08	U.S. Agency for International Development	Health Alliance International	7278	3629.08	USAID-Health Alliance International-GHAI-Local	$0

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: $13,235,078

Program Area Narrative:

With a general prevalence rate of 16%, Mozambique is one of the few countries in Africa where available data does not suggest a decline in incidence. Experts describe Mozambique's generalized epidemic as three regional epidemics due to substantial heterogeneity of prevalence and epidemiological risk factors within the country. The Northern region has high prevalence of male circumcision (90%) and the lowest prevalence (9%), despite risky behaviors such as high prevalence of multiple and concurrent partnerships (MCP), high reported sex with commercial sex workers, low condom use, and the nation's lowest age of sexual debut. The Southern region has the highest level of prevalence (21%), high levels of reported MCP that is often associated with beliefs about masculinity, and negative attitudes toward condom use. With the exception of Inhambane, which has a male circumcision rate of 89%, prevalence is increasing in the Southern region and is one of the few places in Africa where HIV continues to do so. The Central Region has the oldest epidemic, in part, due to war, movement to and from Zimbabwe (which has had very high HIV prevalence), and low prevalence of male circumcision (less than 20% in Sofala, Manica and Tete). With the exception of Zambezia, recent surveillance shows prevalence is stable and or declining in the Central region.

These regional data are validated/supplemented by new evidence from the recent Mozambique data triangulation workshops, modes of transmission study and the 2006 SADC Southern African epidemiological analysis that indicate the key driver of Mozambique's HIV/AIDS epidemic is the pervasive practice of MCP. In Mozambique, this practice primarily involves HIV transmission among the general population's consenting adults who are usually over the age of 25.

Furthermore, the I-RARE study conducted in late 2007 identified high risk behaviors and locations where drug use and sex work occur within Maputo, Beira, and Nacala Porto. Preliminary findings indicate sex workers in Maputo use condoms infrequently, with use encouraged by requiring a higher price paid by clients. Sex workers report dual consumption of alcohol and drugs to facilitate sexual encounters. Drug users report injection and non-injection drug use, and consumption of crack cocaine and heroin increasing in Maputo. Injection drug users report sharing needles despite awareness of HIV risk, often because clean needles are difficult to obtain.

In light of the above, particularly the increases in prevalence in the Southern Region, stakeholders in Mozambique are reviewing and re-thinking prevention efforts. The Government of Mozambique is leading this effort and it has constituted a high level Prevention Reference Group to develop an action plan to refocus prevention efforts in order to reverse this trend. The PEPFAR team was instrumental in the formation of the Prevention Reference Group and has played a critical leadership role. It is anticipated that the action plan will be completed by December 2008 following consultations in each province.

In FY09, USG will shift additional resources into Prevention in response to both the epidemiologic realities and the priorities of the Government of Mozambique. The new USG approach which will roll-out a new set of innovative, highly targeted evidenced based prevention programs in the most epidemiologically significant, highest prevalence regions of the country. These include: 1) a highly targeted mass media and behavior change plan which targets the MCP contact pattern and leverages local media funding and technical expertise; 2) intensified mobilization of communities in epidemiologically significant provinces and within those regions at hot-spots with selected target groups amongst the MARPS which includes commercial sex workers and their clients, male and female prisoners, migrant workers and de-miners, refugees fleeing the on-going crisis in Zimbabwe, and the highly mobile truckers who move through and work in high prevalence corridors, military, police and border guards; 3) HIV positive prevention programs in the highest prevalence regions; 4) build Mozambican capacity to plan, implement, and evaluate STP programs; 5) public/private prevention education partnerships in selected multinational and large local workplaces and 6) "know your epidemic" studies including a Behavioral Surveillance Survey (BSS) and an assessment of alcohol abuse in rural areas. The approach represents a departure from the USG's previous prevention strategy of general awareness for in and out of school youth, product specific social marketing without mention of multiple partners and education programs targeting high transmitter populations in lower prevalence provinces throughout the country and timely conclusion of South to South collaboration with Brazilian experts.

A new Media Prevention RFA in FY09 will support print, television, Portuguese language and local language radio stations, information and education. The mass media program will be carried out on the national level in Portuguese and in six provinces which fall into the highest HIV prevalence corridors (Maputo, Gaza, Sofala, Zambezia, Nampula and Niassa). Subcontracts or grants will be awarded to local media entities to improve communications within the provinces.

A new "Communities and Corridors" RFA will reinforce the mass media 'air war' messaging with a 'ground war' to geographically target community mobilization and behavior change communications (BCC) in "hot spots" corridors and the highest prevalence regions (Maputo and Gaza provinces and the Beira and Nacala corridors). This new activity will support long-term, well-organized, aggressive community based approaches to promote partner reduction in the highest prevalence regions and corridors noted above. Building an army of committed HIV prevention leaders, and providers is quintessential to breaking down misinformation and dangerous practices and building risk perception and self efficacy. Within hot spot regions, MARPs will be a key target and will include sex workers and their clients, prisoners, and the highly mobile population including refugees and truckers.

The military and other uniformed services will be reached through Department of Defense (DOD) programming and are an important and necessary complement to this program. Male and female condom social marketing will deliver life saving products in places where MARPS congregate. The program will ensure 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 high-risk populations. CSM distribution will focus on increasing coverage in outlets frequented by MARPs.

Condom demand and use is among the lowest in the region. Fifty nine million condoms were ordered for CY09, but due to lack of uptake, there is a considerable pipeline. USAID historically procured 100% of public sector condoms in addition to funding a large portion of national condom social marketing (CSM) programs for male and female condoms. USG will reduce funding for condoms in FY 09 after analysis of the large condom pipeline, and agreement with other donors (including UNFPA, the Dutch Embassy and the donor basket fund.) that they will increase funding for condom procurement.

C&OP funded MARP interventions focus on promotion of condom use and service uptake among commercial sex workers and clients, uniformed services, health care workers and PLWHA, families and positive prevention. Funds are earmarked for populations employed or displaced by private businesses such as Vale do Rio Doce, a Mining company set to extract one of the continent's largest coal reserves in Tete province and the Gorongosa National Park/Carr Foundation in the Beira Corridor. Peer education and alternative income generation for sex workers, IEC, films and short debates in discotheques and other 'hot spots' target CSWs and clients. DOD continues IPC, IEC and CT directed at military personnel at the national level, and at policemen in all provinces, except Tete and Niassa. Non-USG partners (Medicos Do Mundo and Comunidade de Santo Egidio) provide CT and ART for prison populations in Maputo City and Province, a MARP currently receiving minimal USG support.

The majority of implementing partners will receive split, AB and C&OP funding for STP services. AB funds support BCC activities for behavior change and healthier norms and attitudes, as well as life-skills programs in schools, communities, and FBO settings. Sports-centered community outreach programs target youth will be linked to the 2010 World Cup. Programs targeting non-OVC 10-14 year olds focus on delay of sexual initiation but also provide information on the protective factors of partner reduction for sexually active individuals.

Counseling and Follow-up Prevention services for HIV Positive and Negative Clients. A cadre of HIV counselors at HIV treatment sites and outreach teams will be trained to provide support and prevention advice to HIV positive and negative clients. These counselors will supply condoms to clients that are sexually active and encourage testing by their partners.

Public/Private Partnerships for Prevention Services. A select number of partnerships with large companies who employ over 100 staff will be launched to introduce and improve employee HIV prevention programs. Companies such as Chiquita Banana in Nampula, and a new large mine extracting company have expressed interest in a PEPFAR partnership. Companies would be expected to contribute their own resources to carry out employee services such as counseling and testing targeted towards characteristics of their specific populations.

The USG is collaborating with other donors and partners through the newly established MCP Working Group to ensure consistent, targeted messages for MCP-focused behavior change following the BCC priority of the Minister. The Public Affairs Office continues to provide grants for community radio in local languages, further reinforcing these key messages.

Gender: Men, especially those who are older, more affluent and educated, constitute an epidemiologically key population for HIV transmission. In FY08, the majority of continuing PEPFAR STP partners received capacity building to mainstream gender and increase male engagement in their and their sub-partners' activities. Continuing STP activities targeted at engaging men in the general population include the Peace Corps HIV,Gender and Leadership activity for male students, and male targeted activities in school, workplace and faith-based settings. The majority of all new activities have specific programs targeting men, including workplace, bar-based activities and activities for uniformed services and MARPs. New MCP activities addressing men combat "macho" attitudes about MCP and include programs linking partner reduction to responsible paternity amongst men.

Continuing and new activities address reduction of transactional and cross-generational sex, and sexual coercion and violence against women and children. The second year of the Vulnerable Girls Initiative activity provides employability skills for girls and women 15-24. In response to USG and MEASURE/Evaluation recommendations, all three Track 1 ABY partners now incorporate "B" focused curricula for adults addressing transactional sex and sexual abuse.

The USG team will continue programs begun in FY08 to address alcohol abuse including an assessment of alcohol abuse in rural settings; urban, bar-based interventions linked to male responsibility activities through Communities & Corridors Prevention and Family Matters; and alcohol and prevention programs for Uniformed Services through DOD.

STP activities addressing OVC-specific vulnerabilities and risks will continue, including access to employability-skills programs for older or head of household OVCs. Community-based CT will be integrated into community prevention programs under the Communities & Corridors Prevention activity. Existing activities will continue referrals to community and clinic-based care and treatment services while new activities will establish a MOU with facilities for active and mutual referrals. In FY09, expansion of Positive Prevention (PP) activities in Maputo, Sofala and Zambezia Provinces will scale up PP ToT, provision of PP toolkits (training materials, job aids, IEC materials) and link to USG funded community based organizations providing care to people living with HIV/AIDS. Capacity building of health care workers to mitigate their risk will be increased.

Voluntary family planning (FP) wrap around programs include PP services. USAID's Health Team will use PEPFAR infrastructure to integrate non-PEPFAR USG-funded national FP programs into PMTCT, VCT, and treatment program areas. Integration activities include the provision of commodities, communication materials, and reproductive health and family planning training.

A TBD policy partner will work with the Ministry of Education and Culture (MINEC) to advocate the establishment and enforcement of national policies addressing school-based sexual abuse, in particular sex for grades, and women's legal rights. System strengthening and capacity building for Mozambican CBOs in prevention implementation, M&E, management and supervision are the focus of the AED Capable Partners Program. Small grants to CBOs through Embassy Quick Impact Grants, PAO Small Grants and PC Volunteer Activities Support and Training grants will also continue to support new local partners. Continued behavioral studies and assessments will provide policy-level recommendations to increase service access for MARPS, such as CSW, migrant laborers, refugees, and internally displaced persons. Coordination of prevention and communication activities remains a barrier for organizations implementing prevention programs in Mozambique. The PEPFAR Team has allocated funds to support human resources in both the CNCS and the IEC Department of the MOH.

Lack of male circumcision continues to be an outstanding challenge and programmatic gap. Current policies do not allow MC as the GoM's severe constraints on capacity for surgical care (infrastructure and personnel) leaves the MoH concerned about resource-shifting to a disease-specific intervention. Should there be a change in national MC policy with a corresponding addition of STP funding, MC-focused BCC and mass media activities could support services under Biomedical Prevention for this evidence -based intervention.

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11719.09

Mechanism: TBD Combination Prevention MCP Needs

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 28762.09

Planned Funds: [redacted]

Activity System ID: 28762

Activity Narrative: April09 Reprogramming: Reduced $500,000.

This is a new activity under COP09.

This activity will allow for flexible funding to respond to future programming needs around reduction of Multiple, Concurrent Partnerships (MCP) and the socio-cultural factors that drive this and other risky behavior. Identification for the need for such flexible funding comes from 1) increased PEPFAR participation in joint planning and strategizing sessions with GRM and other donors through technical working groups for MARPs, Communications and MCP; and 2) from the momentum around combination prevention/MCP fueled by the USG/Mozambique and USG/South Africa joint efforts towards a COP 09 Sexual Prevention PHE concept paper that in the end was not submitted. Many communications between USAID/Mozambique and USAID/SA have continued around possible collaborative efforts, interventions or technical meetings around BCC, especially MCP. Various national and regional analyses (e.g. August 2008 Mozambique Modes of Transmission UNAIDS analysis, 2006 SADC Southern African epidemiological analysis Data) show the key driver of the epidemic in this region and in the country to be the pervasive practice of multiple and concurrent partnerships (MCP). The DHS and other local studies indicate that MCP in Mozambique primarily involves HIV transmission as consenting sexual behavior between adults, who are usually above age 25 in both sexes.

This activity will support either USG-only activiites, interventions or technical conferences around BCC and/or will support collaborative interventions, campaigns, national or regional technical conferences around BCC with GFM and other donors.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 12252.09
Mechanism: Combo Prevention IQC
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 29863.09
Planned Funds: [redacted]
Activity System ID: 29863

Activity Narrative: This is a new activity.
The new Combination Prevention Indefinite Quantity Contract (IQC) is aimed primarily at General Population adults and secondarily, at Mobile and Bridge populations and people living with HIV (PLH). A Youth component will begin in Year Two through COP 2010 funds (see note on Youth below). This IQC also receives CT funding for community or site based Counseling and testing. This activity is geographically focused on the high prevalence provinces of Maputo city, Maputo and Gaza and in hot spots and corridors identified by the 2008 Mozambique Data Triangulation (Beira, Nacala, Niassa corridors; Pemba, Quelimane, Mabote). Key drivers to be targeted in this new program include mulitple and concurrent partnerships (MCP), low condom use, low knowledge of sero-status/low uptake of CT, low risk perception, weak individual locus of control, sero-discordancy, low male circumcision in targeted geographic areas, alchohol abuse, and social and gender-based norms that increase risk and vulnerability. Components of the new IQC for Combination Prevention will work in an integrated and multi-layered approach to reach General Population Adults at the individual, couple, family, institutional, community, social and political level. AB funded activities will include behavioral and structural interventions and will promote services funded under other program areas such as C&OP, CIRC or Care for Community-based Positive Prevention. Behavioral activities will include national, local and folk media through mulitple channels of communication. Large mass media activities will follow guidelines set forth by the National HIV Communication Strategy and, for MCP, the MCP Communications Strategy. All messages and campaigns will be vetted through the Partners' technical working group (TWG) for Communications and the USG Prevention TWG to ensure coordination and reinforcement with USG and non-USG funded on-the-ground , interpersonal (IPC) behavior change communication activities (BCC).

All on-the ground IPC BCC and community mobilization programs will go beyond building basic awareness and will focus on building risk perception to change individual behavior and risky social norms. Alcohol abuse will be addressed, especially in IPC BCC targeting men, for example, in work place based programs. AB funds for the new IQC will also promote linkages to clinical health services that are funded under other program areas, such as counseling and testing, STI screening and diagnosis, ART, family planning and reproductive health, and when policy allows, surgical male circumcision. AB funds may also be used to create IEC about the limitations of CIRC to address possible risk compensation, as part of a comprehensive CIRC program. Awardee/s of this IQC will be required to have a strong technical and organizational capacity building component with 'graduation plans' for Mozambican sub-partner organizations to eventually seek their own funding as prime partners to USG or other donor funding.

New activities aimed at Mobile and Bridge populations and PLH are split funded between AB and C&OP funds and are split funded between the IQC for Combination Prevention and the IQC for MARPs. Mobile/Bridge population activities under both IQCs will be institution and peer-based interventions that include risk reduction counseling (individuals and peer-based), venue based outreach, individual.peer-based communication materials and will also address alcohol. Through care funding, activities for mobile/bridge populations will also receive mobile or site based counseling and testing services and through C&OP funds, STI screening and treatment and targeted condom distribution. When policy allows, CIRC funds will provide MC services for men in these populations. AB funded activities for community-based Positive Prevention (PP) for PLH include advocacy media linked to on-the-ground community activities to reduce stigma and discrimination,addressing alcohol, disclosure, and risk reduction and through Care funds for the two new IQCs, community based CT. These commnity-based PP interventions will complement and be integrated with clinic-based PP components funded through C&OP and care include STI screening and treatment, FP, Tx adherence, condoms, FP, and facility-based couple and family CT.

*Youth-focused programs will not begin until Year Two (COP 2010) as existing Track 1 ABY programs are operating in the geographic areas of consideration until June 2010. . Future youth program under this new IQC will be aimed at 10-19 year olds and will be comprised of media, community mobilization and adult-led, peer-based IPC BCC. School-based, and for out-of-school youth, community-based, small group activities will use the adult-led, peer-based approach with a life/skills based curriculum coordinated with messages of large media activities for youth. AB funded youth activities will promote youth-friendly services funded under other program areas, such as youth friendly CT, PMTCT and FP, other HIV care and treatment services.

$200,000 of AB funds under this activity are earmarked for a legal or policy-focused organization to build capacity of the Ministry of Education and Culture (MINEC) at the central but primarily at the provincial and district levels, to enforce existing policies against sexual abuse in schools, i.e., to address 'sexually-transmitted grades' or 'sex for grades'. Priority area for this activity is the Southern region and Sofala province. This legal/policy activity is linked to the legal/policy activity in the Care IQC that addresses inheritance rights for OVCs. The awardees of this and the Care IQC will be directed to work together to identify one (1) legal/policy organization to implement both programs.

*Project and impact evaluation of this activity will be funded through a separate SI activity.

-Justification
Activity created during prevention portfolio reorganization per PEPFAR Mozambique prevention strategy. Targets are for nine-months of implementation as start up is anticipated for quarter 2 of FY2010.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11332.09

Mechanism: TBD SAPI - HIV Prevention Training for USG Staff, GRM, Partners

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 27166.09

Planned Funds: [redacted]

Activity System ID: 27166

Activity Narrative: Apr09 Reprogramming: Reduced $100,000.

This is a new activity under COP09.

This activity will provide buy-in/field support funds to planned Southern Africa Prevention Initiative (SAPI) Prevention training. This prevention training will provide SOTA technical capacity building for USG, PEPFAR partners, GRM and other stakeholder staff planning and implementing sexual prevention activities in Mozambique.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3675.09

Mechanism: Track 1

Prime Partner: World Relief Corporation

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5284.24363.09

Planned Funds: $802,419

Activity System ID: 24363

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008
This is a continuing Track 1 activity under COP09.
This is a continuing Track 1 activity under COP08.

The FY2007 reprogramming narrative below has not been changed.

In FY06, World Relief continued its AB program within schools, churches and communities. Youth in the Maputo program have signed abstinence commitment cards and parents continue to be directly recruited and involved in Youth-centered AB activities. In FY06 World Relief reached 45,814 individuals with AB messages and trained 4,250 individuals to promote AB.

This funding will enable World Relief to continue implementation of its Track One funded Mobilizing Youth for Life (MYFL) program, utilizing the “Choose Life” curriculum in Sofala, Maputo, Gaza and Inhambane provinces. MYFL targets youth and those adults who influence them. Using interactive training and peer education sessions in a supportive environment, youth are able to build skills that increase self-efficacy to practice AB behaviors. World Relief's "Choose Life: Helping Youth make Wise Choices" values-based Abstinence and Behavior Change Curriculum uses stories, illustrations and discussion questions. Lessons are conducted in youth friendly environments such as after-school programs and churches and include HIV/AIDS, sexuality, decision making, peer pressure, changes due to puberty and family life.

With this funding, World Relief Mozambique will cooperate with WR’s International Technical Unit to develop supplementary lessons to Choose Life, focused on mutual faithfulness and partner reduction, to address the needs of older youth and adults. This is in line with recommendations from the Prevention TA Team’s January 2007 visit to Mozambique to complement youth focused activities with adult-focused “B” behavior change activities that increase an individual’s risk perception. Activities discussing faithfulness should also discuss the importance of a mutually faithful couple knowing their HIV status in order to successfully reduce their risk by being faithful.

In addition to addressing individual youth behavior change for abstinence and being faithful, the MYFL program also stimulates social discussions on safer sexual norms and behaviors. Intergenerational community meetings and discussions are held to stimulate local questions and solutions to address harmful norms that perpetuate risk, such as gender based violence and the imbalance of negotiating power in sexual relationships. World Relief is encouraged to specifically address the three behaviors of cross generational sex, transactional sex and multiple, concurrent partnerships.

In response to MEASURE Evaluation’s recommendations, WR will: a) supplement the Choose Life curriculum with material on STIs and alcohol and drug abuse. As requested by both trainers and volunteers, information and photos of STIs will be made available for these additional lessons; b) provide supervisors with additional training on facilitating adult activities (e.g., counseling skills); c) supplement Choose Life curriculum with visits from health workers who can speak about Counseling and Testing, STI services as well as visits from others who can speak about child abuse and psycho-social support.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14536

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14536	5284.08	U.S. Agency for International Development	World Relief Corporation	6859	3675.08	Track 1	$400,854
8232	5284.07	U.S. Agency for International Development	World Relief Corporation	4789	3675.07	Track 1	$372,153
5284	5284.06	U.S. Agency for International Development	World Relief Corporation	3675	3675.06	Track 1	$565,681

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 10824.09 **Mechanism:** TBD Policy Partner

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 25681.09 **Planned Funds:** [redacted]

Activity System ID: 25681

Activity Narrative: This is a new activity under COP09.

This activity will allow for a TBD HQ partner to provide Policy Technical Assistance to local institutions and organization to establish and/or ensure enforcement of policies addressing 1) Sexual abuse and coercion in school settings, including the sex for grades phenomenon, and 2) women's legal rights.

50% of direct implementation funds will complement the Seconded position of TA to the Ministry of Education and Culture (MINEC) activity to establish and/or ensure MINEC policies to promote safer schools, denounce and apprehend sexual abuse in school settings, and challenging norms of transactional sex/sex for grades.

50% of direct implementation funds will provide sub-grants and organizational capacity strengthening to one or two CBOs focused on legal rights for Mozambican women and families affected by HIV/AIDS. Areas to be addressed include stigma and discrimination, legal and inheritance rights.

This activity is linked to the Policy TBD activity under HKID, activity ID#26080.09, which is funded in the amount of $295,941.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 10812.09 **Mechanism:** TBD RFA Mass Media

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 25682.09 **Planned Funds:** [redacted]

Activity System ID: 25682

Activity Narrative: Per April09 Reprogramming activity zeroed.

NEW ACTIVITY

This project outlines the USG's 2009-2014 prevention approach which will roll-out a new set of innovative, highly targeted evidenced- based prevention programs in the most epidemiologically significant, highest prevalence regions of the country. These include: 1) a highly targeted mass media and behavior change plan and a Mozambican media leaders' partnership which targets the MCP contact pattern and leverages local media funding and technical expertise; 2) HIV positive prevention programs in the highest prevalence regions and 3) public/private prevention education partnerships in selected multinational and large local workplaces.

Mozambique has an extensive and growing mass media infrastructure upon which to build a successful long-term mass media prevention program. An estimated 60% of the population is literate with approximately 20% who are fluent in Portuguese. There are over 200 journals, magazines and newspapers, seven television stations run by the public and private sectors with broadcasts locally, and from South Africa and Brazil. Mozambique has 72 independent and public radio stations which includes 17 religious radio stations. Radio Mozambique has a national antenna. The radio is viewed as the most cost effective way to get messages out beyond provincial capitals, but developing programming in local languages remains a challenge. There are also many community radio stations run by NGOs, but they lack enough interesting programming and often repeat the same material. All provincial capitals have reliable electricity and therefore have more television sets and viewers. Rural electrification however, remains a problem with only 20% of rural households connected to electric power lines or generators. Solar powered generators and batteries which have been widely used in other countries need to be field-tested in Mozambique. This is an area where private sector leadership could advance communications. Internet access is still very low with TDM Banda Larga, the largest internet provider reporting only 9500 clients nationwide with 49% of them in Maputo city, 14% in Beira, but only 5% in Manica, 3% in Tete and 2% in Gaza, the key PEPFAR HIV target regions. Every village, however, has a few radios which may be shared by a number of families.

This TBD activity outlines a plan for mass media campaigns to increase risk perception about multiple sexual relationships and other risky norms and behaviors. Target groups need to understand their own personal risk, not just general biological or population risks. Moreover, the idea of multiple partners needs to move from being socially desirable to socially unacceptable.

This activity will design, launch and evaluate nationwide mass media campaigns involving print, television, and electronic media targeting the general adult population to discourage multiple partner behaviors and related harmful practices, work with media partners to leverage free air time and free technical assistance for the design time of new programs, address priority adult behaviors at national level, including cross-generational sex, multiple concurrent partnerships, promote responsible behavior and traditional family values, including being faithful which discourage non-primary partner patterns, expand the use of talk shows, local expert call-in and advice shows, game shows, and other ideas which make serve to desensitize the HIV problem and catalyze fresh ideas concerning prevention.

In addition, this activity will launch local, provincial and in some cases district level mass media campaigns in high risk geographic regions and cooridors with the highest HIV prevalence. A majority of non-print media will be produced in local languages. This activity will build the capacity of local and district level counterparts to roll-out rural radio campaigns. In addition to promoting messages of being faithful, these campaigns will also reinforce the importance of knowing one's serological status through HIV counseling and testing, promote specifically packaged prevention concepts and referrals for PLWHA and their families.

This activity will forge a media leaders' partnership which includes membership from the advertising industry, print, radio, television and electronic media including the moblie phone industry and internet carriers to serve as advocates and trainers for local media and communities. These partnerships will leverage private sector resources and contributions to the national HIV communications strategy, and provide technical assistance to local media entities in the five provinces and training for journalists, T.V. and radio producers, web designers and cell phone companies. Further, this activity will forgimprove internet connectivity between media partners if opportunities arise and will strive
to establish partnerships with solar power companies or consumer products marketing companies interested in the same target audience.

The implementing partner will also provide short-term technical assistance to the National AIDS Committee (CNCS) to build their capacity to develop national HIV prevention communication campaigns.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 10813.09
Mechanism: TBD RFA Communities and Corridors Prevention
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 25687.09
Planned Funds: [redacted]
Activity System ID: 25687

Activity Narrative: Per April09 Reprogramming activity zeroed.

NEW ACTIVITY

This activity, awarded through the new Communities & Corridors RFA, a full and open competition RFA comprised of AB, C&OP and CT program area funds, will replace most discontinued sexual prevention and counseling and testing activities previously managed by USAID. Priorities for this activity are region and population-specific, epidemiologically responsive interventions and building Mozambican capacity to plan, implement and evaluate quality Sexual Transmission Prevention (STP) and Counseling and Testing (CT) programs. This activity, with the RFA award expected in late FY09, will allow strategically formed consortia of partners, 50% of which is encouraged to be Mozambican, to promote behavior change, especially for reduction of multiple and concurrent partnerships (MCP) at the individual, family, community, and social and environmental levels; build capacity of local leaders and community agents of change to lead the response to the epidemic; and support systems and services for CT.

Despite a multi-pronged approach to both prevention and treatment for a sustained period of time (10 years), few regions have experienced declines in HIV rates. Tete and Manica are the noted exceptions. Other regions have experienced steep increases including Maputo, Gaza, Sofala and Niassa. There is also new evidence from the recent Mozambique modes of transmission study, the 2006 SADC Southern African epidemiological analysis and the 2007 sentinel surveillance survey that the key driver of Mozambique's HIV/AIDS epidemic is the pervasive practice of MCP which, in Mozambique, primarily involves HIV transmission amongst the general population's consenting adults (GCA) who are usually over the age of 25. Experts agree that this is the main driver of the epidemic. There is growing consensus that the key intervention to address this pervasive behavior is to tackle this problem through a direct and multi-tiered, systematic prevention strategy which first and foremost directly takes aim at this particular contact pattern.

Geographically targeted community mobilization and behavior change communications (BCC) will focus on "hot spots", corridors and the highest prevalence regions (Maputo and Gaza provinces; Beira and Nacala corridors). The second highest prevention priority for USG assistance will be supporting and capacitating long-term, well-organized, aggressive community-based approaches to the problem in the highest prevalence regions and corridors noted above. One such program currently supported by USAID and other donors is the ADPP war model which harnesses the talent and enthusiasm of young adults to battle the epidemic in their own communities which have been nurtured by long-standing misinformation and weak reproductive health services. Other models such as the FDC's work to mobilize faith based and political leaders are working to change social norms.

Building an army of committed HIV prevention leaders and service providers is quintessential to breaking down misinformation and dangerous practices and to increasing risk perception and self efficacy. This program will develop a strategy to take the national BCC program to the local levels. This activity will build partnerships with local religious and traditional leaders and enlist them in advocating for the reduction of multiple and concurrent partnerships in their communities. Community leaders will be trained in focused messaging and counseling. Peer educators will also be trained in an effort to convey messages increasing risk perception and the reduction of concurrent partnerships. This activity will reinforce the messages that will be broadcast in the national and regional mass media program in an effort to saturate communities with focused messages in an effort to change social norms on concurrent partnerships.

A survey on alcohol use and abuse in rural areas will be carried out by CDC which will provide critical information on alcohol use and its effect on risky behaviors and violence in the family. Community based counseling and testing will also be supported. A cadre of HIV counselors at HIV treatment sites and outreach teams will be trained to provide support and prevention advice to HIV positive clients. These counselors will supply condoms to clients that are sexually active and encourage testing by their partners.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Health-related Wraparound Programs

* Family Planning

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 10814.09
Mechanism: TBD RFA Human Capacity Development
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 25684.09
Planned Funds: [redacted]
Activity System ID: 25684

Activity Narrative: THIS IS A NEW ACTIVITY

Recently, the Government of Mozambique (GOM) made a declaration which detailed its commitment to the strengthening of primary health care through community health workers and enlisting the involvement of the community to address their most critical health needs. The GOM's commitment to the Agente Polivalente Elementar (APE) or Community Health Worker (CHW) program is reflected in the MOH's five year health workforce plan (August 2008) which includes an annex projecting the APE staffing levels, description and requests to donors. The GOM has made it clear that revitalization of the APE program, which is an integrated approach to health, is imminent and urgent. The MOH is therefore seeking USG support and technical assistance to roll out the program on a national basis which current donor and public sector financing precludes. Mozambique is considered by health experts to have one of the worst human capacity problems in the world. This activity provides a framework for a set of USAID-financed human capacity development interventions over a five-year period, in close coordination with other USG agencies, the Government of Mozambique, othre donors and implementing partners. These interventions will lead to a rapid scale-up of a revitalized national Mozambican model for community prevention and care.

This integrated health project will support a balanced mix of maternal and child health, reproductive health, HIV/AIDS and other infectious diseases applying both prevention and curative care measures that directly respond to the MOH request to reestablish a nationwide community based cadre of community health workers. The MOH reinvigorated APE plan was outlined in a September 2008 17-point, inter-ministerial action plan that describes the broad framework for a nationwide community based health system. This action-plan builds on a September 2007 MOH meeting which articulated the MOH intentions to launch a nationwide primary health care program which would be anchored at the community level by the APEs.

The 2008 MOH plan calls for four training centers to be set up, master trainers and provincial trainers to be trained and in place, the issuance of clear MOH guidance to health districts on how to select and recruit APEs, guidance on the supervisory system and most importantly, establishment of a line item in the Ministry of Planning and Finance Plan's budget to subsidize the APEs. The APEs as outlined by the MOH will deliver a defined package of quality preventive and basic health services which matches Mozambique's health profile, is evidence based and sustainable. The APEs will also supervise and coordinate the activities of all other community health volunteers (ACSs), mothers' groups, on-site TB volunteers and other community-based health workers who are currently carrying out a broad range of disease specific interventions, including distribution of insecticide impregnated bed nets, contraceptives and condoms. These interventions include family planning, follow-up with tuberculosis and HIV patients on treatment, organization of vaccination campaigns, growth monitoring and treatment of acute malnutrition and diarrhea. The APEs will also provide a vital official link between the community-based health information system and health centers.

This activity is the next logical programmatic step for the USG, following earlier investments and an upcoming short- term, FY08 PEPFAR-financed, community based human resource and training team consultancy. This expert planning team is scheduled to complete its work by February 2009. The products from this consultancy will advise the MOH on the content, length, and scope of the APE curriculum (there are at least three or four different curricula for training APEs currently in use) and on the development of an operational plan to launch, train, deploy, and supervise a national APE system. This assessment will also inform any future procurement.

The MOH APE program is expected to roll out this fiscal year with World Bank funding in a pilot region of Northern Mozambique. Approved in 2007, this World Bank loan for $46.8 million is designed to strengthen primary health care systems and build human capacity. The loan includes a pledge of $6.8 million by the Russian Government for malaria prevention, $17.5 million by CIDA, and $17.5 million from the Swiss Development Agency. Approximately $8 million were approved in Global Fund (GFTAM) rounds 6 and 8 for support to APEs, including funds for developing trainers, conducting training, APE salary support for up to 4.5 years and expansion of 3 existing training centers. The U.K. also pledged assistance to the health sector as part of an international bilateral agreement on joint work in Africa between Prime Minister Gordon Brown and President George W. Bush in 2007.

The USAID financing of the GOM's APE program will consist of five components which are central to building a national program over a five-year period, FY 2009 being the first year of this financing. They include both training, institution strengthening interventions and direct financing support for APE salaries in the initial two years of the program, procurement of essential medical supplies and equipment, and an appropriate and sustainable means of transportation and communication between districts and communities to support a system for supervision which is currently on paper but in practice does not exist outside of large cities. A community "bright ideas" matching grants fund would also be made available for the best APEs.

1. Operationalize New Training Facilities: Finance and support with expert technical assistance launch of two of the MOH's four planned community health training centers in two Southern provinces which coincide with other USG health investments. Train and equip up to 10 master trainers from the designated provinces in community-based preventive and curative care, supervision, refresher training programs, and support to the communities who accept the APE program.

2. Finance the First Cadre of APEs: USG provided salary support will be conditioned on the gradual uptake by the MOH of these community workers onto the MOH or district level payrolls and the assignment of permanent district level supervisors so that USAID would not be expected to absorb this full five year cost.

3. Train and Equip 400 community and APE supervisors and Provincial Mobile Teams. Furnish motorcycles and a virtual communication system to launch supportive supervision programs in USG financed provinces. The existing mobile teams consist of three MOH staff and include a community health supervisor, a reproductive health specialist and a logistics specialist which is often the driver. Computers, cell phones, and radios will be purchased for this element of the program.

Activity Narrative: 4. Support the development/revision of APE reporting, refresher training, other APE materials including audiovisuals for prevention and counseling, community assessment and epidemic control: Based on best practices from various regions and existing materials, support the MOH health resources and communications department to assemble an APE prevention/communication education kit. A four year full-time advisor and short-term advisors across a range of specialty will be assigned to the MOH for this purpose. The training/materials package must be a product the MOH intends to support in the future.

5. Support local public/private partnerships which strengthen the public health system: Each year, the APEs that demonstrate exemplary performance in improving public health conditions, will be granted a small project fund. This could be the Peace Corps seed funds, or an entirely new fund. Funds would be used for community water and sanitation measures, a famine early warning system, better radio communication with the provinces or other ideas. These grants would be overseen by a community leadership council which already exists in many regions. These seed funds would require a 50% match by the private sector or community.

With FY 09 HVAB funds USAID will support the first year of revitalization of the APE program aimed at strengthening delivery of community-based prevention. Funds will support the development of APE materials including audiovisuals for prevention and provide support the MOH health resources and communications department to assemble an APE prevention/communication education kits for the 7,000 APEs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3837.09 **Mechanism:** Quick Impact Program

Prime Partner: US Department of State **USG Agency:** Department of State / African Affairs

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 4853.26075.09 **Planned Funds:** $400,000

Activity System ID: 26075

Activity Narrative: Quick Impact projects to fund new partner organizations, FBOs and community level organizations to implement innovative activities in primary and secondary schools as well as at grassroots level. Projects will also include health and education issues and prevention activities with MARPs and displaced people. Production of a dynamic television program with SOICO for healthy living that will also include debates with specialists on prevention themes.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15192

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15192	4853.08	Department of State / African Affairs	US Department of State	7076	3837.08	Quick Impact Program	$117,000
8768	4853.07	Department of State / African Affairs	US Department of State	4931	3837.07	Quick Impact Program	$100,000
4853	4853.06	Department of State / African Affairs	US Department of State	3648	3648.06	State	$331,300

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood
* TB

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $20,000

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4978.09 **Mechanism:** PAO

Prime Partner: US Department of State **USG Agency:** Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 15767.26077.09

Planned Funds: $416,666

Activity System ID: 26077

Activity Narrative: April09 Reprogramming: Decreased $300,000.

Activity 1 - In Coordination with the ministry of education and TBD partner (s), this activity will strengthen HIV/AIDS Prevention activities among youth in and around schools, including gender awareness; institionalization and expansion of REDES , JOMA & MOZAMBIQUE SCIENCE FAIR, youth initiatives; promotion of sexual health and HIV/AIDS education curricula; raising awareness of and reducing cross-generational sex and the exploitation of girls; and coordination and promoting of activities with other partners and donors in achieving Ministry goals in all areas relating to HIV & AIDS education and healthy life choices among youth in Mozambique - Early funding requested due to the program being planned beginning of 2009 and the time lag in funds dispersement. - $ 260,000

Activity 2 - The embassy Public Affairs office will continue to provide grants for developing radio (especially community radio), television, print media and/or film products targeting young people nationally with messages and supporting abstinence, being faithful and correct and consistent condom use - $ 50,000

Activity 3 - The embassy Public Affairs office will continue to provide a grant for a Mass Media Prevention A/B awareness initiative targeting people in the sexually active ages between 15 - 49 with messages promoting and supporting abstinence, being faithful, and correct and consistent condom use $ 300,000

Activity 4 - The C&OP Activity compliments the HVOP activity (supported by peace corps volunteers) to provide an age appropriate, holistic sexual prevention program to youth. The supported events will include but not limited to school based theater, dance and music group production; debates; health fairs sports teams and events; training of peer educators, media staff and others; focused groups training on life skills, supports of material development and income generating activities and skills training for young girls, poor women and ovc's who might otherwise turn to transactional sex for financial gain. This message will be focused on encouraging behavior change and also will address gender based norms and practices that promote unsafe behavior. $ 56,666

Activity 5 - The public affairs office will provide a Sports and cultural outreach activity to catered towards a sporting or outreach activity that incorporates a mobile testing unit using prominent country figures to engage and inspire the population to know their status - $ 50,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 15767

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15767	15767.08	Department of State / African Affairs	US Department of State	7240	4978.08	PAO	$250,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 10419.09

Mechanism: USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 21255.24293.09

Planned Funds: $0

Activity System ID: 24293

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008

Reprogramming August08: New activity - $249,795 reprogrammed funds are part of ABC Prevention component and FHI will focus on multiple concurrent partnerships, gender norms, and cross-generational sex as well as informal transactional sex. Interventions that also address adult-focused behavior change and risk perception as well as encourage males (and couples) to be tested will be looked upon.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21255

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21255	21255.08	U.S. Agency for International Development	Family Health International	7277	5078.08	USAID-Family Health International-GHAI-Local	$249,795

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	3680.09	**Mechanism:**	The Health Communication Partnership
Prime Partner:	Johns Hopkins University Center for Communication Programs	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	5289.24286.09	**Planned Funds:**	$715,000
Activity System ID:	24286		

Activity Narrative: April09 Reprogramming: Decreased $515,000.

NEW ACTIVITY

SECONDED POSITIONS

Johns Hopkins University (JHU/CCP) has provided technical assistance to National AIDS Council (CNCS) for the development of a national communication strategy for all aspects of AIDS prevention, care, and treatment and in the roll-out of the national communication strategy and supported the Ministry of Health's plan to align behavior change communication (BCC) activities and campaigns with the epidemiology of AIDS and also developed a communication course with Universidade Eduardo Mondlane (UEM) and to implement abstinence and be faithful activities with the students and faculty.. This will be to strengthen the organizational and program implementation capacity of Mozambican public to combat HIV/AIDS in the area of behavior change communication and entertainment-education approaches as it relates to the main drivers of the epidemic (multiple concurrent partners, intergenerational sex and transactional sex) and on the roll-out of large scale behavior change interventions at both national and provincial levels by coordinating media strategies in print and electronic media.

Ministry of Health - ($310,000.00)
This activity will provide salaries, benefits, travel, transportation and supplies for two expat or four local staff positions to support the Ministry of Health's Information, Education and Communication (RESP) department, responsible for coordination and approval of all IEC materials related to HIV and health in the country.
In recent years, RESP has become a weak department within the MOH and currently operates with only three full-time staff, few resources and weak representation within the MOH.
This funding will provide HR support and organizational capacity building to RESP and will build much needed linkages and coordination systems with the Communications Unit under CNCS.

CNCS ($360,000.00)

This activity will provide salaries, benefits, travel, transportation and supplies for two expat or five local positions CNCS'technical, organizational capacity to carry out its responsibility of national coordination of HIV/AIDS prevention in Mozambique. The USG team will ensure that HR support from other (DFiD, GTZ, UNICEF) complements and reinforces, rather than duplicates, this activity.

Ministry of Education (160,000.00)

This activity will provide salaries, benefits, travel, transportation and supplies for one expat or two positions to support the Ministry of Education on the organizational capacity to increase governmental ownership and by-in life skills methodology, integration of life skills education into school curriculum and establishment of coordination mechanism between MEC and provincial associations of PLWHA.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

TA to CNCS and RESP/MOH is a continuing activity under COP09, and this ACTIVITY will remain UNCHANGED FROM FY2008.
However, for COP09, we will add three HVAB seconded positions through this JHU-managed activity; and, we will add a short activity narrative for each one at the bottom of the original activity narrative (see ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS).

This is a continuing activity under COP08. JHU/HCP has phased out the activity with the University of Eduardo Mondlane (COP06) and will be starting the expanded communication activity in September 2007. In addition to Maputo-based technical staff, JHU/HCP will have technical advisors in Sofala and Zambezia provinces. With the $200,000 increase in COP08, JHU/HCP will extend intensified activities to Nampula province.

The FY2007 reprogramming narrative below has not been changed.

This activity is related to JHU/HCP communication activities OHPS 8646; HVOP 8648; PMTCT 9162; and HTXS 9165. These activities taken together form a major initiative for providing technical assistance to the MOH/RESP and the CNCS and implementation of commmunication strategies in support of all program areas at national and provincial levels, especially Zambezia and Sofala Provinces. JHU/HCP should phase out of prior year UEM programming, and devote attention to AB normative change, focusing on priority behaviors of reducing multiple concurrent partners, cross-generational and transactional sex. JHU/HCP is being asked to work with the MOH, CNCS, PEPFAR partners, USG agencies and other stakeholders to develop and implement large scale behavior change interventions. This may include, but is not limited to, organizing consultation meetings at national and provincial levels; developing and coordinating media strategies in print and electronic media (for example, a script with characters on radio programming, in comic books, on television, billboards); carrying out formative research, planning and working with partners for community mobilization, developing mass media programming. Given the broad portfolio assigned to JHU/HCP for the communication activity, it is expected that opportunities will be found for integrating AB messages in other program area activities. It is expected that JHU/HCP will assist other partners to leverage funding for AB behavior change from CNCS, and will provide the technical assistance required for large scale activities requiring the participation of a multitude of partners including private sector businesses, the public sector, advertising and graphic arts agencies, etc.

Activity Narrative:

New/Continuing Activity: Continuing Activity

Continuing Activity: 14519

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14519	5289.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6855	3680.08	The Health Communication Partnership	$800,000
8645	5289.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4893	3680.07	The Health Communication Partnership	$600,000
5289	5289.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3680	3680.06	The Health Communication Partnership	$300,000

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3683.09

Mechanism: Track 1

Prime Partner: Food for the Hungry

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5297.24279.09

Planned Funds: $480,786

Activity System ID: 24279

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

This is a continuing activity under COP08.

The FY2007 reprogramming narrative below has not been changed.

This Track One funding will continue Food for the Hungry's (FFH) "Healthy Choices" AB program promoting delay of sexual debut, abstinence and fidelity behaviors among youth and adults to increase knowledge and create supportive communities for AB behavior change. Youth to Youth peer groups, with support from FFHI staff, volunteer church members or community group leaders, will continue to use the skills-based "Choose Life" HIV awareness curriculum to foster behavior change at the community level. Youth play a pivotal role in sharing and advocating AB lessons to their family members and other members of the community.

Parents and other protective adult influences will continue to be actively involved in both youth focused programs and larger community/faith based programs for behavior change. Adults will be trained to educate and counsel their youth on abstinence and healthy sexuality using stories and other techniques appropriate to the local context. Influential leaders, pastors and teachers will continue to receive training on building a supportive environment in which healthier sexual behaviors are normalized and promoted. Using the newly develop "B" curriculum, FFH will intensify programs aimed at increasing the self risk perception among older, single youth, parents and other adults. In particular, activities focused on fidelity/partner reduction will emphasize the importance of knowing one's status through counseling and testing to effective protection through mutual fidelity.

Other activities include:
--radio broadcasting of locally produced, youth generated programs of youth discussions and interviews on HIV and AB;
--Community focus group discussions to identify key messages for community-led Awareness Campaigns through theatre, song and dance;
--Fidelity programs focused on married young couples;
--Youth to Parent outreach to reinforce AB behaviors in the home and to improve youth-parent communication skills;
-inviting MOH Counseling and Testing staff to speak with youth and adults about procedures and benefits of counseling and testing

The main emphasis area of FFH's AB program is Community Mobilization/Participation. Key legislative issues addressed are Gender (Reducing Violence and Coercion) and Stigma. Community discussions will address sexual coercion and unhealthy sexual behavior, including transgenerational and transactional sex. Particular focus will be given to respond to cultural practices that increase girls' vulnerability to HIV/AIDS. Healthy Choices teaches youth that people with HIV can still be productive members of the community and live long healthy lives. Information about HIV testing and group visits to testing centers help youth overcome the fear that prevents them from getting tested and reduces stigma as more and more youth get tested and consider it a normal health care activity.
This activity will take place in Maputo City and the provinces of Maputo, Gaza, Inhambane, Manica, Sofala and Tete provinces. Target populations for this program include: Children and Youth (Girls, Boys, Primary and Secondary Students), Adult men and women, community and religious leaders, and community and faith based organizations. Regular M&E will be strengthened by Quarterly partners meetings between FFH and its three sub-partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14324

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14324	5297.08	U.S. Agency for International Development	Food for the Hungry	6775	3683.08	Track 1	$621,000
8226	5297.07	U.S. Agency for International Development	Food for the Hungry	4783	3683.07	Track 1	$613,480
5297	5297.06	U.S. Agency for International Development	Food for the Hungry	3683	3683.06	Track 1	$524,739

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	3674.09	**Mechanism:**	USAID-Foundation for Community Development-GHAI-Local
Prime Partner:	Foundation for Community Development, Mozambique	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	5283.24280.09	**Planned Funds:**	$0
Activity System ID:	24280		

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008

Reprogramming August08: Funding decrease $900,000. This funding was originally earmarked for FDC mass media activities, a continuation of FY07 funding. The Mission met with FDC to understand the reason for weak progress in their mass media activities through FY07 funds. FDC expressed that mass media was not a strong technical area for them and that they wished to return to family-centered, community-driven interpersonal communication activities for prevention. This re-programming will remove mass media activity #2 MEN'S AND WOMEN'S CAMPAIGNS and will be re-programmed for mass media/IEC/BCC/IPC between a local public-private-partnership (PPP) and an integrated USAID RFA (HIV, health, rural livelihoods).

April08 Reporgramming Change: Reduced $100,000.
This is a continuing activity under COP08. The following is a replacement narrative.

This funding will continue FDC's community and school-based interpersonal communication programs and its Mozambican-led mass media campaigns that nationally advocate for changes in AB behaviors and norms. These activities have an increased focus on adult women and men. Specific interventions to address cross-generational sex as well as transactional sex will be developed. Alcohol abuse and gender norms as they relate to HIV risk will be addressed. To address gender issues, FDC will engage civil society and the government in discussions that challenge norms, attitudes, values, and behaviors that increase vulnerability to HIV/AIDS of Mozambican women and men of all ages. Stereotypes and expectations on manhood and womanhood will also be discussed by girls, boys, men and women.

There are five components:
1. AB ESH! SCHOOL & COMMUNITY ACTIVITIES
The Schools without HIV/AIDS (Esh!) program operates in 27 districts (roughly 471 communities). School based Esh activities include: student-led peer education; teacher-student-director collaboration for campus lessons and activities on AB prevention; and parent-student-teacher activities to improve parent-child communication on HIV, healthy behaviors, sexuality and broader issues. Community based Esh! activities focus on out-of-school youth, parents and community leaders and include training of traditional leaders on protective, community led alternatives to harmful initiation rituals; creating enabling environments for delayed sexual debut and other AB behaviors; and continuation of a traveling information bus that provides isolated, rural communities with access to information on HIV and protective AB behaviors, skills development trainings for peer educators and adults, and facilitates fun and interactive sessions for all community members.

3. GENDER
The focus of this component will be on reducing gender-based violence and coercion. Additionally, this AB funding will permit FDC to take up legal issues that make it hard for women, especially married women, to protect their families and prevent infection. Male norms and behaviors that increase risk of HIV transmission may also be addressed in this program component.

4. WINDOW OF HOPE PROGRAMS
This funding will continue FDC's programs for youth under 14. AB Messages will focus primarily on delay of sexual debut and abstinence for in-school youth.

5. REDUCING VULNERABILITY OF OVC TO HIV
Through its work in providing basic home services to OVC, this activity will provide age appropriate information on prevention, sexual reproductive health and legal rights for OVC.

Targets have been adjusted from COP07 based on FY06 performance and FY07 partner projections.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14312

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14312	5283.08	U.S. Agency for International Development	Foundation for Community Development, Mozambique	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	$2,083,645
9112	5283.07	U.S. Agency for International Development	Foundation for Community Development, Mozambique	5040	3674.07	USAID-Foundation for Community Development-GHAI-Local	$2,400,000
5283	5283.06	U.S. Agency for International Development	Foundation for Community Development, Mozambique	3674	3674.06		$1,700,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9305.09

Mechanism: TBD RFA Nampula and Zambezia Integrated Community Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 21416.24420.09

Planned Funds: [redacted]

Activity System ID: 24420

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008

Reprogramming August08: This is a new activity.

These funds will provide "B" focused mass media, behavior change communication, IEC and interpersonal communication activities for health and HIV behavior communication and social change to the USAID integrated RFA. These funds are earmarked for MARPs and populations living in transport corridors and other identified 'hot spots'. The new USAID integrated RFA will combine activities from health, HIV, agriculture, Food for Peace and rural income growth. Award is expected in early calendar year 2009.

The activities to be supported under the integrated RFA are expected to operate within the context of and be coordinated with other USG-supported activities underway in Mozambique, including PEPFAR and PMI, as well as USAID-supported activities such as the Title II Food for Peace program, other agricultural and health activities. The proposed activities should also fit within the context of the Government of Mozambique's (GRM) policies, strategies and programs in health and agriculture, its Action Plan for the Reduction of Absolute Poverty (PARPA), its Strategic Plan for the Health Sector (PESS) and its Food and Nutrition Security Strategy.

Strategic linkages to other U.S. Government (USG) programs should be used wherever feasible to help leverage programmatic results. The holistic approach encouraged in the RFA is also meant to improve communication among key partners, empower our provincial and district-level government counterparts, and provide more cost-effective approaches to achieving development results. Activities under the RFA are expected to increase synergy across USAID/Mozambique's programs to amplify their collective impact at provincial, district, and community levels. Opportunities to integrate at the community level are particularly important. Activities are meant to complement current and future activities of Food for Peace Title II Multi-Year Assistance Programs (MYAPs).

New/Continuing Activity: Continuing Activity

Continuing Activity: 21416

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21416	21416.08	U.S. Agency for International Development	To Be Determined	9305	9305.08	RFA H/HIV	[redacted]

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3685.09

Mechanism: USAID-USAID-GHAI-Local

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 5303.24356.09

Planned Funds: $420,000

Activity System ID: 24356

Activity Narrative: THIS IS A NEW ACTIVITY

These funds will cover the costs of the following four positions:

SUPERVISORY DEVELOPMENT ASSISTANCE SPECILALIST. Part of this position is under HVOP - will lead the Prevention Unit in carrying out the full range of responsibilities for planning, implementing, monitoring, and overseeing HIV/AIDS activities related to behavior change and risk reduction in the PEPFAR. The Advisor will provide regular contact and collaboration, at technical and policy levels, in a complex and rapidly evolving country context, with counterparts in the Government of Mozambique (GRM) Ministry of Health, Ministry of Women and Social Action, and National AIDS Council, and other government ministries and agencies; with civil society organizations and private companies; with other donor and international organizations; and, with other USG entities working in HIV/AIDS prevention, care, treatment, and mitigation in Mozambique.
The Advisor will exercise judgment in planning and carrying out tasks, in resolving problems and conflicts, and in taking steps necessary to meet deadlines. The Advisor will manage a portfolio that is expected to expand significantly during each year of the PEPFAR. And the Advisor will provide technical expertise and experience in HIV/AIDS prevention and care, the role of civil society and the private sector in service provision, and the cultural and economic context of the epidemic in Southern Africa and in Mozambique.
The Advisor will exercise judgment in planning and carrying out tasks, in resolving problems and conflicts, and in taking steps necessary to meet deadlines. The Advisor will manage (either as the designated Cognizant Technical Officer [CTO] or through supervision of the CTO or project manager) a portfolio that is expected to expand significantly during each year of the PEPFAR. And the Advisor will provide technical expertise and experience in HIV/AIDS prevention and care, the role of civil society and the private sector in service provision, and the cultural and economic context of the epidemic in Southern Africa and in Mozambique.
The Advisor will provide supervision to all Prevention Unit staff, with each Unit member responsible for selected HIV prevention activities. And, develop and update systems for tracking workload among Prevention Unit members and for assuring program coverage.

COMMUNITY RISK REDUCTION SPECIALIST - This is an existing position
The local ABc FSN position is entitled, 'Community Risk Reduction Specialist'. PEPFAR Mozambique is administered by an interagency team which includes the US Embassy, Public Affairs Office, Department of Defense, centers fro Disease Control and Prevention, Peace Corps and USAID. The HIV/AIDS team has four units: Behavior Change and National Response, Clinical HIV Services, Community Risk Reduction (CRR) Specialist is to manage and administer USAID/Mozambique is to manage and administer USAID/Mozambique PEPFAR programs supporting HIV prevention as a member of the Behavior Change and National Response (BC & NR) unit. The CRR Specialist will serve as Activity Manager and provide technical expertise to and administrative oversight of behavior change communication (BCC) and community risk reduction activities related to promoting reducing of multiple concurrent partnerships, delay of sexual debut and abstinence for youth, partner reduction, mutual faithfulness and correct and consistent condom use as well as activities fostering enabiling enviroments and communities supportive of these behaviors. The CRR Specialist will initiate and foster linkages between PEPFAR prevention programs to HIV care, treatment and other Strategic Objective (SO) programs, such as family planning and food security, managed by USG and other stakeholders.

DEVELOPMENT ASSISTANCE SPECIALIST (GENDER ACTIVITIES ADVISOR) - This is an continuing position.
The Development Assistance Specialist (Gender Activities Advisor) (the Advisor) will be responsible for carrying out a range of cross-cutting responsibilities for designing, planning, monitoring, and overseeing HIV/AIDS activities related to PEPFAR and other Presidential Initiatives and USG activities, and ensuring that Peolple living with HIV-AIDS - PLWHA and the Most at Risk Populations - MARPS, (which includes commercial sex workers and their clients, male and female prisoners, migrant workers and de-miners, refugees fleeing the on-going crisis in Zimbabwe, and the highly mobile truckers who move through and work in high prevalence corridors), considerations are fully covered throughout the spectrum of PEPFAR, and related health activities in Mozambique. These responsibilities will include regular contact and collaboration, at technical and policy levels, in a complex and rapidly evolving country context, with counterparts in the Government of Mozambique (GRM) Ministry of Health, the National AIDS Council, and other GRM ministries and agencies; with civil society organizations and private companies; with other donor and international organizations; and, with other USG entities working in HIV/AIDS prevention, care, treatment, and mitigation in Mozambique. The Advisor will play an important interagency role in ensuring that best practices and lessons learned regarding Prevention with positives and the Most at Risk Populations are considered and implemented, fostering public-private partnerships, and increasing coordination between PEFPAR, PMI, and other USG initiatives, including the Millennium Challenge Corporation (MCC).

BEHAVIOR CHANGE COMMUNICATION ADVISOR - This a continuing but this activity replaces the BBC Advisor activity previously listed under Public Health Institute/ Global Fellow. Half of the position is under HVCT.
The Behavior Change Communication Advisor position and staff person are continuing but this activity replaces the BCC Advisor activity previously listed under Public Health Institute/Global Health Fellows Program (GHFP).
The position was converted from the GHFP mechanism to a US PSC as the former mechanism did not allow the incumbent full CTO authorization. In addition to continuing management and TA to the sexual prevention (AB and C&OP) portfolio, the conversion also increased the scope of work of the position to include oversight and management of USAID's counseling and testing (CT) activities, both facility and community-based. Half of the position is under AB; the other half of the position is listed under CT.
The BCC Advisor US PSC will 1) serve as CTO and provide technical expertise to oversight of BCC for Sexual Transmission Prevention (STP) and CT activities to the HIV/AIDS Team, PEPFAR Mozambique

Activity Narrative: Interagency Team, the Mission and GRM; 2) Manage assigned STP and CT programs preparing documentation for contracts and agreements and conducting site monitoring visits; 3) Provide technical assistance to partners to ensure STP and CT portfolios that are responsive to the epidemics, effective, linked to other services and in line with the GRM's HIV strategy.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18278

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18278	5303.08	U.S. Agency for International Development	US Agency for International Development	7282	3685.08	USAID-USAID-GHAI-Local	$170,000
9145	5303.07	U.S. Agency for International Development	US Agency for International Development	5050	3685.07	USAID-USAID-GHAI-Local	$382,795
5303	5303.06	U.S. Agency for International Development	US Agency for International Development	3685	3685.06		$218,452

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9312.09 **Mechanism:** PPP

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 21438.24117.09 **Planned Funds:** [redacted]

Activity System ID: 24117

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008

Reprogramming August08: This is a new activity that is part of a TBD Public-Private-Partnership funded with AB, C&OP, and OVC funds. These funds will provide mass media/IEC/BCC/IPC activities for health and HIV behavior communication and social change to one or more new PPPs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21438

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21438	21438.08	U.S. Agency for International Development	To Be Determined	9312	9312.08	PPP	[redacted]

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7237.09 **Mechanism:** New Partners Initiative USAID

Prime Partner: Aid for Development People to People, Mozambique **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 15891.24136.09 **Planned Funds:** $0

Activity System ID: 24136

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008.

This is a new activity under COP08. Ajuda de Desenvolvimento de Povo para Povo Mozambique (ADPP) is a New Partners Initiative awardee implementing programs in AB, C&OP and OVC through its 'Total Control of the Epidemic', or TCE, program.

AB funding will support TCE's person-to-person, community-based BCC component and teacher training institution-based training and outreach component in six districts throughout the country.

Household Person-to-Person BCC CAMPAIGNS and COMMUNITY EVENTS
Trained and employed Field Officers visit households, meeting individually with members to facilitate discussions about safer sexual behavior, emphasizing risk reduction through ABC, and the importance of knowing one's status. Subsequent visits to each household focus on other issues such as Positive Living, ART, STIs. TCE is unique in that each visited individual is encouraged to self-assess his/her risk level using a tool comprised of questions related to behaviors and norms. The person-to-person campaign will be reinforced with larger community events addressing prevention, especially by focusing on harmful norms and practices including multiple, concurrent partnerships, and transactional and cross-generational sex. Field Officers are trained in HIV prevention, pre- and post-test Counseling and are familiarized with PMTCT and Treatment clinical services in their area. In addition to carrying house-to-house campaigns, they are tasked with mobilizing teams of community volunteers to facilitate regular community education events such as discussions and educational theatre focused on HIV prevention.

EDUCATION and OUTREACH with IN-SERVICE and PRE-SERIVCE TEACHERS
AB funding will also support a unique program that trains teachers and teacher-trainees in carrying out community and school based prevention programs. A very serious issue in Mozambique is abuse of power by those in positions of authority; in the education sector, the practice of teachers demanding sex from students in exchange for favors or passing grades is unfortunately a common reality, even at the primary school level. In addition to training teachers on how to teach HIV/AIDS prevention to students, this activity will allow teachers and teacher-trainees to focus on their own behaviors, risks and responsibilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15891

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15891	15891.08	U.S. Agency for International Development	Aid for Development People to People, Mozambique	7237	7237.08	New Partners Initiative USAID	$0

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3557.09 **Mechanism:** Track 1

Prime Partner: Samaritan's Purse **USG Agency:** U.S. Agency for International Development

Funding Source: Central GHCS (State) **Program Area:** Sexual Prevention: AB

Budget Code: HVAB **Program Budget Code:** 02

Activity ID: 4958.24322.09 **Planned Funds:** $739,218

Activity System ID: 24322

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

FY08 NARRATIVE BELOW:
This is a continuing Track One Activity under COP08 with the following new activities.

In FY08, SP will receive additional AB funds to graduate its Community Based Volunteer Teams (CBVT) and assist them in acquiring resources to continue local activities with greater independence and sustainability. SP will engage Provincial level CNCS (National AIDS Council) in this process as potential donors and technical support to CBVTs.

SP will sub-contract a local radio station such as Radio Progresso Maxixe to air youth focused programming. SP-M MET will implement a 16-week, radio talk show/debate hosted by a moderator and panelists. Topics to be discussed include abstinence, faithfulness, cross-generational sex, as well as social/cultural norms and challenges that youth age 15-24 face in relation to HIV and sex.

The FY2007 reprogramming narrative below has not been changed.

In FY06, Samaritan's Purse (SP) continued to mobilize more community volunteer team leaders through its "Initial 5-day Workshops" that cover HIV, communication andhome visits. Monitoring and Evaluation continues to be an important component for all staff as 'spot checks' and frequent training reviews on data collection, reporting and data utilization are made.

This Track 1 funding will:
1) continue Samaritan's Purse's Mobilizing, Equipping and Training (MET) AB program in Zavala, Massinga, and Mabote Districts of Inhambane Province, and
2) allow for a MET expansion into Maxixe District.

Further Track One funding for this activity will allow for continued mobilization of churches and communities to advocate healthy behavior change and continued capacity building of communities, schools, churches and Youth-focused "There is Hope" clubs to strengthen social environments where AB behaviors are supported and normalized. SP will adapt its MET curriculum to both address concerns of already participating youth and to make the curriculum more culturally relevant (language, timing, visuals and context). A consultant will be hired to review and revise the curriculum, lead focus group discussions with SP staff and community members and observe and improve trainings.

SP responded to several local church and CBO requests for MET implementation in Maxixe, also site of the MET program office. SP had a preliminary meeting with the NAC provincial nucleo in early September and was given approval to expand.

In FY07, SP will explore the possibilities of creating and airing a youth focused radio show in partnership with Trans World Radio Mozambique. SP will use its own funding to carry out this radio component, which will be implemented separately from the MET program.

33 community meetings will be facilitated between community based volunteer teams (CBVT) and youth to share success stories in practicing AB, in practicing AB, identify obstacles to reaching the goals of their commitments, provide feedback on MET, and identify ways of sustaining AB behavior change for youth and other community members. In order to encourage community-ownership and ensure sustainability of the programs that MET has initiated, SP will register Community Based Volunteer Teams as independent CBOs and will continue to support their AB activitites. In FY07, six administrative posts will have CBOs formally registered with the government.
MET's main emphasis area is community mobilization.

Key legislative issues addressed are Gender and Stigma. The MET program will continue to facilitate regular 'community conversation meetings' on issues such as gender based violence, child sexual abuse and exploitation. Stigma reduction is woven into this activity when youth volunteers accompany community volunteers on home visits to PLWHA. Regular interaction with and service to HIV affected neighbors encourages stigma reduction while also bringing the issue of HIV closer to the young people's immediate lives. This community based activity targets children and youth, both in and out of school; men, women, PLWHA, OVC, community and religious leaders, teachers and community based volunteers.

To specifically address adults and higher risk youth and higher risk populations, a B-based curriculum will be developed or adapted from other partners operating in Mozambique. Behaviors for discussion will include multiple, concurrent sexual partnerships, transactional sex, cross-generational sex, sexual violence and coercion, alcohol and drug abuse, as well as other behaviors and norms identified by the communities. A two- part intensive workshop will train men and women of influence in communities and mobilize them to increase individual risk perception among community members and to promote healthy behaviors and relationships around them. Community forums for discussion, as well as support groups for men, women, and couples that are married or unmarried, will be introduced. Activities focused on faithfulness will include information on the risks of multiple concurrent partnerships, and the importance of knowing your and your partner's HIV status as key to reducing one's risk through "B" behaviors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14332

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14332	4958.08	U.S. Agency for International Development	Samaritan's Purse	6780	3557.08	Track 1	$515,067
8231	4958.07	U.S. Agency for International Development	Samaritan's Purse	4788	3557.07	Track 1	$475,596
4958	4958.06	U.S. Agency for International Development	Samaritan's Purse	3557	3557.06	Track 1	$418,265

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5083.09

Mechanism: USAID-Samaritans Purse-GHAI-HQ

Prime Partner: Samaritan's Purse

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 9391.24336.09

Planned Funds: $277,500

Activity System ID: 24336

Activity Narrative: April09 Reprogramming: Reduced $135,000.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

AB Activities including community mobilization, training of youth leaders, outreach activities to youth, and prevention with positive interventions will be expanded to Govuro District in Northern Inhambane.

This is a continuing Field Support activity under COP09.

NARRATIVE IS BEING REPLACED TO INCLUDE DETAILS:

This funding will continue Samaritan's Purse's Mobilizing, Equipping and Training (MET) AB program in Zavala, Jangamo, Maxixe, Massinga, and Mabote Districts of Inhambane Province, and allow for an expansion into Govuro District. Funding for this activity will allow for continued mobilization of churches and communities to advocate healthy behavior change and continued capacity building of communities, schools, churches and Youth-focused "There is Hope" clubs to strengthen social environments where AB behaviors are supported and normalized.

MET's main emphasis area is community mobilization. Key legislative issues addressed are Gender and Stigma. The MET program will continue to facilitate regular 'community conversation meetings' on issues such as gender based violence, child sexual abuse and exploitation. Stigma reduction is woven into this activity when youth volunteers accompany community volunteers on home visits to PLWHA. Regular interaction with and service to HIV affected neighbors encourages stigma reduction while also bringing the issue of HIV closer to the young people's immediate lives. This community based activity targets children and youth, both in and out of school; men, women, PLWHA, OVC, community and religious leaders, teachers and community based volunteers.
Program activities will mobilize churches and communities to advocate healthy behavior change for both youth and adults. AB focused HIV prevention activities targeting youth and activities targeting adults and higher risk populations (i.e. miners, migrant workers) will be implemented with a stronger focus on increasing risk perception.

To specifically address adults and higher risk populations, a B-based curriculum will be used. Behaviors for discussion will include multiple, concurrent sexual partnerships, transactional sex, cross-generational sex, sexual violence and coercion, alcohol and drug abuse, as well as other behaviors and norms identified by the communities. A two- part intensive workshop will train men and women of influence in communities and mobilize them to increase individual risk perception among community members and to promote healthy behaviors and relationships around them. Community forums for discussion, as well as support groups for men, women, and couples that are married or unmarried, will be introduced. Activities focused on faithfulness will include information on the risks of multiple concurrent partnerships, and the importance of knowing your and your partner's HIV status as key to reducing one's risk through "B" behaviors.

To help HIV-infected individuals reduce the risk of transmitting HIV to others ("prevention with positives"), SP will increase its activities in prevention counseling in primary health care settings to compliment its community based activities. As part of its outreach to vulnerable households, SP will mobilize its CBVTs to provide moral and psycho-social support home visits. Home visits will not only give the opportunity for continual prevention counseling, but also provide support to increase ARV treatment adherence, which is key to reducing infectiousness and an important part of the prevention with positives. This activity strategically builds upon the capacity and foundation of CBVT groups formed to continue promoting prevention interventions locally.

FY08 NARRATIVE BELOW:

This is a continuing Field Support activity under COP08 with the following new activities.

1. Income generation activities (IGA) targeting at-risk girls: Many girls aged 12-18 in Zavala and Jangamo Districts are at high risk of engaging in transactional and cross-generational sex by various compounding factors. Both seaside districts are popular destinations of tourists who regularly pay for sex with local girls and women. It has been noted that up to $100 USD is offered to girls as payment for staying the night with "foreign" tourists. Furthermore, as coastal areas are populated with fishermen, many young girls and women engaged in buying/selling fish as a primary source of income are vulnerable to transactional sex, which can play a part in local business networks. Zavala is a trade corridor with constant passage of truck drivers, posing high potential for adult men to engage in commercial or transactional sex with young girls. Many young girls come to Zavala from isolated villages in other districts in order to continue their education, as secondary schools are relatively few in the rural areas. Many girls come in groups and live unaccompanied by adults, with little to no economic support. SP will complement existing AB activities by establishing and supporting IGA activities aimed at: girl OVCs, girls aged 12-18, out of school, living unaccompanied and all other girls identified as high-risk. Provision of vocational, life skills and income generation opportunities is crucial in deterring girls from engaging in risky behaviors. Examples of IGAs are agriculture/food production; sewing and local craft; business skills (book keeping, typing, filing, accounting); 'junior' health care workers/nurse's assistants (HBC giver assistants, community IEC for wat/san, malaria, etc.). This component will be linked to the new Vulnerable Girls Initiative activities.

2. AB Prevention aimed at Orphans and Vulnerable Children: Through non-USG funds, SP will implement OVC services in Massinga and Zavala districts. As a wraparound service, SP will carry out increased AB prevention activities aimed at OVCs and their caregivers. Greater efforts at the community level are also critical in increasing awareness of child protection and gender-based violence issues.

3. Prevention with Positives: Through non- USG funds, SP is currently implementing HBC activities in Massinga and Zavala, providing wraparound to PEPFAR funded AB and CT activities, resulting in a

Activity Narrative: comprehensive package in those districts. SP will leverage its ongoing AB activities by increasing prevention interventions focused on reaching PLWHAs, their partners, and families. Coordinated efforts with PEPFAR funded CCT activities will also be made to identify and support discordant couples.

4. Community Radio aimed at Couples: Community radio programs aimed at Mozambican couples ages 25-49 will address: multiple, concurrent partnerships, discordance, CT and couples CT, disclosure related domestic violence, family planning and condom use, communication, fidelity, widow cleansing, gender related issues, and positive living.

The FY2007 reprogramming narrative below has not been changed.

This funding will allow Samaritan's Purse (SP) to:
1) Expand MET activities to Jangamo district in Inhambane.
2) Increased program activities aimed at adults and higher risk populations in Jangamo, Maxixe and Massinga.
3) Organize a provincial HIV prevention technical workshop for MET staff, Government of Mozambique staff and other NGOs.

Jangamo is a PEPFAR target district with currently just one other PEPFAR partner implementing AB programs According to 1997 census data, Jangamo has an estimated population of 81,210, with an estimated youth population of 25,905.

Program activities will mobilize churches and communities to advocate healthy behavior change for both youth and adults. AB focused HIV prevention activities targeting youth and activities targeting adults and higher risk populations (i.e. miners, migrant workers) will be implemented with a stronger focus on increasing risk perception.

Start up activities aimed at youth will follow a similar framework used for current MET programs. Both in and out-of-school youth will participate in lessons following an AB curriculum taught in schools, church and community settings. Activities include facilitation of workshops from the MET Approach for Primary Behavior Change in Youth, recruitment of committed workshop participants, and formation of youth clubs to increase self perception of risk and actively promote healthy behavior change. Youth leaders and school teachers will be trained in a two- part intensive workshop and then be used to lead and out reach to youth in their spheres of influence.

To specifically address adults and higher risk populations, a B-based curriculum will be developed or adapted from other partners operating in Mozambique. Behaviors for discussion will include multiple, concurrent sexual partnerships, transactional sex, cross-generational sex, sexual violence and coercion, alcohol and drug abuse, as well as other behaviors and norms identified by the communities. A two- part intensive workshop will train men and women of influence in communities and mobilize them to increase individual risk perception among community members and to promote healthy behaviors and relationships around them. Community forums for discussion, as well as support groups for men, women, and couples that are married or unmarried, will be introduced. Activities focused on faithfulness will include information on the risks of multiple concurrent partnerships, and the importance of knowing your and your partner's HIV status as key to reducing one's risk through "B" behaviors.

The program's main emphasis area is community mobilization. Key legislative issues addressed are Gender and Stigma. This community based activity targets children and youth (both in and out of school), men, women, PLWHA, OVC, community and religious leaders, teachers and community based volunteers.

This funding will support a workshop for all MET and AB prevention staff. The purpose of this workshop is to expand the capacity of the AB prevention staff team to increase the quality and impact of the program. During this workshop, staff will receive refresher training on curriculums, an update on the status of the HIV/AIDS epidemic in province and country, updated epidemiological information on behaviors that increase transmission and ways to communicate that information to the beneficiaries in the field, Mozambique's national strategic plan to combat HIV/AIDS, team building, sharing lessons learned and experiences, as well as organizational development training on monitoring and evaluation, reporting, and leadership. Leaders from within SP, other NGOs, CNCS, DPS, and DDS will be invited as keynote speakers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14333

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14333	9391.08	U.S. Agency for International Development	Samaritan's Purse	6781	5083.08	USAID-Samaritans Purse-GHAI-HQ	$550,000
9391	9391.07	U.S. Agency for International Development	Samaritan's Purse	5083	5083.07	USAID-Samaritans Purse-GHAI-HQ	$400,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	3692.09	**Mechanism:**	Capable Partners Program
Prime Partner:	Academy for Educational Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	5293.24127.09	**Planned Funds:**	$1,620,000
Activity System ID:	24127		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

AED will continue to increase the capacity of Mozambican organizations and networks to develop, manage, and implement prevention, care and treatment services through the provision of organizational capacity development (OCD) TA. In FY 09 AED will absorb new NGO/CBO/FBO partners graduating from the State Department's Quick Impact Program (QIP). AED will also launch the operations of an office in Nampula to work with faith-based organizations, with a special focus on Christian and Muslim groups that represent the 2 predominant religious groups within the province to spur their networks activism and involvement in HIV/AIDS in the community.

In addition, USAID will establish an Umbrella Grants Mechanism (UGM) component under CAP in FY 09 to increase the number of Mozambican sub-partners in PEPFAR's portfolio and build their capacity to become prime partners under individual or consortia-type arrangements. Through CAP, PEPFAR has provided OCD assistance to local networks and organizations that provide services to OVC, home-based care clients, youth in AB prevention programs, and PLWHA groups which together have national reach, to create competent, results-oriented organizations eligible to compete for USG and other HIV/AIDS funding. OCD components of PEPFAR-funded activities include organizational development to better plan, coordinate, implement and monitor HIV/AIDS interventions; and grants management services to selected organizations as a demonstration model of sound management practices. Organizations benefiting from the grants management activity are being strengthened and will gain the fiscal experience to acquire smaller HIV funding from NAC and other sources. The UGM component is being added as a major step towards an OCD continuum where organizations graduate from the existing QIP into CAP, then into the UGM, and further into the capacity of prime partners under individual or consortium type arrangements. The UGM is expected to provide: (1) a forum for coordination, sharing lessons learned, training, and standardized reporting; (2) quality assurance standards for the provision of specific services; (3) monitoring for adherence to the delivery of quality services, supportive supervision, and corrective actions to address problem areas; (4) a unified body of organizations to enter into policy dialogue at all levels; (5) a unified body of data that can be tracked from baseline to endline; (6) more systematized M&E of partners receiving PEPFAR funds; (7) manageable reporting on PEPFAR indicators; (8) TA and training for policy makers, government officials, and the press to influence the debate on HIV/AIDS; and (9) assistance to PEPFAR partners in legislative and policy issues.

Tasks of the UGM: 1) Grants Management: The UGM will award and administer grants to IPs selected through the APS and other competitive processes, in addition to partners graduating from CAP. This involves award and administration of grants, progress monitoring, meeting reporting requirements, grant closeout, and adherence to USG financial regulations through provision of extensive TA on project design, implementation, financial management, m&E, and reporting. Strengthening these functions will enable local organizations to improve the quality of their activities, enhance positive outcomes, and bring activities to scale.

2) Capacity building: The UGM will support institutional capacity building of local organizations to promote more sustainable programs. Capacity-building is defined as activities that strengthen the skills of local organizations to implement HIV/AIDS programs efficiently, with diminishing reliance on external technical assistance and support. The UGM will support activities to improve the financial, program and organizational management, governance, quality assurance, SI and reporting, and leadership and coordination of partner organizations.

3) M&E: IPs will be required to closely link their activities to PEPFAR-funded treatment, care, and support interventions. M&E support will include: measurement of program progress; feedback for accountability and quality; surveillance; and MIS implementation. AED will provide supportive supervision, guidance, monitoring, mentoring and oversight through site visits, TA, and performance evaluation. Data collected and reported by AED and lessons learned will be shared in semi-annual partner meetings. Performance monitoring will be a supportive and constructive approach to raising issues that need higher level attention and action, possibly at the policy or legislative levels. This activity also standardizes and ensures better quality control for reporting to the USG on PEPFAR indicators.

The FY 08 narrative below has not been updated.

AED will continue to increase the capacity of Mozambican organizations and networks to develop, manage, and implement prevention, care and treatment services through the provision of ongoing organizational development technical assistance. In FY 08 AED will add the province of Nampula to their roster of focus provinces and will work closely with all faith-based organizations. A special focus will be working with Christian and Muslim groups which represent the two predominant religious groups within the province in order to spur their networks activism and involvement in HIV/AIDS in the community.

The narrative below from FY2007 has not been updated.
This activity has several components and COP07 funding represents a major scale-up of AED's current program in NGO capacity building and grants management. AED will continue to work with Mozambican networks and organizations that provide services to OVC, home based care clients, PLWHA groups and association members which together have national reach. FY07 represents year 2 of a planned 3 year activity that began with FY 05 funding. Special activities under COP07 will be focused in Sofala and Zambezia Provinces.

Phase I , Year 1 began in March 2006 (with early FY06 funding), AED sub-granted with International Relief and Development (IRD) to conduct assessments of some of the networks and associations especially at national level and in Sofala province. In addition, IRD piloted a program in Inhambane Province to provide small sub-grants to CBOs, adapt assessment tools for use with community groups and develop a monitoring system to assist community groups to manage their program with the small grants they received.

AED only recently received the rest of their FY06 funding (Phase II) and are in the process of gearing up

Activity Narrative: their presence in Mozambique, selecting staff, assessing and selecting network NGO partners, etc. Based on It is expected that AED work will rapidly escalate based on their pilot efforts under Phase I.

AED's major effort under COP07 will be to continue to strengthen the capacity of nascent 1) networks and associations (such as MONASO, Rensida, CORUM, etc.) as well as 2) national and local organizations for the ultimate purpose of eventually becoming self sufficient and able to acquire funding from sources other than PEPFAR. This will include institutional strengthening as well as strengthening activities in programmatic planning, implementation, monitoring and reporting. All organizations will be part of the integrated health network system which focuses geographically on the catchment areas of USG-supported clinical care and ARV treatment sites. Training for the all networks and non-governmental organizations will focus on increasing their abilities to solicit, receive and account for funds, sub-granting to member organizations and reporting results to donors. Additionally, the Foundation for Community Development will become a major client of AED. AED capacity building for FDC will focus on financial and management systems support assistance in order to meet USAID and other donors requirements. Capacity building efforts will be tied, where appropriate, to direct service delivery in OVC and HBC and to activities and services within the AB and C&OP program areas. During COP07 it is expected that direct targets will be achieved, but virtually no indirect targets. (See below) Indirect targets will be expected in Year 3.

In addition to capacity building, AED will also provide a grants management service to selected organizations, partly as a demonstration model to assist the NGO in learning better management practices and partly as a support to USG where they find granting to small but strategic national NGO impossible to grant directly.

AED will work with ANEMO (Mozambican Nurses Association), to strength their institutional capacity in two areas: 1) the Training of Trainers section to be able to provide training services in a variety of clinic related areas and 2) expansion of the service delivery section. Under a sub-grant, ANEMO will be able to maintain their Master Trainers duties and responsibilities to continue to train trainers for improved HBC. Refresher courses will be developed by MOH for the Master Trainers to roll out. In addition, OI and STI trainings can be provided by these same Master Trainers who can train clinical staff as well as home-based care providers. In collaboration with activity #5442, ANEMO will be able to develop their professional association responsibilities.

Through yet another related activity #3692 ANEMO will be involved in treatment adherence for ARV and TB. ANEMO will be assisted to develop mechanisms and curriculum for training and hiring retired and unemployed treatment adherence care workers (TACW). The Master Trainers will expand their expertise into treatment adherence and train and supervise the TACWs who will be based at clinic sites, and will refer ART patients to community based care providers for continued support, follow-up and referrals. This activity is expected to keep clients in the clinical system by monitoring their adherence and referring any complications identified.

AED will also strengthen NGO that provide services for AB and OVC. Many small NGOs and faith-based organizations are providing a variety of AB messages to selected community audiences, e.g. churches, schools, etc. Most of these organizations are not eligible to receive direct funding from USG, but could be strengthened to acquire funding from NAC and other sources. AED, along with activity # 5293 will provide a major effort in working with NGOs/CBOs/FBOs that are providing AB messages at the community level in an attempt change both normative and individual behavior.

Lastly, this activity will continue to provide strengthening and capacity building of NGOs/CBOs/FBOs to improve services to OVC and Home-based Care clients. While clients directly reached under this joint activity is relatively small (1,500 HBC and 4,000 OVC), it is anticipated that with strengthened institutional and programmatic capacities, rapid roll-out of services to additional clients will occur in the out years.

Through this package of activities, 35 non-governmental organizations will receive institutional capacity building and 175 individuals trained in institutional capacity and in community mobilization, and who take an important leadership role in care and treatment. At least one individual from each of the 35 organizations will also be trained in reduction of stigma and discrimination. Trainers will expand their expertise into treatment adherence and train and supervise the TACWs who will be based at clinic sites, and will refer ART patients to community based care providers for continued support, follow-up and referrals. This activity is expected to keep clients in the clinical system by monitoring their adherence and referring any complications identified.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13349

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13349	5293.08	U.S. Agency for International Development	Academy for Educational Development	6448	3692.08	Capable Partners Program	$1,860,000
9135	5293.07	U.S. Agency for International Development	Academy for Educational Development	5037	3692.07	Capable Partners Program	$1,147,067
5293	5293.06	U.S. Agency for International Development	Academy for Educational Development	3692	3692.06	Capable Partners Program	$1,000,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7232.09
Mechanism: Vulnerable Girls Initiative Local
Prime Partner: Johns Hopkins University
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 15878.24072.09
Planned Funds: $200,000
Activity System ID: 24072

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008
This is continuing activity under COP09.

Vulnerable Girls Initiative: Field Support, AB

This activity narrative refers to field support to augment the central Gender Initiative, "PEPFAR Gender Initiative on Girls' Vulnerability to HIV". Vulnerable Girls Initiative activities in Mozambique will include services in AB, C&OP, OVC, HBC and PMTCT to provide a holistic program aimed at adolescent girls at especially high risk of HIV. The Vulnerable Girls Initiative activities will target cohorts of girls in Nampula, the third focus province, supporting a model program whose effectiveness and sustainability can be measured for potential scale-up and replicability in other areas.

The PEPFAR Gender Initiative on Girls' Vulnerability to HIV has been developed as part of a set of PEPFAR special gender initiatives. The program aims to prevent HIV infection among 13- to 19-year-old girls, by developing innovative program interventions to successfully modify contextual factors associated with increased sexual risk behavior and rates of HIV infection among these adolescents and assessing the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings. Botswana, Malawi and Mozambique are the three countries selected for this Initiative.

Many PEPFAR programs reach adolescent girls through broad-reaching AB prevention activities that focus on HIV education in church and school settings. However, these programs often do not reach those at highest risk, who are commonly found outside of these settings. Those at highest risk need to be reached with a package of comprehensive services, including economic strengthening activities, to meet their unique needs. In addition, many OVC programs focus on younger children and overlook the needs of adolescent orphans, even though this latter group represents a significant proportion of all orphans. This Initiative seeks to address these programming gaps by implementing and evaluating promising integrated models to reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

The goal of the Initiative is to prevent HIV infection in the most vulnerable adolescent girls. The objectives are: 1) To identify and expand promising new and existing program approaches for addressing the contextual factors which place some adolescent girls at especially high risk of HIV; and 2) To evaluate the feasibility, sustainability and effectiveness of these interventions and their potential for adaptation and scale-up to other settings. Initiative activities will be closely linked with other prevention and OVC activities, as well as relevant wrap-around programming.

A multi-component approach with a focus on the most vulnerable girls will be undertaken to address the antecedents of risk. Age-segmentation and targeting based on different types of risks girls face will be utilized to prevent girls from adopting risky behaviors as well as addressing the needs of girls already engaged in risky behaviors. Program components may include the following: HIV prevention education focused on the "ABC" approach; non-material support for girls' continuation in, or return to, school; outreach and linkages with HIV-related health services as well as RH services such as pregnancy prevention; wrap-around or direct support for training in sustainable livelihoods and/or improved access to economic resources such as development of appropriate age- and gender-specific financial literacy, development of savings products and related social support mechanisms, sustainable livelihoods and/or improved access to economic resources, including government-provided entitlements and health services; parenting skills among parents and guardians of adolescents; for those adolescents without parents, developing mentoring programs to ensure all adolescents have support on a continuing basis from a caring mentor/community member; empowerment and interpersonal skills to enable girls to adopt and/or maintain healthy sexual behaviors, including promotion of decision-making power of young girls within relationships, families and communities; addressing peer influence by promoting positive group norms and behaviors; and addressing community social norms that help to reduce sexual coercion and exploitation and other harmful practices contributing to girls' vulnerability.

Specific activities are TBD, pending selection of the Task Order contractor and development of the workplan which is anticipated to begin October 2008.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15878

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15878	15878.08	U.S. Agency for International Development	To Be Determined	7232	7232.08	Vulnerable Girls Initiative Local	[redacted]

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	8784.09	**Mechanism:**	JHPIEGO
Prime Partner:	JHPIEGO	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	15684.23830.09	**Planned Funds:**	$0
Activity System ID:	23830		

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 - NO NEW FUNDING IN FY09

Randomized, controlled trials have now confirmed that male circumcision (MC) reduces the likelihood of female to male HIV transmission by approximately 60%. MC is, however, only partially protective; men will need to take other steps, such as abstinence, partner reduction and/or condom use, in order to protect themselves and their partners against HIV infection.

While MC is a promising intervention that could potentially prevent millions of new HIV infections, it is important to keep in mind that it is a surgical procedure; and as such, it has risks and benefits. Safe MC services require well-trained healthcare providers, appropriate infection prevention and control practices, and sufficient equipment and supplies. In addition to the surgical procedure, other essential elements of MC services that must be taken into account include informed consent, post-operative care and risk reduction counseling including the promotion of abstinence, partner reduction being faithful, and a minimum package of other male reproductive health services, such as sexually transmitted infections (STI) treatment, condom distribution, and HIV counseling and testing.

Since late 2006, JHPIEGO, a partner of the Forte Saúde Project (funded by USAID), has been working in close partnership with USAID, CDC, WHO, UNAIDS, PSI, among others, to provide technical guidance to the Ministry of Health (MOH) and the National AIDS Commission (NAC) to plan and prepare a situational assessment to identify the MOH capacity for expanding safe MC services for prevention of HIV transmission.

This proposed activity will build upon the current work and the results of the situational assessment, and while a new activity under A&B, is linked to MC funding under C&OP and CT. The purpose is to provide technical assistance to the MOH and NAC to develop and implement a comprehensive educational package to promote other important HIV prevention strategies such as abstinence and be faithful (A&B).

Objectives of this activity will be to: (a) promote A&B as a key complementary strategy for MC for HIV prevention; (b) develop and implement a comprehensive educational package to promote A&B; and (c) train counselors on the new educational package for individual and group counseling.

Main activities will be to:
(a) Develop, field-test, and finalize a comprehensive educational package for individual and group counseling for use consultation rooms, waiting rooms and at the community level.
(b) Train 50 counselors on MC and on how to use the educational package.
(c) Support and monitor the implementation of the activities at the selected sites (up to 6 sites) where an expected 30,000 clients or individuals will be counseled in A&B as a complementary strategy for MC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15684

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15684	15684.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	8784	8784.08		$370,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3583.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 15798.23220.09

Planned Funds: $200,000

Activity System ID: 23220

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
One of the key objectives of the Ministry of Health (MOH) Strategic Plan to Combat HIV/AIDS and STIs, for 2004-2008 is to reduce the impact of HIV/AIDS on health care workers. As a primary means of prevention, behaviors associated with HIV transmission must be addressed, especially those sexual behaviors that put individuals (and their partners) at greater risk of infection. To date, there are few existing activities that support health workers in dealing with HIV/AIDS risk behaviors and address issues of abstinence, delay of sexual debut, and faithfulness to one's partners.

CDC has been assisting the Mozambican Ministry of Health (MOH) in identifying these gaps, through the BANK (Behavior Attitudes, Norms and Knowledge) quantitative and qualitative survey. Using the BANK findings, recommendations, and other qualitative research results has further the understanding of the barriers and facilitators of change and the media through which such change can happen. In addition,exchange visits to health worker specific programs in Botswana and Tanzania by CDC/MoH teams has also deepened the appreciation for practical and sustainable interventions in Mozambique. In particular, these visits illustrated the need to consider ways reduce stigma in the health workplace.

The focus of this activity is to promote safe behaviors and reduce sexual risk behavior by promoting abstinence and faithfulness (A/B). FY 08 funds were used to support the University of Washington partner Global Health Communications (GHC) in the development and evaluation of Behavior Change Communication (BCC) interventions. Activities GHC conducted in Mozambique included:

(a) Identified informational and educational gaps and adapted existing A/B materials to the in-country context. Some of these materials may be circulating in parts of Mozambique, but the partner was encouraged to also identify materials from other countries in the region that may be translated into Portuguese and other local idioms as well as materials from other Portuguese speaking countries (e.g., Angola, Brazil, Cabo Verde, Guinea Bissau) that may be modified to address the Mozambican context;

(b) Created new A/B informational/educational materials where materials do not exist;

(c) Developed and piloted behavioral and educational interventions focused on issues of abstinence and faithfulness;

(d) Evaluated pilot interventions to assess their personal life effectiveness, and;

(e) Trained and on-the-job mentored the MOH staff from human resources, training, health education departments, and HIV/AIDS/STI program in evaluation of A/B behavior change and educational interventions.

FY 09 funds are being requested to support existing partners with activities that include:

(a) Behavior change trainings with groups of health workers and students at health training institutes that specifically address abstinence and faithfulness (A/B).

(b) Using the Behaviors, Attitudes, Norms and Knowledge (BANK) study findings and other research that identified informational and educational gaps develop and/or adapt existing A/B materials .

(c) Create new A/B informational/educational materials where existing materials do not exist;

(d) Provide technical assistance in the implementation, monitoring and evaluation of FY08-FY09 activities that MOH has piloted in the areas of A/B and develop and pilot additional behavioral and educational interventions focused on issues of abstinence and faithfulness as recommended by MoH and key stakeholders;

(e) Drawing from the experience of the Breaking the Silence project in Tanzania, role-model stories used in Ethiopia, and the PANOS participatory video project in Madagascar to create a series of biographical videos highlighting challenges –including that regarding abstinence and faithfulness—from the perspective of health workers themselves;

(f) Design a set of discussion guides that can be used in conjunction with health worker videos that encourage small groups of health workers to examine unsafe norms surrounding abstinence and faithfulness issues in their own lives;

(g) Establish teams of "focal persons" within health centers to assist the staff at neighboring centers to undertake stigma reduction activities using the videos and discussion guides. These focal persons may include HIV+ health workers (peer educators);

(h) Continue on-the-job mentoring of MOH staff from human resources, training, health education departments and HIV/AIDS/STI program in evaluation of behavior change and educational interventions, with the emphasis on interpersonal communication, encouraging testing and disclosure and A/B practices.

Deliverables and Products

1. The workshop/training curricula in which BANK and qualitative study findings are introduced to MISAU and other stakeholders and a written report of the AB intervention design outputs created as a result of these meetings. Roster of participants will be submitted.

2. Workshop reports on a series of trainings conducted with health workers and students in which they are led to understand the behavioral barriers and facilitators associated with AB outcomes and then helped to identify personal and small-group activities that might address these barriers. Rosters of all participants will be submitted

Activity Narrative: 3. All workplans and reports on the piloting of activities that arise out of health worker and student workshops described in #1 and #2 above.

4. A complete catalogue of relevent lusophone materials used in other countries that can be adapted for MISAU along with recommendations for their use. This collection of materials will focus on Abstinence/Delay of Sexual Initiation and Fidelity.

5. Print-ready materials addressing gaps in AB informational/educational materials where existing local, regional or lusophone materials do not exist. Inforamal obsevations of how current materials are circulating in the health centers, and how that can be improved, will also be provided.

6. A set of short (5-8 minute) videos developed using participatory approaches that show how HIV+ healthworkers and students deal with problems relating to abstinence and fidelity.

7. A set of training materials that complement the videos listed in #7. These will take the form of discussion group guides and activities that can be conducted in small groups and focus healthworkers' attention on norms relating to abstinence and fidelity in their lives and that of their family.

8. Rosters of health workers and students volunteers who have been trained to use the materials describes in #6 and #7 above as well as the rosters of participants at these discussion groups.

9. Rosters of MOH staff requesting and receiving support in their supervision of behavior change activities and their assessment. Materials developed and used in this support will also be submitted.

FY08: One of the key objectives of the Ministry of Health (MOH) Strategic Plan to Combat STIs, HIV, and AIDS for 2004-2008 is to reduce the impact of HIV/AIDS on health care workers. As a primary means of prevention, behaviors associated with HIV transmission must be addressed, especially those sexual behaviors that put individuals at greatest risk of infection. To date, there are few existing activities that support health workers in dealing with HIV/AIDS risk behaviors and that address issues of abstinence, delay of sexual debut, and faithfulness to one's partners. The focus of this activity is to promote these behaviors and strengthening the norms that support them. FY 08 funds are being requested to support the University of Washington through its partner Global Health Communications (GHC), a partner with experience in the successful development and evaluation of Behavior Change Communication (BCC) interventions in the African context. Activities that this partner will support in Mozambique include:

(a) Building on the results of quantitative and qualitative assessments conducted with funding support from FY06/07, to identify informational and educational gaps that might be quickly and efficiently addressed by adapting existing A/B materials. Most of these may be print-based, but there may be radio PSAs that can be identified. Some of these materials may be circulating in parts of Mozambique, but the partner will be encouraged to identify materials from other countries in the region that may be translated into Portuguese and other local idioms as well as material from other lusophone countries (e.g., Angola, Brazil, Cabo Verde, Guinea Bissau) that may be modified to address the Mozambican context;

(b) Creating new A/B informational/educational materials where existing regional or lusophone materials do not exist;

(c) Developing and piloting behavioral and educational interventions focused on issues of abstinence and faithfulness;

(d) Evaluating pilot interventions to assess their personal life effectiveness, and;

(e) Training and on-the-job mentoring of MOH staff from human resources, training, health education departments, and HIV/AIDS/STI program in evaluation of A/B behavior change and educational interventions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15798

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15798	15798.08	HHS/Health Resources Services Administration	University of Washington	6417	3583.08	I-TECH	$300,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 4978.09 **Mechanism:** PAO

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 9185.23022.09

Planned Funds: $0

Activity System ID: 23022

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 - NO NEW FUNDING IN FY09

reprogramming August08: Reprogramming August08: Narrative Update to component number 2 - The activity should be changed from funding the STV Fama show to funding the Nationwide radio Mozambique program "Ola Vida" that entails a monthly themed completion incur aging local Community youth groups to actively engage in the HIV/AIDS ABC Prevention campaign. The program is to be aired on a daily basis between 18:00 - 18:15 and on Saturdays between 13:30 - 14:00

This activity narrative is divided into five (5) continuing activities implemented by PAO under HVAB program area. Please note - the first activity has an early funding request and all previous activity numbers are included for each activity.

1) FY07 activity #8503 (FY06 – 5444.06): This year the conference aims to expand its reach to include more girls participating in the conference as well as greater involvement of the local counterparts (Mozambican teachers). The conference itself also wants to increase it's focus on teaching the girls micro-project design and implementation to improve the quality and reach of the projects the girls carry out in their communities.

Early funding is requested for this activity as the conference is programmed to take place in April. As this is the first break of the school year leaving the students the rest of the year to design and implement the projects in their communities. If the conferences are carried out much later in the year the community projects can only be implemented in the next scholastic year causing the students to loose some of the momentum and motivation fostered by the conferences. $100,000

2) FY07 activity # 8865: This activity will integrate AB prevention messages and training in the widely watched and extremely popular "FAMA Show" reality TV program (the Mozambican version of American Idol) on Soico Television (STV - a local TV channel). This can include but is not limited to AB promotion for the participants (aired during the week), song contests related to HIV/AIDS and a World AIDS Day show. $66,666

3) FY07 activity #8505 (Fy06-5446): The Embassy Public Affairs Office will continue to provide grants for developing radio (especially community radio), television, print media and/or film products targeting young people nationally with messages promoting and supporting abstinence and faithfulness. Radio is especially important in Mozambique as it is the means of mass communication able to reach the largest portion of the population due to isolation, illiteracy, lack of electricity, etc. Reinforcing the ideals of abstinence and faithfulness in this medium nationally with locally produced messages youth can relate to has a great potential to effect normative as well as individual behavior change. TV is an increasingly important medium in Mozambique with new television channels starting up and expanding to the north and is a great way to reach more urban and often populations that are at greater risk. $33,333

4) FY07 activity #9045 (FY06-5445): Updated narrative - Instead of having one national conference two regional conferences will be carried out - 1 for the northern and central provinces and another for the southern provinces. This will also enable more youth to be reached through the conferences and consequently have more community projects and people reached through them.

Early funding is requested for this activity as the conferences are programmed to take place in April. As this is the first break of the school year leaving the students the rest of the year to design and implement the projects in their communities. If the conferences are carried out much later in the year the community projects can only be implemented in the next scholastic year causing the students to loose some of the momentum and motivation fostered by the conferences. $100,000

5) FY07 activity #8504: The increase in funding is to support a greater number of community based initiatives (mostly supported by Peace Corps volunteers) as they are a relatively inexpensive way to reach a large number of youth with prevention messages and information. $66,666

New/Continuing Activity: Continuing Activity

Continuing Activity: 15732

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15732	9185.08	Department of State / African Affairs	US Department of State	7240	4978.08	PAO	$366,665

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 10810.09
Mechanism: Global Health Technical Assistance Project (GH Tech)
Prime Partner: QED Group, LLC
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 15895.25613.09
Planned Funds: $124,844
Activity System ID: 25613
Activity Narrative: ACTIVITY UNCHANGED FROM FY2008
This is a continuing activity under COP09.
August 08 Reprogramming: Funding increase $130K.

April08 Reporgramming Change: Reduced $60,000.

This is a new activity under COP08.

This funding will allow the GH Tech Project of The QED Group to provide technical assistance and general support to the Mission. Tasks may include assessments, evaluations, program design, technical reviews, workshop support, and short/medium term staff assistance. AB specific technical assistance needs may include providing SOTA updates in behavior change, epidemiology, and regional issues and initiatives to USG and implementing partners.
New/Continuing Activity: Continuing Activity
Continuing Activity: 15895

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15895	15895.08	U.S. Agency for International Development	QED Group, LLC	7238	7238.08	Global Health Technical Assistance Project (GH Tech)	$236,458

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3640.09
Mechanism: TBD Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 25907.09
Planned Funds: [redacted]
Activity System ID: 25907

Activity Narrative: This is a new activity. The Families Matter! Program (FMP) is an evidence-based, parent focused intervention designed to promote positive parenting and effective parent-child communication about abstinence, sexuality, decision-making and sexual risk reduction for parents of 9-12 year olds. FMP is an adaptation of the US-based "Parents Matter" curriculum which CDC has implemented and evaluated in the US with various partners. This community-based family prevention program strives to foster enhanced protective parenting practices and promote parent-child discussions about abstinence, sexuality, decision-making and sexual risk reduction. The ultimate goal of FMP is to support sexual abstinence and reduce sexual risk behaviors among adolescents, including delayed onset of sexual debut, by giving parents tools to deliver primary prevention to their children.

FY09 funds will be used to conduct a formative assessment to culturally adapt and pilot test the program materials that are currently being used in Kisumu, Kenya. We propose to implement the FMP in the province of Zambézia and the Beira and Maputo corridors, where HIV prevalence among women aged 15 – 14 years old is high and above the national prevalence with some surveillance sites showing rates close to 20% - 25% or more in 2007. The 2003 DHS data suggest that high HIV prevalence in Zambézia and Beira corridor may be associated with factors such as early sexual debut (15.7% vs 16.1% nationally) and high level of women engaged in intergenerational sexual relations. In Maputo and Gaza provinces (Maputo corridor) HIV incidence continues to increase and have high levels of reported risk behaviors among young women and men like multiple sex partnerships and low level of condom use. Activities promoting abstinence and delay of sexual debut in young people have been key in a multi-component intervention program to improve adolescents' sexual and reproductive health in areas such as those proposed for Mozambique. A preliminary analysis of an assessment conducted in Kenya 15 months post-intervention, found sustained positive effect in terms of parenting and communication skills reported by participants and their children separately.

Following the formative assessment and material adaptation, the TBD partner implementing FMP will train facilitators to deliver the five consecutive, three-hour sessions for parents and caregivers. The intervention curriculum focuses on: raising awareness about the sexual risks many teens face today; encouraging general parenting practices (e.g., relationship building, monitoring) that increases the likelihood that children will not engage in risky sexual behaviors; and improving parents' ability to effectively communicate with their children about abstinence, sexuality and sexual risk reduction. An additional emphasis will be placed on training parents to address the role of gender-based norms in adolescent sexual decision-making and risks associated with transgenerational sex for girls. FMP uses a mixture of structured learning experiences, discussion, audiotapes, role plays, and group exercises. In addition, a combination of both verbal and visual instruction techniques was incorporated in the program in an attempt to address auditory versus visual learning preferences.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3528.09 **Mechanism:** Peace Corps-Peace Corps-GHAI-Local

Prime Partner: US Peace Corps **USG Agency:** Peace Corps

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5011.21515.09

Activity System ID: 21515

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: $500,000

Activity Narrative: ACTIVITY UNCHANGED FROM FY08

This activity relates to Peace Corps activities HVMS 21521, HVOP 21516, HKID 21518, HTXS 21519 and HBHC 21517.

Peace Corps/Mozambique (PC/MZ) will continue HVAB activities from the FY 08 COP, including the placement and support of three PEPFAR-funded Volunteers, funding for an Education Coordinator position (currently filled); and support and expansion of Volunteers' community- focused AB prevention activities through training of Volunteers and their counterparts, materials development and a small grants program. Approximately 40 Health and 80 Education Volunteers will be engaged in a range of AB activities with their colleagues, communities and institutions/organizations in nine provinces of the country outside of Maputo City.

PC/MZ will continue to support a small grants program for capacity-building projects among CBOs, FBOs, NGOs, schools and community groups working on AB-focused prevention activities. Peace Corps Volunteers will work with the organizations to build their capacity in project design, proposal development, funds management, and monitoring and evaluation. With PEPFAR funds in FY09, PC/MZ will also support the successful JOMA and REDES boys and girls HIV prevention and life skills activities conducted in their communities previously funded by the Public Affairs Office.

PC/MZ Volunteers in the education sector will continue to create specific lesson plans on AB prevention for their English and Science curricula and teacher training, as well as develop and support extra-curricular HIV -related activities.

PEPFAR-funded Health Volunteers will be assigned to NGOs, CBOs and FBOs in Zambezia, Inhambane and Gaza provinces. All Health Volunteers will support local organizations, schools and community groups in the design and implementation of school and community projects, activities, trainings and events; peer education and counseling; school/community linkage; special activities for in- and out-of-school youths; local media and theater productions; and organizational capacity-building.

Peace Corps is continuing the same activities from the FY '07 COP. The amount from '07 has increased to support: the new PEPFAR Education Coordinator described in the last paragraph below; the increase in Volunteers in the Mozambique program; and the expanding scope of AB activities, including the boys and girls club projects and the science/HIV & AIDS awareness fairs and theater competitions, among others. It will also provide Volunteers with the opportunity to apply for Volunteer Activities Support & Training (VAST) grants used to support small-scale, capacity-building projects among CBOs, FBOs, and/or NGOs that work with or provide services to, local communities to fight HIV/AIDS.

This activity relates to Peace Corps activities HVOP 9464, HVMS 9465, HKID 9467, HTXS 9472 and the new HBHC activity. During FY 2008 approximately 40 Health Volunteers and 90 Education Volunteers will engage in a range of A/B Prevention activities with their colleagues, communities and institutions/organizations in all 10 provinces of the country outside of Maputo city. During this time, Peace Corps will be expanding geographically and in Volunteer numbers (3 additional Health Volunteers will be funded with PEPFAR funds under the A/B programming area and the general numbers of both Education and Health Volunteers in the country will increase), which will allow for greater expansion of A/B outreach in terms of individuals reached, persons trained, and institutions and communities technically strengthened. During the COP '08, Peace Corps Education Volunteers will serve as English and Science teachers and Teacher Trainers in approximately 55 secondary schools, technical institutions and teacher training institutes, 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 12,000 individuals with AB prevention messages and train 150 individuals to train others on AB prevention. Because of their two-year commitments of living and working with 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 FY 08, the Education Volunteers will integrate information and create specific lesson plans on A/B prevention into their English and Science teaching and teacher training, as well as develop and support extra-curricular HIV-related activities. Through 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 continues to be updated and modified and is a major teaching and training tool for the Volunteers and their colleagues. Subsequent PEPFAR funds have been used for additional materials such as the printing of Mozambique's first Life Skills Manual in Portuguese, Choosing a Future, and other valuable tools. The COP '08 funds will continue to support the production of creative, updated, and accurate A/B materials. Additionally, the COP '08 will build on previous years' best practices for continuing to strengthen the A/B training component in pre- and in-service trainings for Education Volunteers and their counterparts. Topics and materials that Education Volunteers incorporate into their A/B 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 presenters; skills for analyzing traditional gender norms, practices, behaviors and rights; and contextually and culturally-specific life skills training for youth.

In the Health-HIV/AIDS project, the COP '08 will enable PC/Mozambique to continue its planned strategy of expansion of the Health Volunteers, geographically and numerically. Emphasis will be placed on assignments to the PEPFAR priority provinces of Sofala, Zambezia and Nampula. The Health Volunteers

Activity Narrative: will support Mozambican NGOs, CBOs, FBOs, schools and other organizations in a range of A/B activities and materials development, including design and implementation of school and community projects, activities, trainings and events; peer education and counseling; school/community linkage; special activities for in- and out-of-school youths; local media and theater productions; and organizational capacity-building. In addition to supporting the above, 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 also include the provision of housing and necessary security upgrades, where ordinarily communities and organizations could not house Volunteers according to PC's security requirements.

Across both the Health and Education sectors, the FY 08 proposed budget for A/B prevention will fund Volunteer training and materials enhancements to facilitate maximum Volunteer effectiveness in providing quality A/B instruction and support. The budget will cover: technical staff, materials, and training activities for A/B-related pre-service training; costs associated with A/B-related in-service trainings and planning meetings, including language and technical trainers, and support for Volunteers, counterparts and students/community members to participate in and benefit from these training activities; project exchange visits, allowing Volunteers, counterparts, and student leaders to visit each other's schools and projects to share best practices; support for special community and school activities, such as the national Boys and Girls Conferences; boys and girls clubs and other school and community projects; science fairs, theater competitions, and other community events and trainings with A/B related components; an all-Volunteer conference on HIV-AIDS; A/B materials development and reproduction, including the development and printing of an organizational development and capacity building toolkit for Health and Education Volunteers and their colleagues, and the continued translation and printing of relevant manuals and materials to Volunteer and counterpart activities in support of A/B; in-field technical support by PC/M staff, including staff and Volunteer travel and associated costs; PC/M staff capacity building through in-service activities, including post exchanges and conferences; and staff and office supplies to facilitate the above initiatives. PEPFAR resources will also be used for special school or community events and projects related to AB.

($120,000) New for FY '08 is a PEPFAR Education Coordinator, this person will be the main coordinator of HIV/AIDS activities in the Education Sector for Volunteers. In collaboration with the Country Director (CD), APCDs and PC PEPFAR team, the coordinator will be responsible for working with the Mozambique Ministry of Education and Culture, donors, and partners to support the expansion of boys and girls Clubs in schools around Mozambique. Peace Corps Volunteers throughout Mozambique are involved in these clubs -JOMA (Young Men for Change and Action) and REDES (Girls in Development for Health and Education). The position will also promote sexual health and HIV/AIDS education curricula (developed by the Ministry of Education), support gender-related training and activities, promote efforts to reduce exploitation of girls and cross-generational sex; and coordinate activities with other partners in achieving Ministry goals in all these areas. The FY 08 funding mentioned above will support the salary and benefits for the position, as well as necessary office space creation anad remodeling, equipment, travel, and supplies.

Per Agency instructions, approximately 15% of the budgeted amount will be directed to PC/HQ to cover overhead costs for supporting PC PEPFAR activities in this program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12956

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12956	5011.08	Peace Corps	US Peace Corps	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	$620,000
9466	5011.07	Peace Corps	US Peace Corps	5198	3528.07	Peace Corps-Peace Corps-GHAI-Local	$458,560
5011	5011.06	Peace Corps	US Peace Corps	3528	3528.06		$237,800

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education	
Estimated amount of funding that is planned for Education	$200,000

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 6904.09
Mechanism: DoD-PSI-GHAI-Local
Prime Partner: Population Services International
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 23203.09
Planned Funds: $430,000
Activity System ID: 23203

Activity Narrative: All military related activities included in the USAID-PSI Cooperative Agreement and portfolio will be directly controlled by DOD which will sign his own agreement with this partner. The activities, among others, will include peer education, IEC, BCC, production of visual materials (posters), video productions, military drama groups, pocket size HIV/AIDS awareness booklet, production and distribution of condom pouches.
All military personnel and, particularly, military instructors based in military training camps will receive information regarding criminal actions that can result in punishment and or legal prosecution such as cruelty, maltreatment, drunk on duty, rape and sexual intercourse, sodomy, etc.
Young soldiers will continue being informed about the advantages of postponing their sexual debut, the risks of having multiple partners, the need to constantly and consistently use condoms when looking for prostitutes or any other casual partner to have sex, factors leading to risky behavior.
Assuming that either some of the recruits or instructors might be infected, we will try to reduce the rate of infection in the training camps. Therefore, PSI will continue providing free condoms and more information related to safe sex (in opposition to high risk sex) in all military settings.
Provide ‘safer’ and trustful channels for HIV status disclosure.

New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* Family Planning
* Malaria (PMI)
* TB

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: $9,961,457

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 6904.09
Mechanism: DoD-PSI-GHAI-Local
Prime Partner: Population Services International
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 23126.09
Planned Funds: $170,000
Activity System ID: 23126

Activity Narrative: Another military radio facility will be provided for military personel stationed in the north of the country (Nampula). The Mozambican military will use the radio to mostly broadcast A&B components of prevention since it is believed that promoting risk avoidance can be highly effective than only investing in risk reduction which is not 100 percent safe if not consistently and constantly used. But, considering the military as a risk group the C component will also be emphasized through education of correct use, promotion and provision of condoms, and mobilization for treatment of STDs.
The station will be operated by the military because they have the cultural competency (they know how things work in there). Since they are from within, they will obviously focus on targets relevant to their fellow soldiers. The station will play popular songs intercalated with awareness messages and other HIV/AIDS related songs.
Interviews with fellow soldiers, participation of military doctors discussing various topics such as HIV/AIDS, malaria, diarrhea, STIs, condom use, male circumcision, HIV testing, ART, etc. are some of the aspects surrounding the radio broadcasting.
Behavior change will always be the main focus. Information about the need and how to avoid risky behavior, infection and importance to get tested and know their status, etc. will be encouraged.
This project includes facility renovation and training of the military staff which will operate the radio equipment and the reporters.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

* Family Planning
* Malaria (PMI)
* TB

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9944.09 **Mechanism:** DoD-TBD-GHAI-Local

Prime Partner: To Be Determined **USG Agency:** Department of Defense

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention

Budget Code: HVOP **Program Budget Code:** 03

Activity ID: 14686.23202.09 **Planned Funds:** [redacted]

Activity System ID: 23202

Activity Narrative: The TBD partner will develop a training curriculum focusing on HIV/AIDS aspects which aims to enrich the prevention program. The recruit training camps will implement a curriculum (adapted from other countries) during awareness classes offered to the future soldiers. The same curriculum will be used at the Samora Machel Military Academy in Nampula and at the Sergeants Training School in Boane. There are other components in this activity, such as:
a) Infrastructure development
b) Basic equipment (laptops and projectors) and
c) Training materials (student manuals)

New/Continuing Activity: Continuing Activity

Continuing Activity: 14686

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14686	14686.08	Department of Defense	To Be Determined	6904	6904.08	DoD-TBD-GHAI-Local	[redacted]

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Malaria (PMI)
* TB

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3528.09 **Mechanism:** Peace Corps-Peace Corps-GHAI-Local

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 4921.21516.09

Planned Funds: $250,000

Activity System ID: 21516

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Added Pathways to Prevention and RAMP prevention training and activities

This activity relates to Peace Corps activities HVMS 21521, HVAB 21515, HKID 21518, HTXS 21519, and HBHC 21517.

In FY2009, Peace Corps/Mozambique (PC/MZ) will continue Other Sexual Prevention (OSP) activities from FY08, including the placement and support of two PEPFAR-funded Volunteers for 27-month of service, training for 40 Health Volunteers and 80 Education Volunteers and their counterparts in OSP, and grants for small community-initiated projects focused on other sexual prevention.

Volunteers will target older students engaged in high-risk behavior through extra-curricular activities and anti-AIDS groups at schools and in communities and provide technical assistance to organizations that work with high-risk populations (e.g., commercial sex workers, migrant workers and their spouses, and sero-discordant couples). Volunteers will address traditional gender norms and women's rights as part of prevention efforts, and stigma to encourage HIV testing, and foster linkages with local health facilities. PC/MZ will collaborate with CDC and other PEPFAR-funded partners to incorporate the 'Pathways to Change' and RAMP (group-based decision making and change) approaches and tools to promote behavior change.

Peace Corps is continuing the same activities from the FY '07 COP. The amount from '07 has increased to support the growth in the number of Volunteers in FY 08 and the expanding scope of ABC activities, including the boys and girls club projects, the science and HIV & AIDS awareness fairs and theater competitions, among others. It will also provide Volunteers with the opportunity to apply for Volunteer Activities Support & Training (VAST) grants used to support small-scale, capacity-building projects among CBOs, FBOs, and/or NGOs that work with or provide services to, local communities to fight HIV/AIDS.

This activity relates to Peace Corps activities HVMS 9465, HVAB 9466, HKID 9467, HTXS 9472 and the new HBHC Peace Corps activity.

During FY 2008, approximately 40 Health Volunteers and 90 Education Volunteers will be engaged in a range of C&OP activities with their colleagues, communities and institutions/organizations in all 10 provinces of the country outside of Maputo City. During this time, Peace Corps will be expanding geographically and in Volunteer numbers (2 additional Health Volunteers will be funded with PEPFAR funds under the C&OP programming area and the general numbers of bothb Education and Health Volunteers in the country will increase), which will allow for greater expansion of C&OP outreach in terms of individuals reached, persons trained, and institutions and communities technically strengthened. During the FY '08 period, 90 Education and 40 Health Peace Corps Volunteers combined will expect to reach 5000 high-risk individuals with Other Prevention messaging, and train 50 trainers in all the provinces of Mozambique. 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. Because of their two-year commitments of living and working with 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 in schools and communities.

In the Health-HIV/AIDS project, the FY '08 funding will enable PC/Mozambique to continue its planned strategy of expansion of the Health Volunteers, geographically and numerically. Emphasis will be placed on assignments to the PEPFAR priority provinces of Sofala, Zambezia and Nampula. The Health Volunteers will support Mozambican NGOs, CBOs, FBOs, schools and other organizations in a range of Other Prevention activities and materials development, including design and implementation of school and community projects, activities, trainings and events; peer education and counseling; school/community linkage; special activities for in- and out-of-school youths; local media and theater productions; and organizational capacity-building. In addition to supporting the above, 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 also include the provision of housing and necessary security upgrades, where ordinarily communities and organizations could not house Volunteers according to PC's security requirements.

Across both the Health and Education sectors, the FY'08 proposed budget for Other Prevention will fund Volunteer training and materials enhancements to facilitate maximum Volunteer effectiveness in providing quality instruction and support. The budget will cover: technical staff, materials, and training activities for Other Prevention-related pre-service training; costs associated with Other Prevention-related in-service trainings and planning meetings, including language and technical trainers, and support for Volunteers, counterparts and students/community members to participate in and benefit from these training activities; project exchange visits, allowing Volunteers, counterparts, and student leaders to visit each other's schools and projects to share best practices; support for special community and school activities, such as the national Boys and Girls Conferences; boys and girls clubs and school and community projects; science fairs, theater competitions, and other community events and trainings with Other Prevention related components; an all-Volunteer conference on HIV-AIDS; Other Prevention materials development and reproduction, including the development and printing of an organizational development and capacity building toolkit for Health and Education Volunteers and their colleagues, and the continued translation and printing of relevant manuals and materials to Volunteer and counterpart activities in support of Other

Activity Narrative: Prevention; in-field technical support by PC/M staff, including staff and Volunteer travel and associated costs; PC/M staff capacity building through in-service activities, including post exchanges and conferences; and staff and office supplies to facilitate the above initiatives.

The FY '08 Other Prevention funds will be used for training and support enhancements so that all 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 Volunteers and their counterparts to visit each other's projects to share best practices and lessons learned. PEPFAR resources will also be used for special school or community events and projects related to Other Prevention.

Per Agency instructions, approximately 15% of the budgeted amount will be directed to PC/HQ to cover overhead costs for supporting PC PEPFAR activities in this program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12957

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12957	4921.08	Peace Corps	US Peace Corps	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	$300,000
9464	4921.07	Peace Corps	US Peace Corps	5198	3528.07	Peace Corps-Peace Corps-GHAI-Local	$182,600
4921	4921.06	Peace Corps	US Peace Corps	3528	3528.06		$10,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $125,000

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 4978.09 **Mechanism:** PAO

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 15813.23023.09

Planned Funds: $53,335

Activity System ID: 23023

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
Activity 1 - This C&OP activity complements the community based A/B activity (supported by peace corps volunteers) to provide an age appropriate, holistic sexual prevention program to youth. This supported events will include but not be limited to theater, dance and music group productions: debates health fairs, sports teams, sports events, training and trainer events for activates, peer educators, focus group training on life skills, support for material development, income generating activities and skills training for young girls, poor women and OVC's who might otherwise turn to transactional sex for financial gain. The message will be focused on encouraging behavior change and also will address gender based norms and practices that promote risky behavior. The majority of the community based projects will have support from Peace Corps volunteers. $ 23,335

Activity 3 - Outreach Activity to produce a Pepfar Calendar through the Company Aubrey Designs that produced the Pepfar 2008 Calendar for South Africa that entails high quality high impact pictures of the great work that is being done Partners in the field and its far reaching effects, Entails captions that explain the Photos as well as credits to recognize top photographers $30,000

Reprogramming August08: Narrative Update - The activity should be changed from funding the STV Fama show to funding the Nationwide radio Mozambique program "Ola Vida" that entails a monthly themed completion incur aging local Community youth groups to actively engage in the HIV/AIDS ABC Prevention campaign. The program is to be aired on a daily basis between 18:00 - 18:15 and on Saturdays between 13:30 - 14:00.

This new activity contains two separate HVOP program activities for the Public Affairs Office at the Embassy.

Activity #1: This C&OP activity complements the AB activity to provide an age appropriate, holistic sexual prevention program to youth and adults.

This activity will integrate ABC prevention messages and training in the widely watched and extremely popular "FAMA Show" reality TV program (the Mozambican version of American Idol) on Soico Television (STV - a local TV channel). This can include but is not limited to ABC promotion for the participants (aired during the week), song contests related to HIV/AIDS and a World AIDS Day show. $33,334

Activity #2: This C&OP activity complements the AB activity (8505.07) to provide an age appropriate, holistic sexual prevention mass media programs to youth

The Embassy Public Affairs Office will continue to provide grants for developing radio (especially community radio), television, print media and/or film products targeting young people nationally with messages promoting and supporting abstinence, being faithful and correct and consistent condom use. Radio is especially important in Mozambique as it is the means of mass communication able to reach the largest portion of the population due to isolation, illiteracy, lack of electricity, etc. Reinforcing the ideals of abstinence and faithfulness in this medium nationally with locally produced messages youth can relate to has a great potential to effect normative as well as individual behavior change. Reaching youth and adults with information about correct and consistent condom use, especially in rural areas is especially important as well as there are still many myths and misconceptions regarding condoms and their use. TV is also an increasingly important medium in Mozambique with new television channels starting up and expanding to the north and is a great way to reach more urban and often populations that are at greater risk. $16,667

New/Continuing Activity: Continuing Activity

Continuing Activity: 15813

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15813	15813.08	Department of State / African Affairs	US Department of State	7240	4978.08	PAO	$50,001

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3837.09
Mechanism: Quick Impact Program
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 4891.23026.09
Planned Funds: $100,000
Activity System ID: 23026
Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Continuing FY07 activity with updated Target population, Targets, and Coverage area.

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 HIVlAIDS 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.

New/Continuing Activity: Continuing Activity
Continuing Activity: 15193

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15193	4891.08	Department of State / African Affairs	US Department of State	7076	3837.08	Quick Impact Program	$82,000
8771	4891.07	Department of State / African Affairs	US Department of State	4931	3837.07	Quick Impact Program	$40,000
4891	4891.06	Department of State / African Affairs	US Department of State	3648	3648.06	State	$40,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $10,000

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3583.09 **Mechanism:** I-TECH

Prime Partner: University of Washington **USG Agency:** HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 15799.23221.09

Activity System ID: 23221

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: $425,000

Activity Narrative: Activity has been modified from year 2008:

Two priorities of the Mozambican Ministry of Health (MOH) are to minimize the impact of HIV on health workers and to design interventions that will contribute to the prevention of STIs and HIV among vulnerable and Most at Risk Populations (MARPs). With these priorities in mind, the University of Washington's partner Global Health Communications (GHC) will use FY 09 funds ($425,000) to develop and evaluate Behavior Change Communication (BCC) interventions for these important target groups.

A. Health Workers and Trainees of MOH Health Institutions ($200,000)

One of the key objectives of the MOH Strategic Plan to Combat HIV/AIDS and STIs for 2004-2008 is to address HIV/AIDS prevention for health care workers. In this document, MOH declared that reducing the impact of HIV/AIDS among health workers (including support and administrative staff in addition to students currently enrolled in health institutes) is one of their highest priorities. To date, there are few existing activities that support health workers in dealing with HIV/AIDS risk behaviors and that address issues of abstinence, delay of sexual debut, and faithfulness to one's partners. For this component of the BCC interventions activity in FY09 GHC will:

(a) Implement recommendations from stakeholders and MOH formulated in FY08; implement Post Exposure Prophylaxis (PEP) standards/policies and develop promotional and educational materials regarding condom-use.

(b) Create a series of videos highlighting challenges regarding condoms use and other preventive behaviors from the perspective of health workers themselves to be used for the purpose of stigma reduction, based upon the experience of the Let's Breaking the Silence project in Tanzania, role-model stories used in Ethiopia, and the PANOS participatory video project in Madagascar.

(c) Design a set of discussion guides to supplement the videos described above and focus on the lives of health workers discussing condom usage and other prevention issues. These guides will be used by trained teams of health workers from neighboring health centers to encourage small groups of health workers to examine condom usage and other prevention practices as they relate to their own lives to stimulate open discussion and reduce stigma.

(d) Conduct behavior change trainings with groups of health workers and students to address PEP access standards and policies and the appropriate use of condom.

(e) Provide technical assistance in the implementation, monitoring and evaluation of activities piloted in FY08 and develop and pilot additional behavioral and educational interventions focused on PEP, condom use and other prevention priorities as recommended by MOH and key stakeholders.

(f) Continue on-the-job mentoring of MOH staff from human resources, training, health education departments and HIV/AIDS/STI program in evaluation of behavior change and educational interventions.

B. Most at Risk Populations ($225,000)

Mozambique's International Rapid Assessment Response and Evaluation (I-RARE) was designed to better understand, assess, and make recommendations for how to respond to rapidly changing sexual risk and drug using patterns that increase vulnerability to HIV infection among sex workers and drug users in three cities in Mozambique, Maputo, Beira, and Nacala Porto. The assessment explored the presence of drug and alcohol use and high risk sexual behavior in sex workers and injection and non-injection drug users. The potential for overlapping risk behaviors, sexual mixing among these populations, and bridging to the general population exists, and may be contributing to the rapid spread of HIV in the country. Using specific findings from the I-RARE survey, the partner will continue to develop targeted approaches and appropriate public health interventions for these populations and pilot specific activities.

Globally, male-to-male sex is increasingly recognized as a high risk behavior in need of targeted prevention, care and treatment interventions. A number of country-specific surveys have been carried out and have provided valuable information on HIV prevalence and risk behaviors among men who have sex with men (MSM); however, no data are available on MSM in Mozambique. It is vital to have an accurate description of the extent of this issue in Mozambique before designing specific interventions to address MSM.

FY 09 funds are being requested to support continued development, implementation and evaluation of prevention activities relating to MARPs. Specific activities will include:

(a) Developing outreach programs for most at risk populations, as refined by I-RARE findings including the use of narrative strategies that elicit ideas for interventions with sex workers and drug users;

(b) Training organizations in basic organizational capacity with particular reference to behavioral and outreach activities relating to condoms and other prevention;

(c) Developing venue-based interventions, such as bar-based outreach that 1) deliver HIV prevention information, particularly information, education and/or skills based training on sexual risk reduction, especially as related to HIV risk in the context of drinking alcohol, 2) distribute condoms in formal and informal drinking venues, 3) refer patrons to alcohol treatment and/or social services as appropriate, such as HIV/AIDS care and treatment, and 4) provide information on prevention for positives on the relationship between alcohol and adherence to ARVs.

(d) Acting as liaison between CDC GAP, DHAP and stakeholders in Mozambique to facilitate technical assistance for the implementation of an assessment or study of MSM, including HIV prevalence and related

Activity Narrative: risk behaviors

(e) Adapting and piloting other outreach activities for sex workers and enhancing the capacity of NGOs based on models provided by the I-RARE-based experience of countries such as South Africa.

(f) Ensuring ongoing advocacy work and promoting collaboration among stakeholders, including MoH, and other USG partners.

(g) Establishing a bar owner's association, encouraging them see the value in keeping their patrons healthy (setting up condom vending machines on site, allowing outreach workers to operate there, etc.)

As implementation moves forward for MARPs, there will be regular, ongoing coordination with organizations already working in these areas to ensure that no overlap of project activities will occur.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15799

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15799	15799.08	HHS/Health Resources Services Administration	University of Washington	6417	3583.08	I-TECH	$250,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3570.09

Mechanism: Cooperative Agreement

Prime Partner: Ministry of Health, Mozambique

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 8578.23787.09

Planned Funds: $100,000

Activity System ID: 23787

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
The proposed activities for FY09 will be used to improve access to care and treatment by mental health related vulnerable popupations and, to continue improving and disseminatin the MOH M&E tools and data base for monitoring admissions related alcohol and drug use.

FY08 Narrative: The goal of this activity is to support the Mental Department of the MoH to improve alcohol and other substances abuse interventions. USG is currently supporting the MoH to formally assess alcohol and substance abuse of vulnerable populations in Mozambique, through implementation an I-RARE (International Rapid Assessment, Response and Evaluation) study among drug users and sex workers. It is expected that as a result of I-RARE, awareness will be raised among alcohol and substance abusing populations, increasing the demand for health services for treatment and support. As a starting point for a comprehensive support to MoH in this area, the proposed activities for FY08 are to support the MoH to: (a) develop and disseminate a Mental Health Strategy that includes alcohol and substance abuse; and (b) revise, improve and disseminate the MOH M&E tools and data base for monitoring admissions related alcohol and drug use.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13191

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13191	8578.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6408	3570.08	Cooperative Agreement	$50,000
8578	8578.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	$50,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7232.09

Mechanism: Vulnerable Girls Initiative Local

Prime Partner: Johns Hopkins University

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 15847.24073.09

Planned Funds: $34,750

Activity System ID: 24073

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008
Vulnerable Girls Initiative Field Support - C&OP

This activity narrative refers to the central Gender Initiative, “PEPFAR Gender Initiative on Girls’ Vulnerability to HIV”.
Vulnerable Girls Initiative activities in Mozambique will provide services in AB, C&OP, OVC, HBC and PMTCT to provide a holistic program aimed at adolescent girls at especially high risk of HIV. The Vulnerable Girls Initiative activities will target cohorts of girls in Nampula, the third focus province, supporting a model program whose effectiveness and sustainability can be measured for potential scale-up and replicability in other areas.

The PEPFAR Gender Initiative on Girls’ Vulnerability to HIV has been developed as part of a set of PEPFAR special gender initiatives. The program aims to prevent HIV infection among 13- to 19-year-old girls, by developing innovative program interventions to successfully modify contextual factors associated with increased sexual risk behavior and rates of HIV infection among these adolescents and assessing the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings. Botswana, Malawi and Mozambique are the three countries selected for this Initiative.

Many PEPFAR programs reach adolescent girls through broad-reaching AB prevention activities that focus on HIV education in church and school settings. However, these programs often do not reach those at highest risk, who are commonly found outside of these settings. Those at highest risk need to be reached with a package of comprehensive services, including economic strengthening activities, to meet their unique needs. In addition, many OVC programs focus on younger children and overlook the needs of adolescent orphans, even though this latter group represents a significant proportion of all orphans. This Initiative seeks to address these programming gaps by implementing and evaluating promising integrated models to reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

The goal of the Initiative is to prevent HIV infection in the most vulnerable adolescent girls. The objectives are: 1) To identify and expand promising new and existing program approaches for addressing the contextual factors which place some adolescent girls at especially high risk of HIV; and 2) To evaluate the feasibility, sustainability and effectiveness of these interventions and their potential for adaptation and scale-up to other settings. Initiative activities will be closely linked with other prevention and OVC activities, as well as relevant wrap-around programming.

A multi-component approach with a focus on the most vulnerable girls will be undertaken to address the antecedents of risk. Age-segmentation and targeting based on different types of risks girls face will be utilized to prevent them from adopting risky behaviors as well as addressing the needs of girls already engaged in risky behaviors. Program components may include the following: HIV prevention education focused on the “ABC” approach; non-material support for girls’ continuation in, or return to, school; outreach and linkages with HIV-related health services as well as RH services such as pregnancy prevention; wrap-around or direct support for training in sustainable livelihoods and/or improved access to economic resources such as development of appropriate age- and gender-specific financial literacy, development of savings products and related social support mechanisms, sustainable livelihoods and/or improved access to economic resources, including government-provided entitlements and health services; parenting skills among parents and guardians of adolescents; for those adolescents without parents, developing mentoring programs to ensure all adolescents have support on a continuing basis from a caring mentor/community member; empowerment and interpersonal skills to enable girls to adopt and/or maintain healthy sexual behaviors, including promotion of decision-making power of young girls within relationships, families and communities; addressing peer influence by promoting positive group norms and behaviors; and addressing community social norms that help to reduce sexual coercion and exploitation and other harmful practices contributing to girls’ vulnerability.

Specific activities are TBD, pending selection of the Task Order contractor and development of the workplan which is anticipated to begin October 2008.
Activities include:
-- A radio program
-- A youth festival
-- Adaptation of the African transformation toolkit for community use
-- implementation of the stepping stones methodology for community use
-- implementation of community counselling sites
-- A youth center with various activities

New/Continuing Activity: Continuing Activity

Continuing Activity: 15847

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15847	15847.08	U.S. Agency for International Development	To Be Determined	7232	7232.08	Vulnerable Girls Initiative Local	[redacted]

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$3,000

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3649.09
Mechanism: Central Contraceptive Procurement
Prime Partner: Central Contraceptive Procurement
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 5223.24069.09
Planned Funds: $735,000
Activity System ID: 24069

Activity Narrative: This is a continuing activity in COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity continues to provide procurement of male condoms for free distribution in Ministry of Health facilities.
With a CY 2009 forecast of 59 million condoms, or roughly 6 condoms per Mozambican age 15-49, condom demand and use is among the lowest in the region. During PEPFPAR I, USAID was the only donor procuring male condoms for the public sector, and since COP 07, has gradually decreased condom procurement funds. In CY 2008 UNFPA agreed to leverage remaining costs for public sector condoms. Throughout PEPFAR I, USAID also supported national condom social marketing (CSM) activity for male and female condoms and communications. Private sector male and female condoms are also supported through the Common Fund and the Dutch Embassy.

The proposed funding amount of $735,000, a reduction of 23% from FY2008, will allow procurement of approximately 13 million condoms, which, when combined with the balance of condoms from FY2008, is estimated to cover 58% of the requirement for CY 2008 and to maintain a nine-month buffer stock for CY 2009.

COP 09 funding request for condoms has been reduced from last year's funding due in part to a decision in country to reduce USG/PEPFAR's levels of contribution to the country's commodity supply and instead to leverage other funding sources, such as UNFPA. In addition, although there is little data on the distribution of condoms below the provincial warehouses, there is anecdotal evidence of the slow movement of condoms at public health facilities. Reducing the budget and quantity of condoms procured in FY09 will lower the risk of having large stocks of expiring product.

In COP 09, through another activity, JSI/DELIVER will develop a system to improve tracking of condom distribution below provincial warehouses down to the health facility level. With an increased emphasis on prevention, USG with technical support from JSI/DELIVER, will use these tools to routinely monitor condom distribution in order to assess budgetary and supply needs, in collaboration with other donors.

The USG continues to work through the MOH and NAC Prevention Working Group to convince the Government to use their resources to provide for some of their own condom needs. Commitment by the Mozambican Government to address the need for procurement of condoms is critical because the Global Fund and most donor funds are channeled through basket funding mechanisms to the MOH and NAC. Currently, the Government of Mozambique is facing challenges with accessing and using the basket funding for meeting their commodity needs. The USG will provide technical assistant support to the MOH in financial management and reporting in order to ensure the capacity of the country to meet all of its commodity needs, including condoms.

FY08 Narrative is below
PEPFAR/Mozambique continues to be the sole provider of condoms to the Ministry of Health for free distribution through their systems, although we persist in seeking out additional funding sources for procurement. The FY08 funding request did not increase substantially from last year because half of the 34 million condoms from FY07 have yet to be received. The proposed funding amount of $950,000 will allow procurement of approximately 18 million condoms, which, when combined with the balance of condoms from FY2007, is estimated to cover 58% of the requirement for CY 2008 and to maintain a nine-month buffer stock. The USG continues to monitor the condom situation and work through the newly organized MOH and NAC Prevention Working Group to convince the Government to use their resources to provide for some of their own condom needs. Commitment by the Mozambican Government to address the need for procurement of condoms is critical because the Global Fund and most donor funds are channeled through basket funding mechanisms to the MOH and NAC. As a commodity procurement activity, no emphasis areas have been selected.

The FY2007 narrative below has not been changed.
This activity is linked to C&OP 8578 and OHPS 8646.
FY07 funding will be used to procure condoms for HIV prevention via free distribution throughout the Mozambique health system during calendar 2008. The National AIDS Council's target for free condom distribution by MOH is 43 million per year by the end of 2007 and 60 million per year by the end of 2009. The proposed amount of $867,000 will allow procurement of about 17.3 million condoms. The decision to decrease Central Contraceptive Procurement funds by $200,000 from the level originally proposed for FY07 (i.e., from $1,067,000 to $867,000) was made during the January 2007 Prevention Technical Assistance Team visit in order to begin to reduce the dependency of the Ministry of Health on USG funding for this critical commodity and encourage increasing responsibility and sustainability by the Government of Mozambique. The USG participates in the Condom Working Group that includes other donors and is led by the National AIDS Council. New funding options are being sought through this working group. The condom working group will also continue to seek ways to develop MOH capacity for better condom requirement forecasting and procurement. It is estimated that $867,000 will be sufficient to cover 70% of the requirement for CY 2008 and maintain a nine-month buffer stock. The condoms are distributed in venues such as hospitals, clinics (PMTCT sites and HIV/AIDS Day Hospitals), and HIV counseling and testing centers, as well as through community events by the National AIDS Council and civil society organizations. These condoms are intended for both the general population and most-at-risk populations. In 2006, the Minister of Health issued a directive allowing for the provision of free condoms through NGO HIV programs. Prevention for positives through treatment services and communications activities are planned through other activities. Thus, it is expected that the demand for the free condoms will increase. If demand increases more slowly, the condoms procured through this activity will cover a longer time period.
There are no key legislative areas associated with this activity, and the sole emphasis area is commodity procurement. The target indicators for condoms and other prevention do not apply to commodity procurement, so no target numbers have been entered.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14276

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14276	5223.08	U.S. Agency for International Development	To Be Determined	6761	3649.08	Central Contraceptive Procurement	[redacted]
9118	5223.07	U.S. Agency for International Development	To Be Determined	5046	3649.07	Central Contraceptive Procurement	[redacted]
5223	5223.06	U.S. Agency for International Development	Central Contraceptive Procurement	3649	3649.06	Central Contraceptive Procurement	$1,317,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3640.09

Mechanism: TBD Cooperative Agreement

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 23849.09

Planned Funds: [redacted]

Activity System ID: 23849

Activity Narrative: Alcohol consumption and its consequences together with HIV/AIDS are major public health burdens in many parts of the world. There is overlap between persons at risk for alcohol-related problems and individuals at risk for HIV infection. Regardless of the level consumed, alcohol is likely to influence the health status and behaviors of persons infected with HIV and those whose behaviors place them at risk for acquiring the virus.

As HIV/AIDS research becomes more focused, there is growing evidence that alcohol consumption may play an important role in sexual transmission, susceptibility to infection, and progression of HIV disease. In addition to being a possible risk factor in the transmission and progression of HIV disease, alcohol misuse is likely to impact adherence to complex HIV medication regimens and to physician advice.

There is a growing evidence that alcohol consumption in African countries is becoming an important public health problem and year 2000 estimates from World Health Organization (WHO), 2004) indicate that the eastern and southern Africa have the highest consumption of alcohol per drinker in the world associated with the prevalence of hazardous drinking patterns.

It is therefore important to conduct an assessment which seeks to clarify the role of alcohol in HIV transmission and disease progression, and to develop and test preventive interventions which both reduce the risk of alcohol-related HIV transmission and improve the treatment of HIV infected alcohol abusing and/or alcohol dependent individuals.

To date, there are no data on the magnitude and patterns of alcohol consumption in Mozambique that can be used for planning HIV prevention and control activities. In order to establish effective interventions that address the role of alcohol in HIV transmission and control, there is a need to evaluate the current pattern of alcohol consumption and explore related sexual risks contributing to HIV transmission in the country. In April 2006, the Mozambique's National AIDS Council convened the first meeting in the country to start addressing alcohol consumption, where besides generalized alcohol consumption different stakeholders expressed their concerns regarding high level of consumption of locally brewed beverages mainly in peri-urban and rural areas. It has however stressed that the real magnitude of this problem as well as the associated HIV risk behaviors are unknown.

In order to start establishing effective interventions that address the role of alcohol in HIV transmission and control, there is a need to evaluate the current pattern of alcohol consumption and substance abuse, and explore related sexual risks contributing to HIV transmission in the country.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3640.09
Mechanism: TBD Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 23850.09
Planned Funds: [redacted]
Activity System ID: 23850

Activity Narrative: This is a new activity in that it is organized as its own separate activity, but is a continuation of the subactivity listed as Activity 4993.08 in COP 08.

Mozambique has not yet implemented a round of Behavioral Surveillance. A pre-formative project was conducted in FY08 to help the Government of Mozambique and other stakeholders to identify and prioritize key risk groups (Phase 1). Current groups proposed for inclusion in BSS include female commercial sex workers, young women involved in transactional sex, miners and their partners, and long distance truck drivers. This will be followed by the formative phase to develop plans and protocol for BSS+ implementation (Phase 2). Ultimately 3-4 groups will be included in the BSS; final selection of these groups will be dependent on Phase 2 activities including an assessment of feasibility of inclusion of each group.

Phase 2 will be followed by Phase 3, the survey implementation phase. Currently it is planned that the survey will include a biomarker to estimate HIV prevalence for these groups. Funds will be used for technical assistance needed to plan and implement Phase III, required commodities and lab supplies for BSS implementation, contracting of local field teams for data collection and entry, and technical assistance for data analysis and dissemination.

Some funds were allocated for BSS with 07 Plus-up monies ($422,000) and COP 08 monies ($578,000). However, based on the experiences of other countries implementing BSS (including Angola), and that fact that some characteristics of Mozambique including limited physical infrastructure compounded with the need to coordinate a complex survey in Portuguese, we anticipate that a minimum of $2.225 million will be needed to implement a survey that includes four groups.

$450,000 is being requested in COP 09 through the Other Prevention program area to support this activity.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3692.09
Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 9154.24128.09
Planned Funds: $816,456
Activity System ID: 24128

Activity Narrative: This is a continuing activity in COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

AED will continue to increase the capacity of Mozambican organizations and networks to develop, manage, and implement prevention, care and treatment services through the provision of organizational capacity development (OCD) TA. In FY 09 AED will absorb new NGO/CBO/FBO partners graduating from the State Department's Quick Impact Program (QIP). AED will also launch the operations of an office in Nampula to work with faith-based organizations, with a special focus on Christian and Muslim groups that represent the 2 predominant religious groups within the province to spur their networks activism and involvement in HIV/AIDS in the community.

In addition, USAID will establish an Umbrella Grants Mechanism (UGM) component under CAP in FY 09 to increase the number of Mozambican sub-partners in PEPFAR's portfolio and build their capacity to become prime partners under individual or consortia-type arrangements. Through CAP, PEPFAR has provided OCD assistance to local networks and organizations that provide services to OVC, home-based care clients, youth in AB prevention programs, and PLWHA groups which together have national reach, to create competent, results-oriented organizations eligible to compete for USG and other HIV/AIDS funding. OCD components of PEPFAR-funded activities include organizational development to better plan, coordinate, implement and monitor HIV/AIDS interventions; and grants management services to selected organizations as a demonstration model of sound management practices. Organizations benefiting from the grants management activity are being strengthened and will gain the fiscal experience to acquire smaller HIV funding from NAC and other sources. The UGM component is being added as a major step towards an OCD continuum where organizations graduate from the existing QIP into CAP, then into the UGM, and further into the capacity of prime partners under individual or consortium type arrangements. The UGM is expected to provide: (1) a forum for coordination, sharing lessons learned, training, and standardized reporting; (2) quality assurance standards for the provision of specific services; (3) monitoring for adherence to the delivery of quality services, supportive supervision, and corrective actions to address problem areas; (4) a unified body of organizations to enter into policy dialogue at all levels; (5) a unified body of data that can be tracked from baseline to endline; (6) more systematized M&E of partners receiving PEPFAR funds; (7) manageable reporting on PEPFAR indicators; (8) TA and training for policy makers, government officials, and the press to influence the debate on HIV/AIDS; and (9) assistance to PEPFAR partners in legislative and policy issues.

Tasks of the UGM: 1) Grants Management: The UGM will award and administer grants to IPs selected through the APS and other competitive processes, in addition to partners graduating from CAP. This involves award and administration of grants, progress monitoring, meeting reporting requirements, grant closeout, and adherence to USG financial regulations through provision of extensive TA on project design, implementation, financial management, m&E, and reporting. Strengthening these functions will enable local organizations to improve the quality of their activities, enhance positive outcomes, and bring activities to scale.

2) Capacity building: The UGM will support institutional capacity building of local organizations to promote more sustainable programs. Capacity-building is defined as activities that strengthen the skills of local organizations to implement HIV/AIDS programs efficiently, with diminishing reliance on external technical assistance and support. The UGM will support activities to improve the financial, program and organizational management, governance, quality assurance, SI and reporting, and leadership and coordination of partner organizations.

3) M&E: IPs will be required to closely link their activities to PEPFAR-funded treatment, care, and support interventions. M&E support will include: measurement of program progress; feedback for accountability and quality; surveillance; and MIS implementation. AED will provide supportive supervision, guidance, monitoring, mentoring and oversight through site visits, TA, and performance evaluation. Data collected and reported by AED and lessons learned will be shared in semi-annual partner meetings. Performance monitoring will be a supportive and constructive approach to raising issues that need higher level attention and action, possibly at the policy or legislative levels. This activity also standardizes and ensures better quality control for reporting to the USG on PEPFAR indicators.

The FY 08 narrative below has not been updated.

AED will continue to increase the capacity of Mozambican organizations and networks to develop, manage, and implement prevention, care and treatment services through the provision of ongoing organizational development technical assistance. In FY 08 AED will add the province of Nampula to their roster of focus provinces and will work closely with all faith-based organizations. A special focus will be working with Christian and Muslim groups which represent the two predominant religious groups within the province in order to spur their networks activism and involvement in HIV/AIDS in the community.

The narrative below from FY2007 has not been updated.
This activity has several components and COP07 funding represents a major scale-up of AED's current program in NGO capacity building and grants management. AED will continue to work with Mozambican networks and organizations that provide services to OVC, home based care clients, PLWHA groups and association members which together have national reach. FY07 represents year 2 of a planned 3 year activity that began with FY 05 funding. Special activities under COP07 will be focused in Sofala and Zambezia Provinces.

Phase I , Year 1 began in March 2006 (with early FY06 funding), AED sub-granted with International Relief and Development (IRD) to conduct assessments of some of the networks and associations especially at national level and in Sofala province. In addition, IRD piloted a program in Inhambane Province to provide small sub-grants to CBOs, adapt assessment tools for use with community groups and develop a monitoring system to assist community groups to manage their program with the small grants they received.

Activity Narrative: AED only recently received the rest of their FY06 funding (Phase II) and are in the process of gearing up their presence in Mozambique, selecting staff, assessing and selecting network NGO partners, etc. Based on It is expected that AED work will rapidly escalate based on their pilot efforts under Phase I.

AED's major effort under COP07 will be to continue to strengthen the capacity of nascent 1) networks and associations (such as MONASO, Rensida, CORUM, etc.) as well as 2) national and local organizations for the ultimate purpose of eventually becoming self sufficient and able to acquire funding from sources other than PEPFAR. This will include institutional strengthening as well as strengthening activities in programmatic planning, implementation, monitoring and reporting. All organizations will be part of the integrated health network system which focuses geographically on the catchment areas of USG-supported clinical care and ARV treatment sites. Training for the all networks and non-governmental organizations will focus on increasing their abilities to solicit, receive and account for funds, sub-granting to member organizations and reporting results to donors. Additionally, the Foundation for Community Development will become a major client of AED. AED capacity building for FDC will focus on financial and management systems support assistance in order to meet USAID and other donors requirements. Capacity building efforts will be tied, where appropriate, to direct service delivery in OVC and HBC and to activities and services within the AB and C&OP program areas. During COP07 it is expected that direct targets will be achieved, but virtually no indirect targets. (See below) Indirect targets will be expected in Year 3.

In addition to capacity building, AED will also provide a grants management service to selected organizations, partly as a demonstration model to assist the NGO in learning better management practices and partly as a support to USG where they find granting to small but strategic national NGO impossible to grant directly.

AED will work with ANEMO (Mozambican Nurses Association), to strength their institutional capacity in two areas: 1) the Training of Trainers section to be able to provide training services in a variety of clinic related areas and 2) expansion of the service delivery section. Under a sub-grant, ANEMO will be able to maintain their Master Trainers duties and responsibilities to continue to train trainers for improved HBC. Refresher courses will be developed by MOH for the Master Trainers to roll out. In addition, OI and STI trainings can be provided by these same Master Trainers who can train clinical staff as well as home-based care providers. In collaboration with activity #5442, ANEMO will be able to develop their professional association responsibilities.

Through yet another related activity #3692 ANEMO will be involved in treatment adherence for ARV and TB. ANEMO will be assisted to develop mechanisms and curriculum for training and hiring retired and unemployed treatment adherence care workers (TACW). The Master Trainers will expand their expertise into treatment adherence and train and supervise the TACWs who will be based at clinic sites, and will refer ART patients to community based care providers for continued support, follow-up and referrals. This activity is expected to keep clients in the clinical system by monitoring their adherence and referring any complications identified.

AED will also strengthen NGO that provide services for AB and OVC. Many small NGOs and faith-based organizations are providing a variety of AB messages to selected community audiences, e.g. churches, schools, etc. Most of these organizations are not eligible to receive direct funding from USG, but could be strengthened to acquire funding from NAC and other sources. AED, along with activity # 5293 will provide a major effort in working with NGOs/CBOs/FBOs that are providing AB messages at the community level in an attempt change both normative and individual behavior.

Lastly, this activity will continue to provide strengthening and capacity building of NGOs/CBOs/FBOs to improve services to OVC and Home-based Care clients. While clients directly reached under this joint activity is relatively small (1,500 HBC and 4,000 OVC), it is anticipated that with strengthened institutional and programmatic capacities, rapid roll-out of services to additional clients will occur in the out years.

Through this package of activities, 35 non-governmental organizations will receive institutional capacity building and 175 individuals trained in institutional capacity and in community mobilization, and who take an important leadership role in care and treatment. At least one individual from each of the 35 organizations will also be trained in reduction of stigma and discrimination. Trainers will expand their expertise into treatment adherence and train and supervise the TACWs who will be based at clinic sites, and will refer ART patients to community based care providers for continued support, follow-up and referrals. This activity is expected to keep clients in the clinical system by monitoring their adherence and referring any complications identified.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13350

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13350	9154.08	U.S. Agency for International Development	Academy for Educational Development	6448	3692.08	Capable Partners Program	$822,600
9154	9154.07	U.S. Agency for International Development	Academy for Educational Development	5037	3692.07	Capable Partners Program	$480,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7237.09
Mechanism: New Partners Initiative USAID
Prime Partner: Aid for Development People to People, Mozambique
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 15848.24137.09
Planned Funds: $0
Activity System ID: 24137

Activity Narrative: This is a continuing activity in COP09. Ajuda de Desenvolvimento de Povo para Povo Mozambique (ADPP) is a New Partners Initiative awardee implementing programs in AB, C&OP and OVC through its 'Total Control of the Epidemic', or TCE, program.

C&OP funding will support TCE's person-to-person, community-based BCC component and teacher training institution-based training and outreach component in six districts throughout the country.

Household Person-to-Person BCC CAMPAIGNS and Community Events
Trained and employed Field Officers visit households, meeting individually with members to facilitate discussions about safer sexual behavior, emphasizing risk reduction through ABC, and the importance of knowing one's status. Subsequent visits to each household focus on other issues such as Positive Living, ART, and STIs. TCE is unique in that each visited individual is encouraged to self-assess his/her risk level using a tool comprised of questions related to behaviors and norms. The person-to-person campaign will be reinforced with larger community events addressing prevention, especially by focusing on harmful norms and practices including multiple, concurrent partnerships, and transactional and cross-generational sex. Field Officers are trained in HIV prevention, pre- and post-test Counseling and are familiarized with PMTCT and Treatment clinical services in their area. In addition to carrying out house-to-house campaigns, they are tasked with mobilizing teams of community volunteers to facilitate regular community education events such as discussions and educational theatre focused on HIV prevention. With this funding, Field Officers will distribute condoms during their house to house visits and provide trainings on correct and consistent condom use.

EDUCATION and OUTREACH with IN-SERVICE and PRE-SERIVCE TEACHERS
AB funding will also support a unique program that trains teachers and teacher-trainees in carrying out community and school based prevention programs. A very serious issue in Mozambique is abuse of power by those in positions of authority; in the education sector, the practice of teachers demanding sex from students in exchange for favors or passing grades is unfortunately a common reality, even at the primary school level. In addition to training teachers on how to teach HIV/AIDS prevention to students, this activity will allow teachers and teacher-trainees to focus on their own behaviors, risks and responsibilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15848

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15848	15848.08	U.S. Agency for International Development	Aid for Development People to People, Mozambique	7237	7237.08	New Partners Initiative USAID	$0

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9312.09 **Mechanism:** PPP

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention

Budget Code: HVOP **Program Budget Code:** 03

Activity ID: 21439.24118.09 **Planned Funds:** [redacted]

Activity System ID: 24118

Activity Narrative: This is a continuing activity under COP09.

Reprogramming August08: Funding increase $150,000. This is a new activity that is part of a TBD Public-Private-Partnership funded with AB, C&OP, and OVC funds. These funds will provide C&OP focused mass meida/IEC/BCC and interpersonal communication activities for health and HIV behavior communication and social change to one or more new PPPs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21439

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21439	21439.08	U.S. Agency for International Development	To Be Determined	9312	9312.08	PPP	[redacted]

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9305.09

Mechanism: TBD RFA Nampula and Zambezia Integrated Community Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 21419.24421.09

Planned Funds: [redacted]

Activity System ID: 24421

Activity Narrative: This is a continuing activity under COP09.

These funds will provide C&OP focused mass media, BCC, IEC and interpersonal communication activities for health and HIV behavior communication and social change to the USAID integrated RFA. These funds are earmarked for MARPs and populations living in transport corridors and other identified 'hot spots'. The new USAID integrated RFA will combine activities from health, HIV, agriculture, Food for Peace and rural income growth. Award is expected in early calendar year 2009.

The activities to be supported under the integrated RFA are expected to operate within the context of and be coordinated with other USG-supported activities underway in Mozambique, including PEPFAR and PMI, as well as USAID-supported activities such as the Title II Food for Peace program, other agricultural and health activities. The proposed activities should also fit within the context of the Government of Mozambique's (GRM) policies, strategies and programs in health and agriculture, its Action Plan for the Reduction of Absolute Poverty (PARPA), its Strategic Plan for the Health Sector (PESS) and its Food and Nutrition Security Strategy.

Strategic linkages to other U.S. Government (USG) programs should be used wherever feasible to help leverage programmatic results. The holistic approach encouraged in the RFA is also meant to improve communication among key partners, empower our provincial and district-level government counterparts, and provide more cost-effective approaches to achieving development results. Activities under the RFA are expected to increase synergy across USAID/Mozambique's programs to amplify their collective impact at provincial, district, and community levels. Opportunities to integrate at the community level are particularly important. Activities are meant to complement current and future activities of Food for Peace Title II Multi-Year Assistance Programs (MYAPs).

New/Continuing Activity: Continuing Activity

Continuing Activity: 21419

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21419	21419.08	U.S. Agency for International Development	To Be Determined	9305	9305.08	RFA H/HIV	[redacted]

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3674.09

Mechanism: USAID-Foundation for Community Development-GHAI-Local

Prime Partner: Foundation for Community Development, Mozambique

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 9152.24281.09

Planned Funds: $0

Activity System ID: 24281

Activity Narrative: This is a continuing activity under COP09.

Reprogramming August08: Funding decrease $200,000. This funding was originally earmarked for FDC mass media activities, a continuation of FY07 funding. The Mission met with FDC to understand the reason for weak progress in their mass media activities through FY07 funds. FDC expressed that mass media was not a strong technical area for them and that they wished to return to family-centered, community-driven interpersonal communication activities for prevention. This re-programming will remove mass media activity funds from FDC and will be re-programmed for mass media/IEC/BCC between a local public-private-partnership (PPP) and an integrated USAID RFA (HIV, health, rural livelihoods).
As this affects mass media, targets for this program area will not change.

This is a continuing activity under COP08, with the following update.

Using its signature community development approach, FDC works with community leaders (traditional, political, religious, and civil society) to find local solutions to the transmission of HIV. C&OP funding will continue to support and expand "AloVida", a free hotline which Mozambicans can call to ask questions relating to HIV/AIDS and sexual health. It is the only such service in the country. It should be noted that cell phone coverage in Mozambique is quite good, so this approach reaches many at-risk individuals who could not otherwise be identified or contacted.

C&OP links with FDC programs in home-based care and OVC to provide behavior change communication and counseling activities to clients and families. PROMETRA, a traditional healers association, is an FDC partner working to address prevention through behavior change for healers, appropriate treatment of their clients and leadership in the local communities. Targets have been adjusted to reflect FY07 projections. (FDC did not have C&OP funding in COP06).

The FY2007 narrative below has not been updated.

This activity is linked to AB 9112 to support holistic ABC programming by the Foundation for Community Development (FDC). The FDC is the foremost Mozambican NGO dedicated to protection of the family, improvement of the status of women and prevention of HIV/AIDS. Behavior change activities developed by FDC have been cutting edge, and willing to address controversial issues such as older men having sex with young women and the impact of migratory labor patterns on transmission of HIV. This activity will provide support for broad campaigns addressing these gender issues and supporting comprehensive ABC programming. Additionally, this C&OP funding will permit FDC to take up legal issues that make it hard for women, but especially married women, to protect their families and prevent infection. FDC may implement, but is not limited to, a variety of advocacy activities such as press conferences, issues packets of information; IEC activities complementary to AB activities with youth; specific holistic programming with OVC; work with community leaders.

This activity will focus on priority behaviors for behavior change including multiple concurrent partner , transactional and cross-generational sex. Plus-up funding will allow FDC to increase C and OP activiites, or to initiate activities with other at risk populations such as MSM.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14313

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14313	9152.08	U.S. Agency for International Development	Foundation for Community Development, Mozambique	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	$500,000
9152	9152.07	U.S. Agency for International Development	Foundation for Community Development, Mozambique	5040	3674.07	USAID-Foundation for Community Development-GHAI-Local	$580,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3680.09

Mechanism: The Health Communication Partnership

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 8648.24287.09

Planned Funds: $200,000

Activity System ID: 24287

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008
This is a continuing activity. With the addition of$90,600, JHU/HCP will be able to initiate some activities in Nampula, the third focus province. In its second year of the activity, JHU/HCP, working in partnership with the MOH and the National AIDS Council and other USG partners, will use COP08 funding to continue to address priority adult behaviors including cross-generational sex, multiple, concurrent partnerships, and transactional sex at national and provincial levels.

The FY2007 narrative below has not been updated.

These activities taken together form a major initiative for providing technical assistance to the MOH/RESP (health education unit) and the CNCS (National AIDS Council) and implementation of communication strategies in support of all program areas at national and provincial levels, especially Zambezia and Sofala Provinces. JHU/CCP is also expected to serve as a resource and support to other Ministries such as the Ministry of Defense, Ministry of the Interior, Ministry of Education and Ministry of Women and Children as well as the NGO community and other USG PEPFAR agencies.
This activity is conceptualized as a large scale media activity with local community mobilization components to effect real behavior change and to create a supportive environment for addressing the HIV/AIDS epidemic in Mozambique. While implementation of communication activities is important, attention to building capacity in Mozambique to design, carry out, implement and sustain behavior change is paramount to success in slowing down the HIV/AIDS epidemic. It is anticipated that this activity will focus largely on populations affected in a general epidemic with PSI focusing more on the most at risk populations, and FDC focusing more on traditional and cultural practices affecting HIV transmission.

JHU/HCP has worked with the MOH and the CNCS to finalize a national communication strategy which has now been approved and is being rolled out to the provincial nucleos. This Condoms and Other Prevention activity will provide the necessary expertise for implementation of the strategy and effective use of the media to accelerate change. Components of this activity include:

1. Municipal and local leaders: mobilization of local political leaders to promote and model ABC behaviors and to reduce stigma;
2. Technical assistance to the Health Education Unit of the MOH (RESP) for promotion of free condoms and better distribution. This TA will include a condom assessment with three objectives: a) to engage the MOH in identifying barriers and opportunities for distribution of free condoms in all services, but especially reaching at risk groups (STI, FP, TARV, PMTCT and MCH services, discordant couples); b) to engage the MOH and CNCS in identifying better ways of promoting use of these free condoms and assuring that no opportunity is missed in providing ample supplies with appropriate counseling and education to staff and clients within the health care system; c) to inform the development of condom distribution and promotion policies and procedures within the MOH and planning of condom promotion BCC interventions under the egis of the National Communication strategy.
3. Technical assistance to the CNCS for large scale implementation of the national communication strategy
4. Media campaigns and leadership supporting the presidential initiative: The Ministers of Defense and Interior as well as high rank commanders from both ministries will record (video and audio) appropriate prevention messages to be transmitted in military bases and police squadrons [military $150,000; police $50,000]
5. Mozambique appropriate media and community activities directed towards older youth and young couples establishing families, with the purpose of addressing living a healthy life together, either as couple without HIV, a discordant couple or a positive couple.
6. Mozambique appropriate media and community activities reinforcing uptake of all HIV/AIDS services: prevention, care and treatment.
7. Mozambiqiue appropriate media and community activities addressing the role that alcohol plays in risky behavior and shifting norms around acceptable behaviors for men and women with regards to alcohol.

Indirect target estimates 50,000 individuals to be reached; 100 individuals trained are the municipal and local leaders. It is expected that more accurate targets will be developed when JHU/CCP provides a proposal and workplan for the activity.

Add to existing narrative: JHU/HCP should focus efforts on priority behaviors: multiple concurrent partnerships, transactional sex and cross-generational sex. Emphasis also should be placed on adult behaviors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14520

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14520	8648.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6855	3680.08	The Health Communication Partnership	$313,000
8648	8648.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4893	3680.07	The Health Communication Partnership	$222,400

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3529.09
Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 14070.24445.09
Planned Funds: $85,561
Activity System ID: 24445

Activity Narrative: Activity modified from FY08:
This activity contributes to salary and benefits for two CDC technical staff:

(1) The STI / Vulnerable Populations Technical Advisor, who oversees, coordinates MOH and other partners, provides technical inputs, and monitors C&OP activities targeting Most-At-Risk Populations (MARPS).

Activities include the development or adaptation of a comprehensive intervention package for MARPS, including C&OP materials and interventions, which are made available to implementing partners working with MARPS in Mozambique. The Advisor will also lead organization and facilitation of training for staff from MOH and partner agencies working with MARPS.

(2) The Youth CT/Families Matter Technical Advisor, who will develop and oversee prevention activities targeting youth and their families. Activities will include working with TBD partners to initiate youth-friendly CT services for high risk adolescents, and adapt Families Matter, an evidence-based intervention, for implementation in Mozambique.

In addition some funding under this activity will support in-country travel for both staff for supervision and training activities, as well as their participation in regional/international continuing education events or study tours to other projects.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14070

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14070	14070.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$59,420

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3720.09
Mechanism: Twinning_AIHA
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 27027.09
Planned Funds: $0
Activity System ID: 27027

Activity Narrative: April09 Reprogramming: Reduced $195,000.

This activity has been receiving funds from Adult Treatment Program Area and for 2009 will receive funds from Sexual Prevention Program Area as well.

Activity unchanged from FY08. AIHA through its technical partner UCSF, will continue to implement Positive Prevention (PP) programs in the Maputo, Sofala and Zambezia Provinces in Mozambique. In 2006, AIHA developed and initiated a partnership between the University of California, San Francisco (UCSF) and two HIV/AIDS service sites in the Maputo Province: Namaacha Health Center and Esperanca-Beluluane VCT Center. Since 2006, partners have joined efforts to conduct and develop programs and interventions, specifically targeting the clientele at each site. Working under the assumption that the patient-provider relationship contains vast opportunities to carry-out HIV transmission interventions, partners developed provider and patient specific goals and objectives to track behavior changes in both populations. The goals of the intervention are the same: both the health care providers from Namaacha Health Center, and community based workers and PLWHA support group members from
Beluluane-Esperanca VCT Center develop skills to address the prevention needs of HIV-infected individuals accessing their services or participating in PLWHA support group activities. This includes discussions about:

HIV risk behavior (risk reduction techniques)
Encourage partner testing
Counseling and support
How to disclose HIV to partners and family members
How to produce or maintain healthy families
Individualized prevention plans and risk reduction techniques

Currently this program is in the scale up phase to provide healthcare workers at the facility-based sites and PLWHA and counselors at the community-based sites with competencies, comfort, and skills to discuss risk behavior, risk reduction techniques and prevention needs, thereby decreasing HIV transmission, and encourage HIV testing (including partner testing). During FY07, in collaboration with MOH, Provincial Health Directorate, and other stakeholders, CDC and UCSF staff identified additional sites to expand the intervention to two provinces with high prevalence, Sofala and Zambezia.

In FY08, the partnership focused on the completion (including piloting) of training materials and developing an intervention package (including a toolkit) designed and developed through the work at the above sites, to make these materials available for other sites and partners in Mozambique to develop Positive Prevention (PP) programs.
During FY08 the technical partner organized a pilot training using PP curriculum developed to be used by the partners to train various providers and counselors to develop their own individual PP programs and prevention messages tailored to the specific site. The PP curriculum was piloted to obtain input from health care workers, including counselors and the materials were revised to include the feedback from the pilot. The materials are used by partners to train other organizations in Mozambique.

With FY09 funds the project will expand the Positive Prevention activities, by conducting a TOT training for trainers, counselors, program managers and staff for 22 community-based prevention staff (2 staff/province); dissemination of materials to organizations participating (i.e. training materials, PP toolkit, job aids, flip charts, IEC materials etc.), and disseminate the materials to organizations participating (i.e. training materials, PP toolkit, job aids, flip charts, IEC materials etc.)

In addition, FY09 funds will be used for expansion of FY08 Twinning Partnership and capacity building for Mozambican PLWHA and Women's Rights Organizations (Starting with one organization in FY08, adding 1-2 in COP09)-Previously under treatment, but moved to prevention with broader scope, in line with team discussions - Southern Prevention Initiative to strengthen the partnership with the International organization, Women Organized to Respond to Life-Threatening Diseases (WORLD) and the identified Mozambican Women Association/women support group, to assist prevention projects targeting women and women empowerment opportunities (through either small subgrants and/or procurement of items needed and identified by the group seeds, T-shirts, transport funds to the ARV Treatment Centers).

Measurable project outcomes consist in tracking behavior changes in WLWHA and direct service providers and
implementing and managing M&E systems and tools to monitor outcomes. It is anticipated that 75 individuals (both service providers and women) will receive PP training and support.

Goals

Although continued specific partnership objectives will be jointly developed by implementing partners, AIHA, UCSF and CDC-Mozambique during workplan development, initial focus areas, based on AIHA's experience thus far,
include the following: (a)To increase the knowledge and skills of WLWHA, counselors and
peer educators/activists to address prevention counseling, adherence counseling, disclosure of HIV status, partner notification and risk reduction techniques; and (b)To increase the capacity of support group participants to organize group discussion, meetings, facilitate groups, address specific issues such as stigma and discrimination, positive living, encourage partner testing.

Project Management

Twinning Center staff in Washington DC will continue to support this partnership by assisting partners to develop a workplan including goals and objectives, partnership communication plan, and monitoring and evaluation plan.. Both partners have identified partnership coordinators who work with Twinning Center staff to monitor the partnerships' progress and to help identify areas where technical assistance might be

Activity Narrative: required. The Twinning Center will also be responsible for day-to-day project administration including budget monitoring, logistical support and reporting. The Twinning Center can also provide training to the individual organizations on financial administration and subgrant management.

Monitoring and Evaluation

AIHA Twinning Center staff and UCSF technical PP experts have assisted partners to develop a monitoring and evaluation system for the partnership. AIHA and UCSF will continue to assist the partners in implementing this system and developing training-specific monitoring tools. In collaboration with USG stakeholders, AIHA and partners will continue to select the appropriate PEPFAR indicators and other relevant indicators based on planned activities in the workplan. AIHA and UCSF continue to assist partners to develop the appropriate tools and systems necessary to collect and report relevant data and provide technical assistance when necessary. AIHA reports these data to USG teams quarterly and will further evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the workplan period.

Twinning Partnership Philosophy

In keeping with its mission to advance global health through partnerships that mobilize professionals, institutions, and communities to better address delivery and quality of health care, the American International Health Alliance established the Twinning Centre to help integrate and improve HIV/AIDS prevention, care and treatment in the countries most affected by the global AIDS pandemic. Operating under a cooperative agreement with the Health Resources and Services Administration (HRSA), and in collaboration with the various USG agencies coordinating the President's Emergency Plan for AIDS Relief (PEPFAR), the Twinning Centre establishes and manages both north- south and south-south partnerships which focus on strengthening institutional capacity to create a sustainable response to the HIV pandemic. The partnerships focus on a peer-peer methodology and leverage resources through volunteerism and in-kind
contributions. Most twinning partnerships are able to leverage substantial resources to greatly increase the value of the partnership.

Deliverables and Products:

Number of Twinning Partnership and capacity building with Mozambican PLWHA and Women's Rights Organizations buided
Number of PP Facility Based Program Managers, Trainers, Counselors and Staff trained, including provision of a kit of PP toolkit for the community-based prevention staff

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3685.09

Mechanism: USAID-USAID-GHAI-Local

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26454.09

Planned Funds: $80,000

Activity System ID: 26454

Activity Narrative: THIS IS A NEW ACTIVITY

These funds will cover part of salary and ICASS costs of the Supervisory Development Assistance Specialist (the remaining is under the HAVB). This is an existing position

The Supervisory Development Assistance Specialist (Sr Health Development Advisor) will be responsible for the cooperative agreements that link multiple HIV interventions to strengthen the continuum of HIV care and prevention or provide specialized technical support for HIV/AIDS programs. S/he will be the lead USAID/Mozambique HIV/AIDS Team member carrying out responsibilities for planning, implementing,monitoring, coordinating and overseeing HIV/AIDS activities related to selected HIV program areas, namely counseling and testing (CT) for HIV, other clinical activities services and health systems related to HIV/AIDS, prevention of mother-to-child-transmission (PMTCT), HIV policy, and monitoring and evaluation. Given that most agreements encompass multiple program areas, this will sometimes entail serving as alternate for another Cognizant Technical Officer (CTO) and overssing components of an agreement in the Specialist's assigned program areas, or vice-versa. HIV/AIDS is a cross-cutting issue and the Emergency Plan is an interagency effort, requiring that the Specialist be able to work collaboratively and effectively with other HIV team members, USAID Strategic Objective Teams, other US agencies as well as with implementing partner organizations and other donors. These responsibilities include regular contact and collaboration at technical and policy levels, ina complex and rapidly evolving country context, with counterparts in Mozambique's Ministry of Health, Ministry of Women and Social Action, National AIDS Council, and other government ministries and agencies; with civil society organizations and private companies; with other donor and international organizations; and with other USG entities working in HIV/AIDS prevention, care, treatment and mitigation in Mozambique, such as the Centers for Disease Control. S/he will be a member of the US Mission in Mozambique interagency working group for the Emergency Plan, and may head a relevant sub-group as Chair or Co-Chair.

The Specialist is required to exercise extensive judgement in planning and carrying out tasks, in resolving problems and conflicts, and in taking steps necessary to meet deadlines. The incumbent manages (either as the designated CTO or through supervision of the CTO or activity manager) a portfolio that is valued at more tha $12 million in FY2007 and that is expeted to expand significantly during each year of the Emergency Plan. The incumbent must provide technial expertise and experience in HIV/AIDS prevention and care, health services and systems in a resource-constrained African context, and monitoring and evaluation. The Specialist will be responsible for selected HIV prevention and inter-related activities and liaise with teh Health Strategic Obejctive Team of USAID on integrated HIV activities and systems, such as integration of HIV/AIDS into related health services. The Specialist may be called upon to support the Team in managing selected implementation tracking or planning systems.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 10814.09

Mechanism: TBD RFA Human Capacity Development

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26455.09

Planned Funds: [redacted]

Activity System ID: 26455

Activity Narrative: NEW ACTIVITY

Recently, the Government of Mozambique (GOM) made a declaration which detailed its commitment to the strengthening of primary health care through community health workers and enlisting the involvement of the community to address their most critical health needs. The GOM's commitment to the Agente Polivalente Elementar (APE) or Community Health Worker (CHW) program is reflected in the MOH's five year health workforce plan (August 2008) which includes an annex projecting the APE staffing levels, description and requests to donors. The GOM has made it clear that revitalization of the APE program, which is an integrated approach to health, is imminent and urgent. The MOH is therefore seeking USG support and technical assistance to roll out the program on a national basis which current donor and public sector financing precludes. Mozambique is considered by health experts to have one of the worst human capacity problems in the world. This activity provides a framework for a set of USAID-financed human capacity development interventions over a five-year period, in close coordination with other USG agencies, the Government of Mozambique, othre donors and implementing partners. These interventions will lead to a rapid scale-up of a revitalized national Mozambican model for community prevention and care.

This integrated health project will support a balanced mix of maternal and child health, reproductive health, HIV/AIDS and other infectious diseases applying both prevention and curative care measures that directly respond to the MOH request to reestablish a nationwide community based cadre of community health workers. The MOH reinvigorated APE plan was outlined in a September 2008 17-point, inter-ministerial action plan that describes the broad framework for a nationwide community based health system. This action-plan builds on a September 2007 MOH meeting which articulated the MOH intentions to launch a nationwide primary health care program which would be anchored at the community level by the APEs.

The 2008 MOH plan calls for four training centers to be set up, master trainers and provincial trainers to be trained and in place, the issuance of clear MOH guidance to health districts on how to select and recruit APEs, guidance on the supervisory system and most importantly, establishment of a line item in the Ministry of Planning and Finance Plan's budget to subsidize the APEs. The APEs as outlined by the MOH will deliver a defined package of quality preventive and basic health services which matches Mozambique's health profile, is evidence based and sustainable. The APEs will also supervise and coordinate the activities of all other community health volunteers (ACSs), mothers' groups, on-site TB volunteers and other community-based health workers who are currently carrying out a broad range of disease specific interventions, including distribution of insecticide impregnated bed nets, contraceptives and condoms. These interventions include family planning, follow-up with tuberculosis and HIV patients on treatment, organization of vaccination campaigns, growth monitoring and treatment of acute malnutrition and diarrhea. The APEs will also provide a vital official link between the community-based health information system and health centers.

This activity is the next logical programmatic step for the USG, following earlier investments and an upcoming short- term, FY08 PEPFAR-financed, community based human resource and training team consultancy. This expert planning team is scheduled to complete its work by February 2009. The products from this consultancy will advise the MOH on the content, length, and scope of the APE curriculum (there are at least three or four different curricula for training APEs currently in use) and on the development of an operational plan to launch, train, deploy, and supervise a national APE system. This assessment will also inform any future procurement.

The MOH APE program is expected to roll out this fiscal year with World Bank funding in a pilot region of Northern Mozambique. Approved in 2007, this World Bank loan for $46.8 million is designed to strengthen primary health care systems and build human capacity. The loan includes a pledge of $6.8 million by the Russian Government for malaria prevention, $17.5 million by CIDA, and $17.5 million from the Swiss Development Agency. Approximately $8 million were approved in Global Fund (GFTAM) rounds 6 and 8 for support to APEs, including funds for developing trainers, conducting training, APE salary support for up to 4.5 years and expansion of 3 existing training centers. The U.K. also pledged assistance to the health sector as part of an international bilateral agreement on joint work in Africa between Prime Minister Gordon Brown and President George W. Bush in 2007.

The USAID financing of the GOM's APE program will consist of five components which are central to building a national program over a five-year period, FY 2009 being the first year of this financing. They include both training, institution strengthening interventions and direct financing support for APE salaries in the initial two years of the program, procurement of essential medical supplies and equipment, and an appropriate and sustainable means of transportation and communication between districts and communities to support a system for supervision which is currently on paper but in practice does not exist outside of large cities. A community "bright ideas" matching grants fund would also be made available for the best APEs.

1. Operationalize New Training Facilities: Finance and support with expert technical assistance launch of two of the MOH's four planned community health training centers in two Southern provinces which coincide with other USG health investments. Train and equip up to 10 master trainers from the designated provinces in community-based preventive and curative care, supervision, refresher training programs, and support to the communities who accept the APE program.

2. Finance the First Cadre of APEs: USG provided salary support will be conditioned on the gradual uptake by the MOH of these community workers onto the MOH or district level payrolls and the assignment of permanent district level supervisors so that USAID would not be expected to absorb this full five year cost.

3. Train and Equip 400 community and APE supervisors and Provincial Mobile Teams. Furnish motorcycles and a virtual communication system to launch supportive supervision programs in USG financed provinces. The existing mobile teams consist of three MOH staff and include a community health supervisor, a reproductive health specialist and a logistics specialist which is often the driver. Computers, cell phones, and radios will be purchased for this element of the program.

Activity Narrative: 4. Support the development/revision of APE reporting, refresher training, other APE materials including audiovisuals for prevention and counseling, community assessment and epidemic control: Based on best practices from various regions and existing materials, support the MOH health resources and communications department to assemble an APE prevention/communication education kit. A four year full-time advisor and short-term advisors across a range of specialty will be assigned to the MOH for this purpose. The training/materials package must be a product the MOH intends to support in the future.

5. Support local public/private partnerships which strengthen the public health system: Each year, the APEs that demonstrate exemplary performance in improving public health conditions, will be granted a small project fund. This could be the Peace Corps seed funds, or an entirely new fund. Funds would be used for community water and sanitation measures, a famine early warning system, better radio communication with the provinces or other ideas. These grants would be overseen by a community leadership council which already exists in many regions. These seed funds would require a 50% match by the private sector or community.

With FY 09 HVOP funds USAID will support the first year of revitalization of the APE program aimed at strengthening delivery of community-based prevention. Funds will support the development of APE materials including audiovisuals for prevention and provide support the MOH health resources and communications department to assemble an APE prevention/communication education kits including condoms for the 7,000 APEs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 10813.09

Mechanism: TBD RFA Communities and Corridors Prevention

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26457.09

Planned Funds: [redacted]

Activity System ID: 26457

Activity Narrative: Per April09 Reprogramming activity zeroed.

NEW ACTIVITY

This activity, awarded through the new Communities & Corridors RFA, a full and open competition RFA comprised of AB, C&OP and CT program area funds, will replace most discontinued sexual prevention and counseling and testing activities previously managed by USAID. Priorities for this activity are region and population-specific, epidemiologically responsive interventions and building Mozambican capacity to plan, implement and evaluate STP programs and quality CT program. This activity, with the RFA award expected in mid FY09, will allow strategically formed consortia of partners, 50% of which is encouraged to be Mozambican, to promote behavior change, especially for reduction of multiple, concurrent partnerships (MCP) at the individual, family, community, and social and environmental levels; build capacity of local leaders and community agents of change to lead the response to the epidemic; and support systems and services for Counseling and Testing (CT).

Despite a multi-pronged approach to both prevention and treatment for a sustained period of time (10 years), few regions have experienced declines in HIV rates. Tete and Manica are the noted exceptions. Other regions have experienced steep increases including Maputo, Gaza, Sofala and Niassa. This activity will target these high prevalence areas made more vulnerable by existing transport corridors. Specifically, this activity will Intensify mobilization of communities in epidemiologically significant provinces and within those regions at hot-spots with selected target groups amongst the most at-risk populations (MARPS) which includes commercial sex workers and their clients, male and female prisoners, migrant workers, refugees fleeing the on-going crisis in Zimbabwe, and the highly mobile truckers who move through and work in high prevalence corridors, (Military, police and border guards are covered under the DOD prevention programs);

A key characteristic of this new approach is that it engages the Mozambican private sector and the GRM in the next phase of a bold war on this deadly epidemic. This approach focuses uniquely on the drivers of the epidemic including multiple partner and high risk behavior and on the geographic targeting of some MARPS in “hot spot corridors” or regions with greater influxes of highly transient populations where high risk behavior is most common, applies innovative use of host country organizations, and resources, the private sector and known evidence-based practices in behavior change communications and the use of various mass media channels, product specific social marketing with clear messages on male and female condom use for GCAs and MARPS. The approach intends to build demand for safe and effective condom use and discourage the social norms which sanction multiple partner behaviors. The new approach will build on the best practices for broad community mobilization in the highest prevalence provinces and corridors.

A survey on alcohol use and abuse in rural areas will be carried out by CDC which will provide critical information on alcohol use and its effect on risky behaviors and violence in the family. Community based counseling and testing will also be supported. A cadre of HIV counselors at HIV treatment sites and outreach teams will be trained to provide support and prevention advice to HIV positive clients. These counselors will supply condoms to clients that are sexually active and encourage testing by their partners. s been identified in Moatize district in Tete province. Brazilian mining company, Vale do Rio Doce (Vale), one of the largest companies in the world, will begin construction on transport and excavation facilities to extract these deposits beginning in calendar year 2009. While recent surveillance shows that prevalence in Tete has stabilized, a portion of the RFA, through a possible PPP with Vale, will ensure prevention services, as part of Value to workers and families affected by this major project. Extraction of the coal coincides with completion of the renovation of the Sena railroad which will link the Moatize coal region to the port of Beira.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 10812.09
Mechanism: TBD RFA Mass Media
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 26456.09
Planned Funds: [redacted]
Activity System ID: 26456

Activity Narrative: Per April09 Reprogramming activity zeroed.

NEW ACTIVITY
This project outlines the USG's 2009-2014 prevention approach which will roll-out a new set of innovative, highly targeted evidenced- based prevention programs in the most epidemiologically significant, highest prevalence regions of the country. These include an intensified mobilization of communities in epidemiologically significant provinces and within those regions at hot-spots with selected target groups amongst the most at-risk populations (MARPS) which includes commercial sex workers and their clients, male and female prisoners, migrant workers, refugees fleeing the on-going crisis in Zimbabwe, and the highly mobile truckers who move through and work in high prevalence corridors, (Military, police and border guards are covered under the DOD prevention programs);

Mozambique has an extensive and growing mass media infrastructure upon which to build a successful long-term mass media prevention program. An estimated 60% of the population is literate with approximately 20% who are fluent in Portuguese. There are over 200 journals, magazines and newspapers, seven television stations run by the public and private sectors with broadcasts locally, and from South Africa and Brazil. Mozambique has 72 independent and public radio stations which includes 17 religious radio stations. Radio Mozambique has a national antenna. The radio is viewed as the most cost effective way to get messages out beyond provincial capitals, but developing programming in local languages remains a challenge. There are also many community radio stations run by NGOs, but they lack enough interesting programming and often repeat the same material. All provincial capitals have reliable electricity and therefore have more television sets and viewers. Rural electrification however, remains a problem with only 20% of rural households connected to electric power lines or generators. Solar powered generators and batteries which have been widely used in other countries need to be field-tested in Mozambique. This is an area where private sector leadership could advance communications. Internet access is still very low with TDM Banda Larga, the largest internet provider reporting only 9500 clients nationwide with 49% of them in Maputo city, 14% in Beira, but only 5% in Manica, 3% in Tete and 2% in Gaza, the key PEPFAR HIV target regions. Every village, however, has a few radios which may be shared by a number of families.

This activity will launch local, provincial and in some cases district level mass media campaigns in high risk geographic regions and corridors with the highest HIV prevalence. A majority of non-print media will be produced in local languages. This activity will build the capacity of local and district level counterparts to roll -out rural radio campaigns. In addition to promoting messages of being faithful, these campaigns will target at risk polulations with promotion of consistent condom use of high quality condoms during high risk sexual acts and promote categories of commercially available products which provide protection.

This activity will forge a media leaders' partnership which includes membership from the advertising industry, print, radio, television and electronic media including the moblie phone industry and internet carriers to serve as advocates and trainers for local media and communities. These partnerships will leverage private sector resources and contributions to the national HIV communications strategy, and provide technical assistance to local media entities in the five provinces and training for journalists, T.V. and radio producers, web designers and cell phone companies. Further, this activity will forgimprove internet connectivity between media partners if opportunities arise and will strive to establish partnerships with solar power companies or consumer products marketing companies interested in the same target audience.

The implementing partner will also provide short-term technical assistance to the National AIDS Committee (CNCS) to build their capacity to develop national HIV prevention communication campaigns.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 12252.09
Mechanism: Combo Prevention IQC
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 29864.09
Planned Funds: [redacted]
Activity System ID: 29864

Activity Narrative: This is a new activity.

The new MARPs Indefinite Quantity Contract (IQC) is aimed primarily at Commercial Sex Workers (CSW) and secondarily at Mobile and Bridge populations . The latter include groups such as clients of CSW; miners; long distance drivers; uniformed services; migration/border officials; incarcerated populations; 'mukheristas', informal female traders at the border; and partners and families of these populations. This IQC also receives CT funding for community or site based Counseling and testing. This activity is geographically focused on the high prevalence provinces of Maputo city, Maputo and Gaza and in hot spots and corridors identified by the 2008 Mozambique Data Triangulation (Beira, Nacala, Niassa corridors; Pemba, Quelimane, Mabote). While a MARP size estimation and mapping has not yet taken place in Mozambique, preliminary findings from the CSW and IDU I-RARE study, as well as analysis from the 2008 Data triangulation, have identified key hot spots. Activities under this IQC will target these areas and hot spots. Key drivers to be targeted include low risk perception, low condom use, low knowledge of sero-status/low uptake of CT, multiple and concurrent partnerships (MCP), sero-discordancy, low male circumcision in targeted geographic areas, alchohol abuse, and social and gender-based norms that increase risk and vulnerability.

Components of the MARP IQC will work in a comprehensive and site-based approach to reach CSWs and Mobile/Bridge at the individual, couple, family, institutional, community, social and political level. This activity will build upon and replicate the successful Maputo port night clinic for CSWs and their clients, a 'one-stop shop' site offering peer-based outreach, small group risk reduction BCC, condom distribution and negotiation skills building, CT, STI screening and treatment and ART referrals. The new awardee will be encouraged to establish other night clinics in key hot spots in urban centers and major corridor cross roads Other C&OP funded activities under the new MARPs IQC will include behavioral (peer-based risk reduction, targeted condom distribution); some bio-medical (STI screening and treatment) and structural interventions. Additional services funded under other program areas such as CIRC for male circumcision for mobile men, or Care for mobile CT. Behavioral activities will include peer-based IPC BCC, advocacy and sub-population-appropriate IEC. All sub-population messages and campaigns will be vetted through the Partners' MARP technical working group (TWG) and the USG Prevention TWG to ensure coordination and reinforcement with USG and non-USG funded on-the-ground , interpersonal (IPC), peer-based, risk reduction activities.

New activities aimed at Mobile and Bridge populations are split funded between AB and C&OP funds and are split funded between the IQC for Combination Prevention and the IQC for MARPs. Mobile/Bridge population activities under both IQCs will be institution and peer-based interventions that include risk reduction counseling (individuals and peer-based), venue based outreach, individual.peer-based communication materials and will also address alcohol. In addition to the activities stated above, C&OP funds for the MARP IQC will also promote linkages to clinical health services that are funded under other program areas, such as counseling and testing, ART, family planning and reproductive health, and when policy allows, surgical male circumcision. Mobile pop activities will receive AB funds to address partner reduction components of a risk reduction program. When policy allows, CIRC funds will provide MC services for mobile men. AB funds may also be used to create IEC about the limitations of CIRC to address possible risk compensation, as part of a comprehensive CIRC program.

All peer based and small group BCC programs will go beyond building basic awareness and will strengthen individual risk perception and locus of control. Alcohol abuse as a risky behavior among each of the sub-pops will be addressed, for example, in work place based programs for migration officials or police recruits. Awardee/s of this IQC will be required to have a strong technical and organizational capacity building component and 'graduation' plan for Mozambican sub-partner organizations providing services to these populations. Awardees will be strongly encouraged to take on CSW or mobile pop led community based organizations as sub-partners for capacity building in advocacy and prevention implementation.

*Project and impact evaluation of this activity will be funded through a separate activity under SI. Targets are for nine-months of implementation as start up is anticipated for quarter 2 of FY2010.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3579.09

Mechanism: USAID-Population Services International-GHAI-Local

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29857.09

Planned Funds: $1,572,428

Activity System ID: 29857

Activity Narrative: Reprogramming April 2009-bridge funding for six month continuation of commercial sex worker night clinic and targeted condom social marketing. This is piece 3 of a 3-piece bridge fund.
These funds will serve as 'bridge' funding to provide PSI with a costed extension until January 31, 2010 to operate the activities listed above. The six month bridge period is between PSI's original July 31, 2009 close out and the start up of the new TBD Indefinite Quantity Contract (IQC) for MARPs, anticipated for approximately January 2010. This funding supports activities with MARP such as sexworkers, mobile populations and men in the workplace.

CONDOM SOCIAL MARKETING
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 adults of reproductive age in all 11 provinces of Mozambique (including Maputo city). 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 high-risk populations. PSI will maintain CSM distribution 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 STIs, including HIV, through condom use. 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 TV and 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 and audience participation to achieve behavior change.

ACTIVITIES AND MAPUTO NIGHT CLINIC FOR COMMERCIAL SEX WORKERS AND CLIENTS
PSI will continue peer-based training and outreach to commercial sex workers with activities focused on risk reduction through condom negotiation and condom use. This also include support of the Maputo port night clinic aimed at CSW and clients.
Specifically, these six months of bridge funding will support:
-MARP Team staff in 3 provinces, counselor salaries and peer educator supervisor subsidies
-Female condoms, lubricant, HIV tests
-Warehousing, transport, & logistics within country
-Includes IEC materials production, printing, peer educator subsidies
-Training and support of peer educators, counselors and supervision
-Office and transport costs, etc

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3529.09
Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 29850.09
Planned Funds: $350,000
Activity System ID: 29850

Activity Narrative: In Mozambique, there is a lack of information about behavioral risk for HIV aquisition and transmission. This is particularly true for groups typically defined as most at risk or hidden populations such as men who have sex with men (MSM) and intravenous drug users (IDU). This new activity would support assessments, size estimation calculations and mapping exercises to address this information void.

In African countries, there is a generalized denial of the existence of homosexuality. In the few cases where it is acknowledged, it is typically viewed as an imported behavior from western countries and "not part of African culture." This attitude hinders the recognition of human rights as well as access to health care and other services. For example, HIV and other sexually transmitted infections (STIs) are not properly addressed among African men who have sex with men (MSM) who are likely at an increased risk of these infections because of their sexual practices. In Mozambique, there is only one civil society organization (Lambda Group) addressing the rights of and working with female and male gay, bisexual and transgendered persons. According to this group, there are MSM in all regions of the country, who transcend social and economic status, religion, and ethnic groups. Nonetheless the organization lacks information on the actual size of the group and risk behaviors that may place them at risk for HIV and other STIs. In collaboration with the Lambda Group and other members of the national Most At Risk Populations (MARPS) Working Group, this activity would support appropriate methodologies to collect additional data on MSM in Mozambique. An estimated $175,000 will be directed towards this component of the activity in FY09.

Another unexplored area that may contribute to HIV prevalence in Mozambique is intravenous drug use. A technical assistance (TA) visit conducted in 2006 found information indicating a rise in trafficking of illicit drugs from South America and Asia into port cities in Southern and Northern Mozambique. Subsequent to the TA visit, an International Rapid Assessment and Rapid Evaluation (I-RARE) was conducted in 2007 and 2008 among drug users and sex workers from Maputo, Beira and Nacala port cities. Preliminary results of this assessment confirms illicit drug trafficking and use in the three cities, including injecting drug use. Drug users participating in the study mentioned injecting mandrax, crack cocaine, and heroine. They also reported sharing needles and other equipment to inject drugs as well as inconsistent use of condoms when under the influence of drugs. Female drug users also said that they exchanged sex for drugs or money to acquire drugs. The qualitative I-RARE study provides much-needed information about the risk behaviors the target populations engage in, but a better understanding of the size of IDU needs a broader exploration in other provinces and a larger sample size. An estimated $175,000 will be directed towards this component of the activity in FY09.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3583.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29833.09

Planned Funds: $195,000

Activity System ID: 29833

Activity Narrative: This activity has been receiving funds from Adult Treatment Program Area and for 2009 will receive funds from Sexual Prevention Program Area as well.
Now, there is a change of funding mechanism, from AIHA to I-TECH
Activity unchanged from FY08. Instead of AIHA, I-TECH through its technical partner UCSF, will continue to implement
Positive Prevention (PP) programs in the Maputo, Sofala and Zambezia Provinces in Mozambique. In 2006, AIHA developed and initiated a partnership between the University of California, San Francisco (UCSF) and two HIV/AIDS service sites in the Maputo Province: Namaacha Health Center and Esperanca-Beluluane VCT Center. Since 2006, partners have joined efforts to conduct and develop programs and interventions, specifically targeting the clientele at each site. Working under the assumption that the patientprovider
relationship contains vast opportunities to carry-out HIV transmission interventions, partners developed provider and patient specific goals and objectives to track behavior changes in both populations. The goals of the intervention are the same: both the health care providers from Namaacha Health Center, and community based workers and PLWHA support group members fromBeluluane-Esperanca VCT Center develop skills to address the prevention needs of HIV-infected individuals accessing their services or participating in PLWHA support group activities. This includes discussions about:

HIV risk behavior (risk reduction techniques)
Encourage partner testing
Counseling and support
How to disclose HIV to partners and family members
How to produce or maintain healthy families
Individualized prevention plans and risk reduction techniques

Currently this program is in the scale up phase to provide healthcare workers at the facility-based sites and PLWHA and counselors at the community-based sites with competencies, comfort, and skills to discuss risk behavior, risk reduction techniques and prevention needs, thereby decreasing HIV transmission, and encourage HIV testing (including partner testing). During FY07, in collaboration with MOH, Provincial Health Directorate, and other stakeholders, CDC and UCSF staff identified additional sites to expand the intervention to two provinces with high prevalence, Sofala and Zambezia.

In FY08, the partnership focused on the completion (including piloting) of training materials and developing an intervention package (including a toolkit) designed and developed through the work at the above sites, to make these materials available for other sites and partners in Mozambique to develop Positive Prevention (PP) programs.

During FY08 the technical partner organized a pilot training using PP curriculum developed to be used by the partners to train various providers and counselors to develop their own individual PP programs and prevention messages tailored to the specific site. The PP curriculum was piloted to obtain input from health care workers, including counselors and the materials were revised to include the feedback from the pilot. The materials are used by partners to train other organizations in Mozambique.

With FY09 funds the project will expand the Positive Prevention activities, by conducting a TOT training for trainers, counselors, program managers and staff for 22 community-based prevention staff (2 staff/province); dissemination of materials to organizations participating (i.e. training materials, PP toolkit, job aids, flip charts, IEC materials etc.), and disseminate the materials to organizations participating (i.e. training materials, PP toolkit, job aids, flip charts, IEC materials etc.)

In addition, FY09 funds will be used for expansion of FY08 Twinning Partnership and capacity building for Mozambican PLWHA and Women's Rights Organizations (Starting with one organization in FY08, adding 1-2 in COP09)-Previously under treatment, but moved to prevention with broader scope, in line with team discussions - Southern Prevention Initiative to strengthen the partnership with the International organization, Women Organized to Respond to Life-Threatening Diseases (WORLD) and the identified Mozambican Women Association/women support group, to assist prevention projects targeting women and women empowerment opportunities (through either small subgrants and/or procurement of items needed and identified by the group seeds, T-shirts, transport funds to the ARV Treatment Centers).

Measurable project outcomes consist in tracking behavior changes in WLWHA and direct service providers and implementing and managing M&E systems and tools to monitor outcomes. It is anticipated that 75 individuals (both service providers
and women) will receive PP training and support.

Goals

The initial focus areas, include the following: (a)To increase the knowledge and skills of WLWHA, counselors and
peer educators/activists to address prevention counseling, adherence counseling, disclosure of HIV status, partner notification and risk reduction techniques; and (b)To increase the capacity of support group participants to organize group discussion, meetings, facilitate groups, address specific issues such as stigma and discrimination, positive living, encourage partner testing.

Deliverables and Products:

Number of Twinning Partnership and capacity building with Mozambican PLWHA and Women's Rights Organizations buided

Number of PP Facility Based Program Managers, Trainers, Counselors and Staff trained, including provision of a kit of PP toolkit for the community-based prevention staff

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3640.09

Mechanism: TBD Cooperative Agreement

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29845.09

Planned Funds: [redacted]

Activity System ID: 29845

Activity Narrative: Data collected in the United States and throughout Africa consistently demonstrates that many HIV-infected persons continue to engage in high-risk sexual behaviors that may transmit HIV, despite knowledge of their HIV infection. Anecdotal evidence suggests that the same is true in Mozambique; however, there are only limited efforts implementing prevention techniques in HIV care settings and capitalizing upon provider interactions with HIV-infected patients in order to stop the transmission of HIV.

These reprogrammed funds ($500,000) will be used to scale-up and expand existing, pilot Postive Prevention (PP) efforts in Mozambique. The goals of the PP intervention are to prevent morbidity among persons living with HIV/AIDS (PLHA), prevent HIV transmission to sexual partners and children of PLHA, and reduce stigma for PLHA in service settings. The PP project is targeted toward providers within clinical and community-based sites in Mozambique to encourage them to address the prevention and care needs of those living with HIV in Mozambique. Working under the assumption that the patient-provider relationship contains vast opportunities to carry-out HIV transmission interventions, existing partners developed provider and patient specific goals and objectives to track behavior changes in both populations. This includes discussions about:

HIV risk behavior (risk reduction techniques)
Encourage partner testing
Counseling and support
How to disclose HIV to partners and family members
How to produce or maintain healthy families
Individualized prevention plans and risk reduction techniques

The TBD partner would use existing, Mozambique-specific materials developed by the University of California at San Francisco (UCSF) to implement PP activities in high prevalence provinces of the country. This partner and activity will complement the ongoing work of UCSF by expanding to additional provinces and/or districts and focusing more extensively on community-based PP efforts. The focus of the program is to provide healthcare workers at facility-based sites and PLWHA and counselors at community-based sites with competencies, comfort and skills to discuss risk behavior, risk reduction techniques and prevention needs, thereby decreasing HIV transmission and encourage partner and family testing.

The additional funds will be used to expand the PP program to two additional provinces, Gaza and Manica, which have high HIV prevalence.

Deliverables and Products

Number of sites supported and activities developed in the sites and number of existing PLWHA groups supported

Number of staff trained from Clinical Care & Treatment partners

Number of staff trained from HBC/community Care partners

Number of staff from Mozambican PLWHA Organizations or groups trained and received some mentorship on PP with these organizations

M&E for scale –up of PP activities: (1) Routine monitoring of basic process indicators (e.g. # partners involved, # sites, # staff trained); (2) Program evaluations (TBD, possibly annually)

Collaboration with MATRAM, by integrating PP messages in the treatment education/literacy activities

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 12252.09

Mechanism: Combo Prevention IQC

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 29865.09

Planned Funds: [redacted]

Activity System ID: 29865

Activity Narrative: This is a new activity.
The new Combination Prevention Indefinite Quantity Contract (IQC) is aimed primarily at General Population adults and secondarily, at Mobile and Bridge populations and people living with HIV (PLH). These funds provide some condom and other prevention activities to General Pop adults, the primary target group of the Combination prevention activity, and PLH. More condom funding for Mobile and Bridge populations is provided under the new MARP activity. This IQC also receives CT funding for community or site based Counseling and testing. This activity is geographically focused on the high prevalence provinces of Maputo city, Maputo and Gaza and in hot spots and corridors identified by the 2008 Mozambique Data Triangulation (Beira, Nacala, Niassa corridors; Pemba, Quelimane, Mabote). Key drivers to be targeted in this new program include mulitple and concurrent partnerships (MCP), low condom use, low knowledge of sero-status/low uptake of CT, low risk perception, weak individual locus of control, sero-discordancy, low male circumcision in targeted geographic areas, alchohol abuse, and social and gender-based norms that increase risk and vulnerability. Components of the new IQC for Combination Prevention will work in an integrated and multi-layered approach to reach General Population Adults at the individual, couple, family, institutional, community, social and political level. C&OP funded activities will prioritize mobile/bridge and PLH populations and will complement partner reduction focused activities as appropriate. Condom promotion, distribution are funded here and will complement AB supported partner reduction programs; CIRC when available or Care for Community-based Positive Prevention.

All on-the ground IPC BCC and community mobilization programs will go beyond building basic awareness and will focus on building risk perception to change individual behavior and risky social norms. Alcohol abuse will be addressed, especially in IPC BCC targeting men, for example, in work place based programs. AB funds for the new IQC will also promote linkages to clinical health services that are funded under other program areas, such as counseling and testing, STI screening and diagnosis, ART, family planning and reproductive health, and when policy allows, surgical male circumcision. AB funds may also be used to create IEC about the limitations of CIRC to address possible risk compensation, as part of a comprehensive CIRC program. Awardee/s of this IQC will be required to have a strong technical and organizational capacity building component with 'graduation plans' for Mozambican sub-partner organizations to eventually seek their own funding as prime partners to USG or other donor funding. These C&OP funds will provide complementary programs for condom use, negotiation and distribution.

New activities aimed at Mobile and Bridge populations and PLH are split funded between AB and C&OP funds and are split funded between the IQC for Combination Prevention and the IQC for MARPs. Mobile/Bridge population activities under both IQCs will be institution and peer-based interventions that include risk reduction counseling (individuals and peer-based), venue based outreach, individual.peer-based communication materials and will also address alcohol. Through care funding, activities for mobile/bridge populations will also receive mobile or site based counseling and testing services and through C&OP funds, STI screening and treatment and targeted condom distribution. When policy allows, CIRC funds will provide MC services for men in these populations. AB funded activities for community-based Positive Prevention (PP) for PLH include advocacy media linked to on-the-ground community activities to reduce stigma and discrimination,addressing alcohol, disclosure, and risk reduction and through Care funds for the two new IQCs, community based CT. These commnity-based PP interventions will complement and be integrated with clinic-based PP components funded through C&OP and care include STI screening and treatment, FP, Tx adherence, condoms, FP, and facility-based couple and family CT.

*Project and impact evaluation of this activity will be funded through a separate SI activity.

-Justification
Activity created during prevention portfolio reorganization per PEPFAR Mozambique prevention strategy. Targets are for nine-months of implementation as start up is anticipated for quarter 2 of FY2010.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: $2,370,000

Program Area Narrative:

HMBL - Blood Safety

A total of 140 Blood Banks (BBs) currently provide blood transfusion services at health facilities in Mozambique. Coverage is limited to the same extent as access to health facility-based services in Mozambique (40-50%), with many remote and rural areas having limited or no access to health services.

To date, other donor and partner agencies have taken only limited interest in blood safety. Outside of USG support, the National Blood Transfusion Program (NBTP) receives some funds allocated by the Ministry of Health (MOH) to the NBTP, mainly for procurement of BB equipment and reagents. Advocacy with other donors and stakeholders is greatly needed to raise awareness about the importance of the blood transfusion services, and prevention of medical transmission of HIV and other blood borne diseases. The American Association of Blood Banks (AABB) is the USG-funded NBTP technical assistance (TA) provider, supporting the program in the effort to improve blood safety and transfusion services in Mozambique.

USG support has directly contributed to improvements and progress of the NBTP progress to date: the number of blood units collected increased from 57,800 in 2003 to 79,925 in 2007. In 2007, around 56% of blood donations came from voluntary non-remunerated blood donors while around 44% came from replacement or family blood donors.

In 2007, MOH NBTP reported that 100% of blood units at all BBs were screened for HIV, hepatitis B and syphilis. HIV prevalence in blood donors increased from 6.4% in 2005 to 8.1% in 2006 but decreased to 7.2% in 2007. Syphilis prevalence in blood donors decreased from 3.7% in 2004 to 2.9% in 2007. Screening of blood units for Hepatitis B was introduced at the end of 2004, and HBV prevalence in blood donors decreased from 7.6% in 2005 to 6.5% in 2006 and further decreased to 5.4% in 2007. Currently, HIV counseling is not performed at BBs in Mozambique but plans are in place to implement counseling with the help from the MoH prevention program. Systematic screening of donated blood at four central level BBs (Maputo, Beira, Nampula and Jose Macamo General Hospital) uses laboratory-based ELISA for HIV and Hepatitis B, and RPR for syphilis. Peripheral BB screening uses HIV and HBV rapid tests, and RPR. Plans for Fiscal Year 2009 (FY09) include the introduction of Hepatitis C screening. Also in FY09 all provincial BBs will be transitioning from HIV rapid testing to HIV ELISA test. Advantages of ELISA over Rapid Tests are: a) increased daily testing capacity; b) increased sensitivity and thus increased confidence in provision of safe blood; and c) better standardized testing operation, including the use of internal and external controls.

During the first year of USG support, AABB provided TA to the NBTP for the development of a National Blood Transfusion Policy and facilitated the development of blood safety norms and standards which serve as the foundation of a quality assurance (QA) system for blood transfusion services in Mozambique. AABB supports an ongoing revision of Standard Operation Procedures and has incorporated QA into training activities since 2007.

With TA provided by AABB, the NBTP has proposed a re-organization of the NBTP including a transition to a network model of service provision. In 2005, the MOH started the re-organization with 27 BBs (2-3 per province) upgraded to become reference units for 83 smaller BBs. Centralized collection and testing is more cost-effective, optimizes equipment maintenance, utilizes best available trained personnel, and is easier to harmonize and coordinate activities across the country. While reference BBs will conduct a full range of procedures—blood collection, testing, production of blood components, storage, and administration of blood units—they will also be responsible to supply smaller BBs and health facilities with blood units. Since 2005, USG funds have supported the upgrade of 10 of the 27 reference BBs, and rehabilitation of the regional BB of Nampula Central Hospital (3rd largest hospital in Mozambique) and the BB of Chimoio Provincial Hospital in Manica Province. The 83 smaller BBs will be divided into two groups: those performing collection, testing, and administration of blood units, and those storing and administering blood units only. For FY09, all 10 provincial BBs will be visited and recommendations for renovations, equipments acquisition and other needs (including training and improved workflow of activities) will be issued. It is expected that at least 3 to 5 such BBs will need some level of physical rehabilitation.

As the new national blood transfusion regulations, developed in 2006, are in final stages of MOH approval, the Minister of Health decided, in line with international WHO guidelines, to establish an independent national blood transfusion service. USG FY07 and FY08 funding has assisted the MOH, through RPSO, to design and construct a new facility which will bring the Blood Transfusion Services Directorate and the National Referral BB together under one unit. The establishment of this unit aims to improve the coordination of services between these two bodies, establish an improved National blood safety training facility, and strengthen the coordination of the National Blood Transfusion Quality Assurance and M&E.

To build human capacity, AABB technical experts facilitated the development of training materials for blood donor services, donor evaluation and infectious disease testing (IDT). To date, 51 BB staff from across the country have been trained. To build sustainability, training of trainers (ToT) materials have been implemented. In March 2008, two donor evaluation trainings were given by the Mozambican trainers; a ToT for IDT took place in April 2008 for seven individuals; and at least one more IDT training is planned for 2008. With FY09 funds, ToT training materials will be developed for immunohematology, blood processing, phlebotomy, donor notification, and blood collection through mobile units. A total of 95 NBTP staff (including 15 Mozambican trainers), from all 10 provincial BBs will be trained. To further improve the recruitment of safer blood donors, the NBTS is training previously hired blood donor mobilizers to target safer donor populations such as younger donors at secondary school. This effort

aims to create a “Clube 25” similar to the Zimbabwean “Club 25”, shown to be an effective strategy to increase younger, low-risk blood donors. Capacity building through mentoring will continue in FY09. In August 2008, mentors were placed in Beira and Nampula Provincial BBs for 3 months to focus on improving IDT, operational design, quality control and the work flow in the BBs and four additional mentors are planned for provincial BBs in FY09.

MOH and AABB staff have initiated activities to improve monitoring and evaluation (M&E) within the NBTP. New data collection forms for blood transfusion service M&E were piloted at selected BBs, with national implementation planned for FY09. In 2008, an assessment of existing BB computer systems was done and will be examined to determine feasibility of a computerized data system across the BB network. Related activities will include recruitment and training of Mozambican IT staff to manage and maintain the data base and BB monitoring system.

HMIN - Injection Safety (IS)
The goal of the IS program is to reduce the risk of transmission of HIV, TB, and other blood borne pathogens (e.g. Hepatitis B and C) at health facilities throughout Mozambique where HIV services are supported by USG. IS programming is administered by the MOH Directorate for Medical Assistance, and closely linked to the National Nursing Department through the National Infection Prevention and Control (IPC) Task Force. The National IPC Task Force, chaired by the MOH, provides leadership for IPC activities. IPC staff coordinate, supervise, and implement all IPC activities, including IS.

USG funds have supported two complementary TA and implementation partners since 2004. These partners actively participate in the IPC Task Force and provide broad TA to the IPC program for implementation of IPC activities at hospital level. MOH, with technical assistance from USG partners, has been implementing a nationwide Standards-Based Management and Recognition approach (SBM-R) to improve IPC practice from 2004-2008 in major USG supported hospitals providing ART services and serving as referral units for HIV/AIDS services throughout the country. Using the SBM-R approach, health staff across different services areas including ART, PMTCT, CT, laboratories, and blood banks identify and correct IPC activities to increase safety and prevent HIV transmission for both patients and health providers. The program has been expanded from 6 hospitals in 2004 to 43 hospitals in 2008.

Additionally, USG partners have provided TA and support to improve waste management systems since 2006, including procurement and installation of hospital incinerators and training and supervision of waste separation and safe disposal, in particular for ART sites with larger number of patients and thus large amounts of contaminated waste. In 2008, a total of six hospitals have improved their waste management system and health staff have already been trained and supervised on the operation and maintenance of the system.

In 2009, the objective is to continue to support the MOH efforts in further consolidation of the IPC program and expansion to a total of 53 hospitals; a total of eight hospitals will improve their waste management system throughout the country. FY09 funding will support DNAM and the National Nursing Department of the MOH to roll out training to health workers of health units where there are no partners. This enhances the MOH staff’s capacity to utilize training materials developed with assistance from USG partners, and to implement activities on their own, strengthening their confidence and implementation experience in the absence of outside support, which in turn will contribute to long-term sustainability and continuation of the program activities.

All USG-funded partners will prioritize medical transmission prevention activities in the three PEPFAR focus provinces, Sofala, Zambezia, and Nampula, for the selection of new sites, staff training, and resource allocation of personal protective equipment.

CIRC – Male Circumcision
Randomized, controlled trials have confirmed that male circumcision (MC) reduces the likelihood of female to male HIV transmission by approximately 60%. Safe MC services require well-trained healthcare providers, appropriate infection prevention and control practices, and sufficient equipment and supplies. In addition to the surgical procedure, other essential elements of MC services that must be taken into account include informed consent, post-operative care and risk reduction counseling including partner reduction and a minimum package of male reproductive health services, such as sexually transmitted infections (STI) treatment, condom distribution, and HIV counseling and testing.

In Mozambique, approximately 60% of men are circumcised; highest rates are in the provinces of Niassa, Cabo Delgado, Nampula, and Inhambane. MC is somewhat more common in urban areas, compared with rural (62% vs 57%), and there are strong correlations with religion (e.g. 93% of male Zionists are circumcised). The average age of MC in Mozambique is 10 years.

Since late 2006, USG partners have been funded to provide technical guidance to the MOH and the National AIDS Council (NAC) to plan and prepare a situational assessment (now nearing final stages of data analysis) to identify the MOH capacity for expanding safe MC services for prevention of HIV transmission. Activities in FY09 will build upon the current work and the results of the situational assessment. USG and partners will work with the MOH to develop new policy, services, and prevention messages for MC. Objectives will be to work with the MOH to develop a comprehensive program that is consistent with the Mozambique context.

Activities proposed for continuation also include capacity building and advocacy with the MOH, the NAC, and stakeholders in the area of MC. The proposed funding will support a series of workshops and capacity building events that will assist to (a) continuously update government staff and stakeholders on progress of MC activities in-country as well as internationally/regionally; (b) ensure that data from the assessment are shared with all relevant government entities and stakeholders, and that a participatory process is in place to ensure a constructive debate around the results, recommendations and joint planning for the development of the intervention plan and package; (c) support translation of key MC documents to Portuguese; and (d) support the in-country MC working group, chaired by MOH staff, with participation from NAC and other stakeholders (including WHO, UNAIDS, UNICEF, and USG and its partners) as needed. Military populations will continue to be a prioritized target for MC services.

At the time of COP submission, Mozambique MOH policies do not support expanded MC activities. This is largely attributed to severe constraints on the health system, and specifically surgical capacity in Mozambique, due to limited human capacity, infrastructure, and other resources. It is possible that until emergent and life-saving surgical capacity is expanded, MC surgical capacity may remain under-developed. With more evidence circulating in the literature and greater regional experience, however, the MOH may review its current position on MC and more aggressively support access to safe and affordable surgical services in the near future. Until this is realized, the relatively small-scale USG approach described above will continue, with attention to positioning USG to be able to rapidly scale up when the policy environment becomes more favorable.

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 11926.09
Mechanism: SCMS Blood Safety Track 1
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL
Program Budget Code: 04
Activity ID: 29216.09
Planned Funds: $200,000
Activity System ID: 29216
Activity Narrative: NEW ACTIVITY under FY09, and relates to SCMS HVCT and OHSS, and HBML AABB, TBD-Partner, and MoH.

A total of 140 Blood Banks (BBs) currently provide blood transfusion services at health facilities in Mozambique. Coverage is limited to the same extent as access to health facility-based services in Mozambique (40-50%), with many remote and rural areas having limited or no access to health services.

To date, other donor and partner agencies have taken only limited interest in blood safety. Besides USG support, the National Blood Transfusion Program (NBTP) receives some funds allocated by the Ministry of Health (MOH) to the NBTP, mainly for procurement of BB equipment and reagents. Advocacy with other donors and stakeholders is greatly needed to raise awareness about the importance of the blood transfusion services, and prevention of medical transmission of HIV and other blood borne diseases. The American Association of Blood Banks (AABB) is the USG-funded NBTP technical assistance (TA) provider, supporting the program in the effort to improve blood safety and transfusion services in Mozambique.

The Partnership for Supply Chain Management (SCMS) supports MOH through technical assistance to strengthen its logistics management of the medicines and consumable supplies necessary for a range of HIV/AIDS prevention, care, and treatment services, including for blood safety activities.

In FY09, SCMS will receive $200,000 to provide technical assistance at central level to the NBTP and CMAM to strengthen the national systems for forecasting, procuring, and distributing blood bank commodities. SCMS will liaise with AABB to provide complementary trainings when appropriate and will work with NBTP staff directly to strengthen management of commodity logistics.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 3526.09
Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL
Program Budget Code: 04
Activity ID: 5142.24430.09
Planned Funds: $70,000
Activity System ID: 24430

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Continuing activity: This activity is to support Blood Safety staff travel to attend Annual AABB Conference, travel to visit blood transfusion services in one other country in the region (suggested: South Africa or Kenya); in-country travel for supervision, facilitation of tarining and technical assistance to blood banks.

This activity also provides salary and benefit support to a Blood Safety Specialist within the PEPFAR-Mozambique team to assist, strengthen, manage, and monitor the Blood Safety capacity building activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12933

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12933	5142.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$10,000
8626	5142.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	$15,000
5142	5142.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHAI_CDC_HQ	$71,012

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 3630.09

Mechanism: Track 1 Blood Safety

Prime Partner: Ministry of Health, Mozambique

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 5154.23783.09

Planned Funds: $1,400,000

Activity System ID: 23783

Activity Narrative: Continuing activity: Activtiy has been modified

This activity is linked to technical assistance activites by AABB and to technical assistance activities by SCMS

To strengthen the blood supply and ensure blood safety in Mozambique, the Mozambique Ministry of Health (MoH) National Blood Transfusion Program (NBTP) is proposing to conduct the following activities in FY09

1) The NBTP will assist the MoH in the review process of the National Blood Bank Policy. An implementation plan will be developed as soon as the final document is approved with the TA from AABB.

2) The NBTP will develop a strategy to implement the National Blood Bank Standards developed in conjunction with the AABB TA provider team.

3) Continue to monitor and assist in the construction process of the new area for the NBTS and the National Reference Blood Bank.

4) For FY09 the NBTP will collaborate with SCMS to conduct and improve the procurement process for critical equipment and supplies and NBTP will make efforts to improve processes for the installation, operation, maintenance, calibration, and repair of critical equipment.

5) NBTP will implement a newly developed data collection form in key national centers. This new paper-based system will collect data that will be used to strengthen Monitoring and Evaluation (M&E) and Quality Management of the National Blood Transfusion Services Program.

6) Conduct baseline Knowledge Attitudes and Perceptions (KAP) survey with the TA from the AABB. The protocol has been approved by the US IRB and the Mozambique Bioethics Committee. Implementation of the study will follow immediately after administrative approval of the MoH.

7) Roll out training-of-the-trainers (ToT) sessions on donor services, donor evaluation, donor registration/identification, and infectious disease testing using materials that have been prepared by AABB in FY08. Training materials are in Portuguese and sessions are conducted in Portuguese.

8) Conduct ToT sessions on immunohematology and component preparation. These materials will be prepared by AABB with the NBTP supervision and support. Training materials and sessions will be conducted in Portuguese.

9) Continue supervision visits conducted by central level NBTP staff to blood banks at central, provincial and rural hospitals. Efforts will be made to strengthen the supervision activity by having an AABB staff during some of the supervisions' visit.

10) To continue and extend the mentoring program (on-the-job-training) initiated in FY08 in Beira and Nampula to other provincial blood banks in the country. Three programs of 6 months each will be conducted in FY09.

11) Develop Information Education Communication (IEC) materials to educate donors and promote voluntary blood donation and develop consistently applied donor notification policy regarding test results.

12) Support donor recruitment training in Brazil. Training will have 1 month duration and will be facilitated by Brazilian partners in Portuguese.

13) Implement a national screening assay for detection of anti-HCV antibodies in the country. This implementation will follow the assessment of available regional anti-HCV assays that will be conducted in partnership with the Immunology Department of the National Health Institute (DI-INS).

14) Cooperate with the DI-INS in the effort to increase the number of blood banks participating in the National External Quality Assessment (EQA) program for HIV and HBV serology. NBTP will facilitate the DI-INS obtaining negative and positive plasma units from regional the Hospital Central de Maputo BB.

15) Recruit and train key NBTP personnel on quality management systems (QMS) and help this professional to develop and pilot QMS in a target blood bank in Mozambique.

16) Conduct a selection process together with the TA from AABB for the procurement of a Computer System Blood Bank Software to be implemented nationally.

17) The new Blood bank facility in Maputo is expected to be completed in 2009. In preparation for its operation, the NBTP is searching for training sites outside the country to train selected Mozambican professionals. Identification of training sites will depend on language skills of the trainee and will be assisted by AABB staff. NBTP will also assist MoH with job descriptions and term of reference for each position in the new facility.

18) With the TA from AABB the NBTP will revise the "Mozambican Guidelines of Blood Transfusion" and will conduct a workshop to disseminate the new guidelines to Mozambican physicians.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12925

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12925	5154.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6341	3630.08	Track 1 Blood Safety	$800,000
8196	5154.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4766	3630.07	Track 1 Blood Safety	$200,000
5154	5154.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	3630	3630.06	Track 1 Blood Safety	$1,000,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $700,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 3630.09
Mechanism: Track 1 Blood Safety
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL
Program Budget Code: 04
Activity ID: 15722.23784.09
Planned Funds: $0
Activity System ID: 23784

Activity Narrative: This PHE activity, “Knowledge, attitudes and practices study regarding blood donations in Mozambique”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.08.0091.

COP09 Activity ID #15722 (PHE)

Title: Knowledge, attitudes and practices (KAP) study regarding blood donations in Mozambique

Time and money summary:
FY06 allocations: AABB $20,000; MOH $55,175
FY07 allocations: AABB $75,000; MOH $20,000
FY08 allocations: $0

Mechanism: Track 1 funding
No additional funding is requested for completion of this study in FY09. It is expected that implementation of the study will be completed before the end of FY 09.

Local Co-investigators:
Evelina Chambo, Director of the National Blood Transfusion Services (NBTS), MOH Mozambique
Dina Ibrahimo, National Donor Recruitment Coordinator, NBTS, MOH Mozambique

Project Description:
This study is being implemented by the MOH NBTP, with technical assistance (TA) provided by the AABB team. The study will help identify the level of knowledge among the general public on blood donation; beliefs, perceptions, attitude and experiences about blood donation; barriers that may limit blood donation; factors that motivate some people to donate blood; and the most effective communication methods to reach and motivate the target audience to become regular blood donors for the national blood program of Mozambique.

It has been recognized that voluntary, non –remunerated, low risk and repeat blood donors are safest in comparison to those who give their blood only when a member of their family requires it (i.e., family replacement donors). In Mozambique, despite efforts to improve blood donor recruitment since the beginning of USG support in 2004, the percentage of blood donations coming from replacement donors has remained relatively high, and the NBTS remain dependent on family replacement donors whilst the demand is greater than the current blood supply. Motivating the public to donate blood will require information about current and potential blood donors, particularly in relation to current knowledge, attitudes, and practices regarding blood donation-information provided by this study. Study findings will inform and enable the NBTS staff to further improve blood donor recruitment efforts and to increase the number of blood donors, educate blood donors on blood donation and reduction of risk behaviors to reduce or prevent risk of HIV transmission.

Convenience sampling and two data collection techniques – personal interviews and focus group discussions (FGDs) – will be utilized for implementation of this study. Standardized tools have been developed for both interviews and FGDs. Approximately one week will be spent in each of six locations, with at least 200 interviews and 1 FGD conducted in each location. Interviews will be conducted with both donors and non-donors.

Status of the Study:
A working group composed of MOH NBTS staff, including the Program Director and the Blood Donor Recruitment Coordinators, a Researcher from the MOH national Health Institute as well as AABB and CDC technical staff has been established. The study protocol and tools have been developed and the study protocol and instruments were approved by the Mozambique Bioethics Committee and the appropriate US authorities. However, the study has not yet received Administrative Approval which is granted only by the Minister of Health. It is for this reason that the study has not been implemented. Recent discussions with the Minister of Health revealed that unrelated issues which have caused delays in the construction of the new National Blood Transfusion Services Reference Center are the reason he is denying approval of this study and other Blood Safety capacity building activities. It is anticipated that the ground breaking of the new Blood Transfusion Reference Center will begin January 2009 and we expect this KAP study to be approved for implementation by first quarter 2009 so that results will be available in June/July 2009 and will be used to inform planning for further NBTS recruitment activities for FY09.

Planned FY08 Activities:
Pending Administrative Approval of KAP study protocol, preparation for implementation can take place in January/February 2009, data collection from March to May 2009, data entry and analysis in June 2009, and report-writing and dissemination in July 2009.
A team of twelve staff and field researchers will be trained from the NBTS staff. AABB will provide a full-time study coordinator, who will assist with training and supervision for the duration of the study. MOH NBTS, AABB and CDC staff will collaborate for final data analysis, and preparation of the report and dissemination event.

Budget Justification:
As mentioned above, no new funds are requested for FY09, and funding provided in FY06/07 will be used for completion of this study.

The budget breakdown for funds provided from previous years will be:

Salaries/fringe benefits: not applicable
Accommodation and per diems for data collectors and supervisors: $55,000
Equipment (Recorders, computers etc.): $10,000
Supplies (Stationary, batteries etc.): $6,500
Reproduction of tools and study report: $7,000

Activity Narrative: Training: $6,000
Travel for study personnel in-country: $17,000
Travel (incl. return flight from the US), accommodation and per diems for the TA provider: $30,000
Short-term consultancy contracts for data entry and data analysis: $16,000
Translations and transcripts: $9,500
Final dissemination workshop: $3,000
Other: $10,175
Total $170,175

New/Continuing Activity: Continuing Activity

Continuing Activity: 15722

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15722	15722.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6341	3630.08	Track 1 Blood Safety	$0

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 3585.09

Mechanism: Track 1 Blood Safety

Prime Partner: American Association of Blood Banks

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 5144.23636.09

Planned Funds: $545,000

Activity System ID: 23636

Activity Narrative: April09 Reprogramming: Reduced $155,000. Funds moved to RPSO.

Continuing Activity:

The American Association of Blood Banks (AABB) has been awarded Track 1 funding to provide technical assistance (TA) and support to the Mozambique Ministry of Health (MOH) National Blood Transfusion Program (NBTP) for purposes of strengthening the blood supply and ensuring blood safety in Mozambique.

Key activities planned by AABB for FY09 are:

1) Continue assistance in establishing a legal framework and appropriate blood legislation, regulation and policy. During the first year of USG support, AABB provided TA to the NBTP for the development of a National Blood Transfusion Policy. This National Policy is currently under review by the MOH legal department. AABB is attentive to the need of a further round of discussion before final approval.
2) Assist in securing approval and implementation of national standards related to blood collection, testing, and transfusion and then support training on these standards.
3) Continue support and development of plans for renovation and expansion of NBTP facilities.
4) Provide TA to the implementation of data collection systems for Monitoring and Evaluation (M&E), and Quality Management Systems to routinely monitor progress and operational activities. New forms for data collection system have been developed and piloted in key national centers. National implementation of the new form is scheduled for FY09.
5) Following sucessfull development and implementation of training materials in Portuguese on Donor Service and Infectious Disease Testing, AABB will continue with development and implementation of other training materials for blood collection, immunohematology, blood compenet preparation and mobile collection.
6) Conduct training-of-trainers (ToT) sessions on blood component preparation and immunohematology which will facilitate the roll-out of trainings to further blood banks through Mozambican blood bank trainers in the futures. Training materials are translated to Portuguese, adapted and sessions conducted in Portuguese. AABB will supervise initial ToT to guarantee appropriate use of the training materials.
7) Train key NBTP personnel on quality management systems (QMS) and help this professional to develop and pilot QMS in a target blood bank in Mozambique.
8) Provide technical assistance to the NBTP to conduct baseline Knowledge Attitudes and Perceptions (KAP) survey. The protocol has been approved by the US IRB and the Mozambique Bioethics Committee. Implementation of the study is awaiting authorization from MoH and will follow immediately after approval according to a planned schedule.
9) Develop Information Education Communication (IEC) materials to educate donors and promote voluntary blood donation and develop consistently applied donor notification policy regarding test results.
10) Assist the MOH NBTP in identification and establishment of linkages for fellowship opportunities for physicians in transfusion medicine.
11) Provide TA for the procurement of a Computer System Blood Bank Software to be implemented nationally.
12) The new Blood blood bank facility in Maputo is expected to be completed in 2009. In preparation for its operation, the MoH has requested AABB to assist in identifying trainnig sites outside the country to train selected Mozambican professionals. Identification of training sites will depend on language skills of the trainee. AABB will attempt also to develop job descriptions and terms of reference for each position of the new blood center.
13) The mentoring program (on-the-job-training) initiated in FY08 in Beira and Nampula will be continued and extend to other provincial blood banks in the country. Three to four programs of 6 months each will be conducted in FY09.
14) Donor recruitment training in Brazil will be continued and facilitated by Brazilian partners in Portuguese.
15) AABB will assist the NBTS with the full implementation of the ELISA system in 10 provincial capitals.
16) AABB will provide TA for the revision of the existing "Mozambican Guidelines for Blood Transfusion" and help NBTP to conduct a workshop to further disseminate the new guidelines among Mozambican physicians.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12924

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12924	5144.08	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	6340	3585.08	Track 1 Blood Safety	$500,000
8194	5144.07	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	4764	3585.07	Track 1 Blood Safety	$400,000
5144	5144.06	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	3585	3585.06	Track 1 Blood Safety	$676,440

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$250,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 5006.09
Mechanism: Track 1 Blood Safety RPSO
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: Central GHCS (State)
Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL
Program Budget Code: 04
Activity ID: 9004.21495.09
Planned Funds: $155,000
Activity System ID: 21495

Activity Narrative: April09 Reprogramming: Increased $155,000.

ACTIVITY UNCHANGED FROM FY 2008. No New Funding in FY09.

Continuing activity - FY08 update: The area selected by the Ministry of Health (MOH) for the construction of the National Blood Bank Reference Center in Maputo is property of the MOH and is located in a compound adjacent to Mavalane Hospital (one of the three major hospitals in Maputo City) and the National Maintenance Department.

In March 2007, the MOH National Blood Transfusion Program (NBTP) Team with support from a consultant from the American Association of Blood Banks (AABB) met, inspected and measured the terrain, and developed a first draft of the plant for the new facility.

To address concerns of the Mozambique Health Minister and the MOH National Health Director regarding needs for future expansion of the laboratory and NBTP, the plan was revised and upon further discussion with the MOH NBTP, AABB and USG staff until a consensus was reach and the revised plan designed to ensure a clear physical separation between the NBTP Directorate on one hand and the reference laboratory and training facility on the other hand. The plans were re-drawn and a cost analysis was performed. These were submitted and approved by the Health Minister, the MOH National Health Director and the NBTP staff.

Key changes between the first initial plan and the final approved plan include:

(1) The Laboratory will be separate from the NBTP directorate. This building will have 1440 square meters, should have adequate space as designed for future expansion of regional testing.
(2) A second building will be used for storage, mobile staging and generator housing. This building will have 288 square meters.
(3) A third structure will be build to house the NBTP staff and directorate.

While the initial plan would have resulted in one single longer L-shaped building, concerns included that the building would be too long for proper ventilation and outside light. The final plan is expected to provide adequate space for expansion of services for the next 10 -15 years.

Funding proposed under this activity will cover all costs required for completion of this important infrastructure.

COP07 Narrative to be maintained:

In 2004/5, the USG supported the Ministry of Health (MoH) National Blood Transfusion Program (NBTP) team to develop a five-year strategic plan to re-design blood transfusion services, moving toward a network model of service delivery. Consequently, the Minister of Health decided in-line with international WHO guidelines and recommendations to support the establishment of an independent National Blood Transfusion Service. This activity would provide funding to the Regional Procurement Support Office to support the MoH to design and construct a facility which would bring the Blood Transfusion Services Directorate and the National Referral Blood Bank together under one unit.

This activity aims to:
1) Improve the coordination of services between these two bodies;
2) Establish an improved national blood safety training facility;
3) Strengthen the coordination of the National Blood Transfusion Quality Assurance and monitoring and evaluation program; and
4) Improve overall service and coordination of the National Referral Blood Bank.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12967

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12967	9004.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	6353	5006.08	Track 1 Blood Safety RPSO	$1,000,000
9004	9004.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	5006	5006.07	Track 1 Blood Safety RPSO	$1,500,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: $2,848,780

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 9944.09
Mechanism: DoD-TBD-GHAI-Local
Prime Partner: To Be Determined
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN
Program Budget Code: 05
Activity ID: 23204.09
Planned Funds: [redacted]
Activity System ID: 23204

Activity Narrative: The Maputo Military Hospital is the Mozambican military's largest hospital. In addition to serving military personnel and their families, it also serves the civilian population which comprises more than 60% of the total number of patients. The hospital's laundry and medical equipment sterilization room is non-functional with the large autoclaves and laundry facilities broken and obsolete, unable to be repaired. There is only one small autoclave functioning for the whole hospital which is inadequate to respond to the infection control needs of hospital. The military medical sites are not receiving support through the Global Fund for infection control.

FY09 PEPFAR funding will be used to renovate the Maputo Military Hospital sterilization room and provide equipment for sterilization. The funding will also be used to provide basic supplies for infection control such as gloves, masks, sharps containers, soap. PEPFAR funding will also support training for Military hospital staff and implementation of an infection control plan which can be replicated throughout the military medical sites.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 3570.09
Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN
Program Budget Code: 05
Activity ID: 8582.23786.09
Planned Funds: $1,349,390
Activity System ID: 23786

Activity Narrative: The National Medical Assistance Directorate of the MOH closely linked to the National Nursing Department has been implementing a nationwide Infection Prevention and Control (IPC) program that coordinates, implements and supervises the prevention of medical transmission activities in the country.

PEPFAR funds have been utilized to implement the IPC program and will continue to support the MOH staff to roll out training to health workers of health units where there is no partner. This enhances the MOH staff's capacity to utilize training materials developed with assistance from PEPFAR supported partners, and to implement activities on their own, strengthening their confidence and implementation experience in the absence of outside support, which in turn will contribute to long-term sustainability and continuation of the program activities.

In 2009, the goal is to continue to the strengthening the role of the MOH IPC program, in particular the Nursing Department, in the expansion and institutionalization of the IPC efforts in health facilities throughout the country.

Main activities proposed are to:
1. Conduct six provincial IPC training for health workers ($132,000)
2. Conduct twelve training for ancillary workers in IPC and basic nursing care in ten hospitals ($180,000)
3. Support supervision visits and monitor IPC activities in general and rural hospitals in ten provinces ($ 50,000)
4. Printing and distribute training materials and job aids to support the implementation of IPC program ($81,700)
5. Purchase and distribute of selected personal protective equipment (PPE-face shield, surgical mask, eye wear, caps, aprons, gloves for examinations, utility and laundry purpose) for six provinces ($905,690)

Product/Deliverables
• 150 health workers trained in IPC issues
• 240 ancillary workers trained in basic nursing care and IPC issues
• 1000 training material printed and distributed
• 2000 job aids printed
• 10 supervision visits from the central level of the MOH (to hospitals
• Personal protective equipment (PPE) (face shield, surgical mask, eye wear, caps, aprons, gloves for examinations, utility and laundry purpose) for six provinces

New/Continuing Activity: Continuing Activity

Continuing Activity: 13190

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13190	8582.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6408	3570.08	Cooperative Agreement	$250,000
8582	8582.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	$89,821

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $422,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8784.09

Mechanism: JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 5177.23831.09

Planned Funds: $1,349,390

Activity System ID: 23831

Activity Narrative: This RFA was developed to ensure continuation of support for activities that began under the University Technical Assistance Program (UTAP) Cooperative Agreement (CoAg) to support a broad range and expansion of prevention and care services and activities in Mozambique. Working with the Ministry of Health (MOH) and other local partners, the agreement is designed to build on and strengthen multiple PEPFAR activity service areas, specifically counseling and testing, infection prevention and control (including tuberculosis), male circumcision, cervical cancer prevention, gender issues, human capacity development, prevention of mother-to-child transmission, malaria and other linkages areas. Within this RFA, the specific Infection Prevention and Control area activities where Fiscal Year (FY) 09 funding is being requested include: Infection Prevention and Control (IPC) and improvement of waste management systems at major US goverment supported hospitals where Anti-Retroviral Treatment (ART) services are provided.

MOH, with technical assistance from JHPIEGO, has been implementing a nationwide Standards-Based Management and Recognition approach (SBM-R) to improve Infection Prevention and Control (IPC) practice from 2004-2008 in major USG supported hospitals providing ART services and serving as referral units for HIV/AIDS services throughout the country. Using the SBM-R approach, health staff across different services areas including ART, PMTCT, CT, laboratories, blood banks etc. identify and correct IPC activities to increase safety and prevent HIV transmission for both patients and health providers. In many instances, hospital teams have been able to also mobilize additional provincial level MOH resources to support and further strengthen IPC efforts in their facilities, thus leveraging support already provided by PEPFAR. The program has been expanded from 6 hospitals in 2004 to 43 hospitals in 2008.

In 2009, the objective is to continue to support the MOH efforts through a TBD partner, in further consolidation of the IPC program and expansion to a total of 53 hospitals throughout the country.

Also this effort will continue to support the improvement of waste management systems (procurement and installation of hospital incinerators, training and supervision of waste separation and safe disposal, in particular for ART sites with larger number of patients and thus large amounts of contaminated waste) started in 2006. By 2008, six hospitals have improved their waste management system and health staff have already been trained and supervised on the operation and maintenance of the system. In 2009, additional hospitals will be included in the program. MOH has already selected two hospitals from the northern region of the country. The improvement of the waste management system will reduce the risk of HIV medical transmission and will contribute to safe and high quality of services being available at those selected hospitals.

Activities will:
(a) Strengthen and institutionalize the IPC program in hospitals;
(b) Utilize the surveillance system created to measure the impact of the improved IPC program;
(c) Decrease the risk of medical transmission of HIV/AIDS; and
(d) Improve waste management systems in new hospitals

Main activities proposed include:
1. Conduct Training of Trainers (TOT) in IPC for 20 new IPC trainees for the 10 new facilities;
2. Conduct three SBM-R training courses for 80 new health workers;
3. Conduct IPC training for 100 health workers;
4. Support and monitor IPC activities in 53 hospitals;
5. Support external assessment to verify hospitals' compliance with the IPC standards conducted in hospitals
6. Monitor the surveillance system to measure the impact of the improved IPC practices;
7. Procurement and installation of incinerators in up to two new hospitals;
8. Train hospital staff to operate and maintain each system; and
9. Monitor operation of systems to ensure proper functioning.

Product/Deliverables
- One TOT course on IPC activities
- Four courses on SBM-R for new health workers
- Five courses on IPC activities
- 15 Supervision visits to verify hospital compliance with IPC standards
- Two trainings for health staff responsible for the waste management system
- Two incinerators installed in hospitals selected

New/Continuing Activity: New Activity

Continuing Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15775	5177.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	8784	8784.08		$900,000
8516	5177.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	4870	3566.07	UTAP	$720,900
5177	5177.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3566	3566.06	UTAP	$825,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $400,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 8784.09
Mechanism: JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Injection Safety
Budget Code: HMIN
Program Budget Code: 05
Activity ID: 5177.26736.09
Planned Funds: $0
Activity System ID: 26736

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 - NO NEW FUNDING IN FY09

Since 2004, the MOH, with TA from JHPIEGO, has been implementing a Standards-Based Management and Recognition approach (SBM-R) to improve IPC practices in hospitals. A comprehensive set of performance standards were developed covering 9 direct services: sterilization, operating rooms, TB, emergency departments, inpatient services (medical, surgical, and pediatric wards), dental department, blood bank, clinical laboratories, and post-mortem care; and 5 support services: administration, health education, kitchen, laundry and waste management. Using the standards, workers identify and correct performance gaps, mobilizing resources for Infection Prevention and Control (IPC). The program expanded from 6 hospitals in 2004 to 13 in 2005, to 23 in 2006, and to 33 (including the Military Hospital in Maputo) in 2007. Compliance with standards ranged from 12 to 45% at baseline and from 52 to 93% in the latest internal assessments of 2007.

The purpose of activities proposed for 2008 is to continue the support to the MOH for the expansion to a total of 43 hospitals, and institutionalization of the IPC efforts in health facilities throughout the country.

Key objectives of this activity are to (a) strengthen, expand, and institutionalize the IPC initiative in hospitals; (b) create a simple surveillance system to measure the impact of the improved IPC practices; and (c) decrease the risk of medical transmission of HIV/AIDS and of nosocomial TB.

Main activities are to assist the MOH IPC program to:

(a) Develop a system to estimate, order and control the IPC materials and supplies

(b) Conduct one Training of Trainers (TOT) in IPC for 20 new IPC trainers for the 10 new facilities

(c) Conduct three IPC training courses for 100 healthcare workers

(d) Conduct SBM-R training for 90 healthcare workers already involved in IPC activities

(e) Support and monitor IPC training activities in 43 hospitals

(f) Support recognition activities for high performing hospitals in IPC

(g) Develop a simple surveillance system to measure the impact of the improved IPC practices

New/Continuing Activity: Continuing Activity

Continuing Activity: 15775

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15775	5177.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	8784	8784.08		$900,000
8516	5177.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	4870	3566.07	UTAP	$720,900
5177	5177.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3566	3566.06	UTAP	$825,000

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: $2,000,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8784.09
Mechanism: JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Biomedical Prevention: Male Circumcision
Budget Code: CIRC
Program Budget Code: 07
Activity ID: 29836.09
Planned Funds: $1,600,000
Activity System ID: 29836

Activity Narrative: Ongoing HIV transmission in sub Saharan Africa necessitates vigorous prevention efforts, which is why the compelling evidence of effectiveness of male circumcision (MC) as an HIV prevention intervention has been met with great excitement. Three randomized clinical trials conducted in Kenya, South Africa and Uganda demonstrated that circumcision of HIV uninfected men provided between 50-60% protection against HIV acquisition. Thus, this intervention is being considered for implementation and scale-up in communities with high rates of HIV infection and low rates of circumcision of men globally.

In Mozambique, the Ministry of Health (MOH) recently granted approval for a MC demonstration project in four sites, including one military facility. In FY09, JHPIEGO will work with the MOH, NAC, CDC, DOD and other key partners to develop new communication tools and materials, services, and prevention messages for MC. Objectives will be to: develop materials on MC informed consent, post-operative care, and risk reduction counseling; train supervisors, trainers, and counselors on MC in each of the four sites; implement safe MC services in selected sites; support and monitor the implementation of the activities at the selected sites; provide technical assistance to the MOH, NAC, and stakeholders to identify and work with men at higher risk to contract HIV and design effective prevention strategies; design a strategy to promote MC among non-infected men; and implement a QA/M&E system for MC efforts as part of the overall strategy to support a safe, effective, and scalable approach to expansion of MC services in Mozambique. Outcomes will include increased number of skilled providers providing safe MC, strengthened health care facilities to provide safe MC services, and increased demand for and access to safe MC services.

Male circumcision services will not be a stand alone intervention, but part of a comprehensive prevention strategy, which incudes: the provision of HIV testing and counseling services; treatment for STIs; the promotion of safer sex practices; the provision of male and female condoms and promotion of their correct and consistent use; and linkages and referrals to prevention interventions and other social support services. An additional emphasis will be on appropriate counseling of men and their sexual partners to prevent them from developing a false sense of security and engaging in high-risk behaviors that could undermine the partial protection provided by male circumcision. Appropriate communication tools and messages will highlight accurate information regarding the protective effect of male circumcision, need for continued use of other preventive behaviors (e.g. condom use), risks and benefits of the procedure, appropriate post-operative wound management and the need to abstain from sex until certified complete incision healing. The provision of accurate information regarding these important facts will be needed in order to achieve successful and safe scale-up of male circumcision.

As part of FY09 funding, JHPIEGO partner will also develop and implement quality assurance measures and an M&E system for MC efforts as part of the overall strategy to support a safe, effective, and scalable approach to expansion of MC services in Mozambique. Additionally, adverse events and post-operative complications will be monitored and tracked. To assist with future scale-up of male circumcision throughout the country, JHPIEGO will regularly share M&E reports and lessons learned MOH, NAC, CDC, DOD and other partners.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8784.09
Mechanism: JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 23856.09

Planned Funds: $250,000

Activity System ID: 23856

Activity Narrative: Ongoing HIV transmission in sub Saharan Africa necessitates vigorous prevention efforts, which is why the effectiveness of male circumcision (MC) as an HIV prevention intervention has been met with great excitement. Three randomized clinical trials conducted in Kenya, South Africa and Uganda demonstrated that MC of HIV uninfected men provided between 50-60% protection against HIV acquisition. Thus, this intervention is being considered for implementation and scale-up globally in communities with high rates of HIV infection and low rates of circumcision of men.

In Mozambique, USG partners have provided technical guidance to the Ministry of Health (MOH) and the National AIDS Council (NAC) since late 2006 to plan and prepare a situational assessment for overall minor surgical capacity, including the expansion of safe MC services for prevention of HIV transmission.

In preparation for future expansion, the WHO and UNAIDS developed toolkit, guidelines and the training materials needed to train or re-train surgical providers on how to perform MC following the standradized procedures have been translated to Portuguese using FY08 funds. With this accomplished, adaptation could take place as soon as the assessment is completed and MOH approves preparation of pilot sites.

Activities in FY09 will build upon this ongoing work and the results of the situational assessment. The TBD partner will work with the MOH, NAC, CDC and other key partners to: 1) develop or identify communication tools and materials; 2) initiate safe MC services in four to five selected pilot sites; 3) develop systems to support quality assurance and monitoring of MC service delivery; and 4) provide capacity building and technical assistance to governmental bodies.

Based on the findings from situational assessment as well as available literature, appropriate communication tools and educational materials will be developed with other USG partners and the technical working group. The TBD partner will ensure that key messages provide accurate information regarding protective effect of MC, need for continued use of other preventive behaviors (e.g. condom use), risks and benefits of procedure, appropriate post-operative wound management and need to abstain from sex until certified complete incision healing. Educational material will be reviewed by technical working groups for linguistic and cultural appropriateness. Provider educational materials will also be identified that provide similar information on the procedure as well as detailed information of operative and post-operative care.

Safe MC service provision for HIV-negative men requires appropriate site preparation and training of providers on how to safely perform this surgical technique as well as how to monitor patients post operatively is necessary to minimize complications. Partner activities will include:

Introductory meetings and onsite orientation workshops;
Site strengthening in preparation for service delivery;
South-to-south exchanges to support training of trainers;
Provider training for teams in each region (south, central and north), with follow-on counseling-specific training as necessary; and
Onsite supportive supervision at select sites within each region where MC services are delivered.

Male circumcision services will not be a stand alone intervention, but part of a comprehensive prevention strategy, which incudes: the provision of HIV testing and counseling services; treatment for STIs; the promotion of safer sex practices; the provision of male and female condoms and promotion of their correct and consistent use; and linkages and referrals to prevention interventions and other social support services. An additional emphasis will be on appropriate counseling of men and their sexual partners to prevent them from developing a false sense of security and engaging in high-risk behaviors that could undermine the partial protection provided by male circumcision.

As part of FY09 funding, the TBD partner will also develop and implement quality assurance measures and an M&E system for MC efforts as part of the overall strategy to support a safe, effective, and scalable approach to expansion of MC services in Mozambique. Potential outcomes will include increased number of skilled providers providing safe MC, strengthened health care facilities to provide safe MC services, and increased demand for and access to safe MC services. Additionally, adverse events and post-operative complications will be monitored and tracked. To assist with future scale-up of male circumcision throughout the country, the TBD partner will regularly share M&E reports and lessons learned MOH and NAC.

Finally, the partner funded to conduct this activity will continue technical assistance and capacity building for MOH, NAC, and stakeholders in the area of MC. The proposed funding will support a series of workshops and capacity building events that will assist to (a) continuously update government staff and stakeholders on progress of MC activities in-country as well as internationally/regionally; (b) ensure that data from the assessment are shared with all relevant government entities and stakeholders, and that a participatory process is in place to ensure a constructive debate around the results, recommendations and joint planning for the development of the intervention plan and package; (c) support translation of key MC documents to Portuguese; (d) support the in-country MC working group, chaired by MOH staff, with participation from NAC and other stakeholders (including WHO, UNAIDS, UNICEF, and USG and its partners) as needed and (e) develop appropriate MC policy, as needed.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3520.09

Mechanism: DOD-DOD-GHAI-HQ

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 23109.09

Planned Funds: $150,000

Activity System ID: 23109

Activity Narrative: In Mozambique increasing numbers of men are requesting provision of Male Circumcision for HIV prevention. Military Hospitals currently provide MC but the Mozambican Military Health Directorate does not have the human capacity or material resources to provide MC at any volume of procedures to improve HIV prevention efforts. Further, individuals requesting MC are currently required to pay a fee for the service.

While the Mozambican Defense Armed Forces (FADM) appreciates the HIV prevention value of MC they are unable to meet the demand for this service. Nor do they have a MC comprehensive HIV prevention package.

To support the FADM's desire to provide more comprehensive HIV prevention programming DOD will work with FADM to create conditions for safe performance of male circumcision in military health facilities. It will start with facility improvement to insure adequate clean space for MC, provision of MC related commodities, training of doctors for MC surgical procedures according to UNAIDS/WHO guidelines and nurses and other health officers for follow-up care. PEPFAR support will provide funding for incorporation of MC into general HIV prevention IEC materials and work with FADM to ensure that men undergoing MC also receive VCT, STI evaluation and care, condoms, and HIV prevention counseling. Both men and women will be informed about the advantages and the risks of MC. Myths around MC will be addressed. The prevention campaigns will stress that: abstinence, faithfulness, consistent and constant condom use are still the basic measures to avoid or reduce the risk of infection.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: $12,986,673

Program Area Narrative:

To increase access, Mozambique initiated a process of rapid geographic expansion and scale up of antiretroviral treatment (ART) services in September 2006, which continued into 2007. ART services have been rolled out to all 148 districts. In June 2006 there were 49 sites offering ART services, mostly in Maputo City and Province. By June 2007 this had increased to 193 sites and by July 2008, 216 health facilities in all 148 districts; patients registered on ART increased proportionally from 44,100 people in December 2006 to 88,211 patients in December 2007. The September 2008 data from Ministry of Health (MOH) show that nationally 119496 are receiving ART (36% are from Maputo City and Province). Treatment coverage is estimated to be 31% of patients in need of ART (~385,200). The national target is 148,500 people on treatment by December 2009; the average monthly increase has been 4,000 patients. The PEPFAR target for FY09 is 109,904.

USG supports treatment services at 119 of 216 total sites in country and directly supports 59,274 people with ART (SAPR08). The MOH targets for coverage in 2009 (40%) and 2010 (47%) reflect a steady increase in coverage. The national target for 2013 is 272,871 persons on ART (71% coverage).This trajectory is consistent with the current policy of the MOH to expand enrollment and improve quality at existing sites while addressing the critical state of human resources and infrastructure that is limiting the potential for HIV/AIDS services. USG support will comply with the Government of Mozambique request to focus on capacity building in the health sector to allow expansion of ART on a more gradual basis in the context of a stronger health care system; this approach is consistent with the paradigm shift of PEPFAR II from emergency scale up to sustainable support. Among women receiving ARVs for PMTCT, 11% were on ART (SAPR08). Partners will develop in-country targets for pregnant women on ART for the first time in FY09. The minimum coverage target is anticipated to be 20%. In FY09 efforts will focus on integrated models of PMTCT and ART services and national level advocacy for changing ART eligibility criteria (currently CD4 <250).

With coverage in all districts in the country, MOH is currently limiting further geographic expansion of treatment sites while continuing to enroll new patients. The focus is now on improving the quality of services. Some key activities include HIVQUAL, developing patient monitoring systems for patients on ART and strengthening provincial capacity to manage and monitor HIV programs. Efforts led by MOH are underway to decentralize HIV services with the expectation that: 1) primary and secondary level health centers will be strengthened to eventually absorb ART patients referred from higher level facilities, 2) referral systems between these levels of care will be defined, 3) simplified ART monitoring systems will be put in place, 4) clinical mentoring systems for all cadres of health workers (but especially clinical officers) will be strengthened, and 5) tertiary and quaternary level facilities where ART services are not integrated (e.g. the traditional “day hospitals”) will provide training and mentoring of service providers.

Partners provide assistance for ART in all 11 provinces including technical assistance (TA), hiring clinical staff as needed, training, program monitoring, mentoring and supervision, quality assurance, salary support for key staff (such as lay counselors), provincial

level strengthening (TA for clinical and pharmacy services as requested by the MOH), district level strengthening (coordination, supervision, monitoring, strengthening referral systems to community adherence, care and support activities) adherence support and defaulter tracing, and infrastructure improvements.

During FY08, the PEPFAR team redistributed partners to improve efficiency and coordination and clarify roles and responsibilities. As a result, services and geographic coverage among partners are limited to not more than two clinical partners per province one clinical services partner per facility. Efficiencies gained from this redistribution should lower costs per target and allow better analysis of partner performance and cost management. Prior to 2008, PEPFAR Mozambique had never undergone a formal costing exercise; data from this exercise allowed USG to more accurately compare costs per target and per achievement by partners. With better tools for comparing performance and using the assumption that partners can reduce costs per target now that they have made start up investments and can capitalize on economies of scale, USG partners should be able to provide services for less. In FY09 partners will be funded to consolidate support at existing facilities, broadening assistance to adopt a district-wide approach and promote sustainability of programs. Minimal expansion to seven new districts is planned resulting in PEPFAR coverage of 116 districts complementing the coverage from nine international organizations. During FY09, clinical partners will support treatment services for 134,055 adults (directly) in 183 sites, and training for 1439 health professionals.

USG is working closely with the MOH to economize PEPFAR funding of drugs and commodities. In FY 08, the USG procured 72% of ARVs in the country. As agreed through PEPFAR compact negotiations, USG contribution to HIV commodities will be reduced by 15% per year for the next 5 years. MOH and USG will leverage other donor and Global Fund funding to ensure full coverage for drug and commodity needs. This agreement will allow USG to prioritize strengthening of the commodity logistics system.

The greatest challenges to quality service delivery in Mozambique remains severe shortages of trained human resources and inadequate physical infrastructure. There is currently no national system for patient tracking. Information on treatment is reported from sites in two ways: 1) monthly reports sent to the MOH by clinical site 2) pharmacy records submitted to the Central Medical Stores (CMAM) based on patient pick-up of ARV drugs. There is a growing gap in information reported from these two sources, suggesting more people registered as receiving ART than those who are documented to have picked up prescriptions, raising concerns about the quality of services. For pre-ART patients, there is no national reporting of follow-up and poor adherence to standard procedures for clinical and laboratory follow-up.

PEPFAR-supported clinical care services include diagnosis and treatment of opportunistic infections (OIs), TB/HIV, and sexually transmitted infections (STIs), and provision of cotrimoxazole. In FY09, a few partners will pilot cervical cancer screening activities. The national target for OI treatment is 140,000 in 2009, although there is still no national OI monitoring system. In FY08, the PEPFAR goal was to reach 424,724 PLWHA with palliative care services. Mid-year reports show that about 219,921 PLWHA were receiving clinic-based palliative care in 99 sites and 37,874, home-based palliative care. Because cotrimoxazole targets are limited by lack of national data, FY09 targets were set to achieve 50% of those adults on ART, 10% of adults in care, and all children in care (ART and non-ART).

USG assessed costing per district for OI care to more rationally and equitably distribute resources among partners. Funds will support the diagnosis and management of OIs; pain management, and management of malaria and diarrhea (for patients on ART and pre-ART) through training and formative supervision. USG will provide TA to MOH on OIs and assist with establishing policies and systems to manage and monitor care issues.

HIV- STI co-infection with certain STIs poses an enhanced risk of HIV transmission. Mozambique has among the highest rates of bacterial STIs in the region. USG assists with IEC and counseling activities; diagnosis, treatment and follow-up;and M&E. FY09 STI funds will cover trainings in syndromic management, rapid syphilis testing, and the updated M&E tools; follow-up recommendations from the recently completed STI evaluation; pilot innovative interventions to increase partner notification in Zambézia; and improve syphilis management in Cabo Delgado where prevalence is much higher than the national average (12%-26% vs.7%).
USG, through the Partnership for Supply Chain Management, will continue to support the procurement, distribution and management of essential drugs for the prevention and treatment of OIs and related diseases for adults. All OI and other HIV-related drugs will be procured through suppliers with appropriate certifications to ensure quality. PEPFAR is contributing 50.8% of overall costs of HIV-related medicines and Clinton Foundation (CHAI) and the Central Medical Stores (CMAM, with Global Fund and other support) account for the remaining amount.

Stocks of essential medicines have been erratic due to issues with distribution, warehouse management, and insufficient use of existing MOH funds to support non-PEPFAR needs. SCMS will provide central-level support to CMAM including quantification training, systems strengthening for warehouse management and distribution, improved systems and tools for tracking OI-related commodities procured by PEPFAR and strengthening CMAM's capacity to procure non-PEPFAR funded essential medicines. SCMS will also strengthen systems at the provincial level.

Community Care: For 2009, the national target for HBC is 116,556. In Mozambique, responsibility for medical versus psychosocial support services is divided between two ministries. The Government of Mozambique is still in the process of defining targets for total numbers of persons needing and receiving community services. USG funded partners account for about half of the national target.

A USG-funded survey recently showed that recipients of HBC programs are primarily poorly educated women (80%). Lack of household income or reduction due to chronic illness are common (75% and 66% respectively). Pain is commonly reported (71%). Lack of food, lack of transport, and medication side effects are key factors in non-adherence. More training and further policy development is needed in these areas. Many HBC programs are either entirely composed of HIV-infected individuals or incorporate PLWHAs in their caregivers groups.

USG support to community care is undergoing a geographic redistribution exercise to streamline assistance for HBC and community services in provinces. Partners will focus on specific areas and will develop memorandums of understanding with clinical partners to ensure continuity of care in service delivery networks down to the community. Mapping exercises for community services will assist in identifying areas of overlap with other donors. The USG will continue support to the MOH central level HBC program. In FY09, MOH will operationalize indicators for required services; receiving community care is currently defined as receiving any 3 of clinical, preventive psychological care and ensuring provision of social and spiritual care through inter-sectoral linkages. OI and pain management training will be offered to all HBC supervisors through ANEMO (Nursing Association) trainers in FY09. The MOH has asked for USG assistance in developing an operational plan to define who might serve as a government focal point within health facilities for adherence, psychosocial support and community linkages and are considering the use of social workers for this purpose.

In FY08 the national HBC monitoring form was fully integrated into the National Health Information System. In FY09 efforts will continue to improve the quality of national data collection.

USG-funded implementing partners will also be supported to provide more meaningful direct data. At the same time that individuals are likely being undercounted, some overestimation and some double-counting may occur between clinical care and HBC in upstream estimates. Also, we can document the number of persons registered in clinical care, but not the number of patients who are actually currently receiving clinical care.

Linkages: Site graduation models and criteria in development will include both clinical and community-level services; as an immediate measure, partners are expected to formalize referral systems to ensure that no gaps exist in the continuum of care from clinic to community. USG provides TA and participates in National MOH coordinated Working Groups (ART, HBC, nutrition and adherence) with broad partner and donor participation to develop recommendations on related policy, technical and operational issues. Strengthening referral systems for improved retention of patients is being actively addressed through the Adherence WG.

In 2008 the World Food Program (WFP) provided nutritional support to 21,149 persons on ART, 5000 receiving OI treatment and 33,000 in HBC with PEPFAR funds through USG partners. In FY08, the Food and Nutritional Technical Assistance project (FANTA) identified gaps and challenges for integrating nutrition into HIV services. In FY09, FANTA will develop a strategy to more effectively address these issues. This includes provision of nutritional supplements in coordination with all USG clinical partners across agencies according to clinical criteria. FANTA will also provide TA to Title II cooperating sponsors to ensure a more integrated approach.

USG will continue to provide long-lasting insecticide-treated nets (LLIN) and the Safe Water System to all new enrollees on ART through clinical partners to ensure more focused targeting of patients on ART as well as providing an additional incentive for returning to the clinic. In FY09, the Basic Care Package will also include condoms, IEC material and cotrimoxazole. In Zambezia and Nampula, USG resources from health, HIV/AIDS, water and agriculture will strive to improve the overall health, income, nutritional and food security status of PLWHA and their households through integrated programming.

In FY09, key Positive Prevention (PP) messages will continue to be incorporated into existing materials and activities. Sub-grantees include PLWHA groups exchange visits between sites. Training of trainers (ToTs) will scale-up for clinical care partners, HBC and MMAS “para social-worker” trainers and PLWHA groups. Systems and tools for monitoring project outcomes tracking behavior change are also part of this plan.

Peace Corps Volunteers will be placed with treatment and community care organizations to provide support to PLWHA in food/nutrition and ART adherence.

Continued work will be done toward better integration of wrap-around programming including coordinating efforts and leveraging resources from WFP, President’s Malaria Initiative, Millennium Challenge Corporation, Global Fund, World Bank and other international donors.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	3583.09	**Mechanism:**	I-TECH
Prime Partner:	University of Washington	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	15804.23222.09	**Planned Funds:**	$60,000
Activity System ID:	23222		

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

According to a WHO working paper (Key Elements in HIV/AIDS Care and Support,2002) major barriers to implementing the key components of palliative care and treatment often stem from systemic, organizational or policy shortcomings. These include: Low priority of HIV care within national health budgets; lack of investments in building infrastructure; insufficient remuneration and support for care professionals; loss of staff due to high HIV-related mortality and morbidity; shortages of relevant HIV information and HIV training opportunities; irregular and inadequate supplies of drugs, reagents, and equipment; and lack of essential drug lists and drug procurement not adapted to needs of people with HIV/AIDS.

USG policy suggests that addressing the needs of the infected-including treatment of sexually transmitted infections and opportunistic infections-should be a fully integrated component in any care system that emphasizes patients' quality of life by ensuring symptom control and supportive therapies combined, when possible, with disease-specific therapies. (Foley, Aulino, & Stjernsward, 2003).

Yet there are many barriers to providing sex workers and drug users with needed diagnosis and treatment of STIs and other opportunistic infections. These barriers range from serious financial limitations of both the government and of families to stigma and social barriers associated with HIV/AIDS and the behaviors of these populations. Since treating STIs and opportunistic infections are a crucial component of every comprehensive AIDS strategy, results from a qualitative assessment (I-RARE) supported by USG FY06/07 funds, will be used to determine how at-risk or infected sex workers and drug users access to services providing HIV and STI screening and treatment can be improved.

FY08 funds are being requested to support the University of Washington and its partner Global Health Communications (GHC) to work with local civil and governmental stakeholders to consider Mozambique's capacity to provide STI and HIV screening, early diagnosis and treatment to sex workers and drug users. Activities proposed for support in Mozambique include:

(a) Directing the analysis of I-RARE data to address STI and OI needs among sex workers and drug users;

(b) Supplementing I-RARE findings with other government and NGO/CBO information about referral to, and access and uptake of, screening and treatment services within Mozambique's sex worker and drug using populations;

(c) Coordinating a review of successful practices in other countries in the region that have dealt with the particular challenges specific to
hard-to-reach populations such as sex workers and drug users in creating and sustaining access to STI and OI testing and treatment; and

(d) Organizing and facilitating a workshop in which Ministry of Health (MOH), other Mozambican stakeholders and technical assistance from USG and elsewhere develop recommendations, guidance, and activities that promote the referral, screening and treatment of STIs and OI among sex workers and drug users.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15804

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15804	15804.08	HHS/Health Resources Services Administration	University of Washington	6417	3583.08	I-TECH	$75,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3837.09

Mechanism: Quick Impact Program

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 15708.23027.09

Planned Funds: $0

Activity System ID: 23027

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 - NO NEW FUNDING IN FY09

The Quick Impact Program will enable new partner organizations at grassroots level to implement modest, targeted palliative care projects. Small grants will be provided to help NGOs/CBOs/FBOs implement innovative projects, particularly to train individuals and communities to deliver HIV-related palliative care in accordance with national guidelines. The Quick Impact Program also will operate in the Emergency Plan program areas of OVC, AB, and Other Prevention. Projects will target areas of northern and central Mozambique where start-up of USG-supported HIV/AIDS care and ART services is planned for 2005-6. Monitoring of the projects by DOS staff will identify particularly successful projects and organizations that offer an opportunity to replicate approaches or strengthen new partners elsewhere. Grant opportunities will be published in the press, and grantees will be selected based on ability to contribute to Emergency Plan's 2-7-10 goals.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15708

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15708	15708.08	Department of State / African Affairs	US Department of State	7076	3837.08	Quick Impact Program	$50,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6127.09

Mechanism: CDC-Vanderbilt CoAg

Prime Partner: Vanderbilt University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 12265.23619.09

Planned Funds: $315,259

Activity System ID: 23619

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Summary and Background:

To date FGH has been supporting HIV Care and Treatment in 6 rural districts of Zambezia Province with ongoing plans to scale-up care and treatment to a total of 24 clinical sites throughout these 6 districts. FGH support has included direct support to the HIV Care and Treatment programs with ex-patriot clinicians which live and work in the above districts. This approach has allowed us to provide one-on-one supervision, clinical mentoring, and technical assistance to programmatic areas and to focus our other activities which include training, logistical support, community development, infrastructure development, monitoring and evaluation, technical assistance to DPS Zambezia, provincial human capacity development and information technology development.

Through partner re-allocation which will be taking place in FY2009, FGH will assume support responsibilities for 3 districts previously supported by another USG PEPFAR partner and 3 districts NOT previously supported by another USG PEPFAR partner. As well, FGH will assume support activities for all facility-based HIV services including HIV Care and Treatment, PMTCT and Counseling and Testing in the districts it supports. This will allow for improved coordination and integration of services offered within the health units as well as a budgetary scale down of the costs to support these services as a result of economy of scale. In coordination with DPS Zambezia, provincially approved plans for roll-out of HIV Care services include FGH expansion of services to 2 sites in each of the new districts for a total of 36 sites in all districts supported by FGH. These sites will initially be satellite sites, 6 of which are expected to progress to fixed sites by the end of calendar year 2009.

Program Area: Minimum Package of Services Offered for HIV Care and Support

Activity 1: FGH will ensure a minimum package of services for patients in follow-up in the HIV care and support programs in the 36 sites supported by FGH. This will include direct on the job training and clinical mentoring by FGH clinicians living and working in the districts to ensure appropriate high quality clinical and nutritional assessments, laboratory follow-up, and prophylaxis for OI´s. National health workers will also receive clinical mentoring for appropriate diagnosis and medical management of opportunistic infections as well as mentoring for appropriate pain management and follow-up.

As well, technical assistance will be provided for overall program organization to ensure strengthened linkages with other facility and community based services such as the TB program and HBC services. FGH will provide support for counseling services for medication adherence, psychosocial support and bereavement counseling. FGH counseling support will focus on increasing partner testing, identifying discordant couples, and prevention and educational activities to empower partners to diminish their risk of HIV infection.
Estimated budget: (no extra cost. Included as part of other activities)

Program Area: Human Capacity Development and Training related to OI

Activity 1: FGH will continue to work with the DPS-Zambezia to finance Provincial level trainings on the management and diagnosis of OI. In FY09, FGH proposes to support 2 provincial level trainings for Doctors, Tecnicos de Medicina, Nurses and other mid-level technicians. The cost of each training is estimated at $26,000 and approximately 90 persons will be trained.
Estimated budget: $52,000.00

Program Area: System Strengthening Activities

Activity 1: System strengthening activities continue with the MoH and MMAS in support of Integrated Care and Support sites for piloting of standardized community psychosocial support materials. This also provides additional support to the Palliative Care Action Plan related to changing attitudes and policies for greater access to essential medications including more varied opiate formulations and improved training materials at all levels.
Estimated budget: $95,259.00

Program Area: Monitoring and Evaluation

Activity 1: FGH will continue to integrate all HIV related services into its electronic database for improved management and follow-up, including those patients in HIV care and treatment receiving prophylaxis with co -trimoxazole. As well, FGH will provide equipment and technical assistance to the district level (NEPs) to ensure that district health centers have the capacity to improve OI surveillance and epidemiologic reporting. This system will be integrated between FGH and the DPS-Zambezia at both a district and Provincial level.
Estimated budget: $12,000.00 ($1000 per district)

Program Area: Nutritional Assessment

Activity 1: As a part of the comprehensive package of services offered to HIV+ patients identified as severely malnourished, FGH will support the implementation of an integrated food and nutritional support program. This service will begin with a nutritional status assessment of all patients who test HIV+ in FGH supported sites. This service will be offered and implemented for all patients entering the various HIV clinical services (Care and treatment, Pediatrics and PMTCT). FGH will provide training to an average of 20 health care workers per district on nutritional health activities and support the salary of an additional mid-level Clinical Officer in every district. FGH currently supports educational cooking demonstrations for mothers waiting to have their children seen in the CCR (child at risk clinic) and will expand these courses to include mothers waiting to be seen in the PMTCT clinic, as well as patients waiting to be seen in the HIV care and treatment clinics.
Estimated budget: $0.00 (please see FGH Adult Care and Treatment AND PMTCT Activity Sheet)

Activity Narrative: Program Area: Integrated Supervisions:

Activity 1: FGH will work in concert with DPS-Zambezia to coordinate DPS supervisions at the district level with regards to all HIV Care and Treatment services including ART, OI, Pediatric ART, PMTCT, CT, and TB services. FGH will support the logistics and per diems to perform one supervision per month ($500 per supervision) and include peripheral health units which have expanded to include HIV Care and Treatment.
Estimated Budget: $6,000.00

Program Area: HIV/STI activities

Activity 1: HIV-positive individuals who are co-infected with sexually transmitted infections (STI) are at high risk of transmitting not only STI, but also HIV to their sexual partners. An important aspect of prevention of HIV transmission among positives is to rapidly inform the partners of dually infected patients of their possible exposure so they can seek and receive appropriate STI and HIV diagnosis and treatment. As part of an assessment of the burden of STI among HIV-infected individuals conducted in Mozambique in 2007-2008, 498 patients were enrolled and given cards to give to their partners to invite the partners for STI and HIV counseling and testing (a method used in Mozambique STI clinics in the past). Only 13 of their partners sought care at the specified health facility, but since the 2007 assessment was not designed to evaluate this component it is unclear if the patients sought care elsewhere or the intervention was not effective. Counseling has also been used by providers to encourage patients diagnosed with STI to bring their partners in, but it is unclear how effective this method is in Mozambique. Vanderbilt has been supporting DPS Zambezia in a case finding initiative, in which health workers contact the partners of patients with HIV, but it is not understood how effective this is in bringing partners in to health facilities. This activity will measure the effectiveness of these partner notification strategies through the number of partners seeking HIV testing, number of partners seeking syphilis testing, and number of partners treated with STI medications. The findings of this activity will be used to inform the program on how to better reach out to partners at high risk of HIV and STI.
Estimated budget: $100,000.00

Program Area: VIA/Cryotherapy for the early diagnosis and prevention of cervical cancer

Activity 1: FGH will support the roll-out of and implementation of services for VIA/Cryotherapy for cervical cancer prevention in accordance with MISAU plans for expansion. In year one, initial plans will be to support services in two rural district health units (Namacura and Inhassunge) as well as the Provincial Hospital serving as reference center for more difficult and advanced cases. Visual Inspection with Acetic Acid (VIA) is a simple, proven method for the early diagnosis of pre-cancerous cervical cells appropriate for the limited resource environment of Zambezia Province. FGH support will include training and recruitment of health workers, purchase of equipment and commodities, and transport of high risk patients to referral center.
Estimated budget: $50,000.00

Total Budget Estimate: $315,259.00

Reprogramming August08: Funding increase $200,000. Additional activities around Caring for Carers will be added to the Vanderbilt's activities. In a plan developed through dialogue with the Ministry of Health, this could involve an exchange experience with Brazil who have developed an accessible "Community Therapy" model of support to caregivers, as well as the development and piloting of a caring for caregivers training module, establishing functional support groups for caregivers, training organizational staff on how to provide training and support for caregivers, and reinforcing links between community organizations and clinical facilities.

Friends in Global Health - FGH (Vanderbilt University) activities for Palliative Care: Basic health care and support, including direct implementation activities in Zambézia Province and systems strengthening at the Central, Provincial and District levels.

Implementation activities in Zambezia Province:
Vanderbilt U./Friends in Global Health is currently providing adult and pediatric HIV care and ART treatment services in 4 districts in Zambézia Province (Alto Molocue, Ile, Namacurra, Inhassunge), with expansion planned in 2 more districts (Gile, Lugela). Treatment site expansion will continue to support on-going work in 7 currently supported sites (Alto Molocue, Nauela, Ile, Mogulama, Namacurra, Macuze, Inhassunge) within 4 districts and expand to include 4 sites in each district (24 sites in 6 districts) plus the addition of 4 mobile clinics total in 4 districts. This district-wide expansion will result in a total of 28 points of service in the six districts supported by FGH/VU.

• Support implementation and maintenance of information system to monitor HIV-related palliative care activities
• Support project data collection by the National AIDS Council (CNCS) for accurate and updated mapping of NGO activities
• Support SDSAS (District Health and Social Service Department) to coordinate HBC activities in each district
• Designate and support a focal point in each FGH-supported health facility to coordinate with health (including HBC), social, legal, and other services available to PLWHA
• Support the formation and functioning of PLWHA groups
• Support ANSA (Food Security and Nutrition Association) to train PLWHA and their families on best nutritional practices using locally available products
• Support coordination with WFP and UNICEF in distribution of nutritional supplements for eligible PLWHA including children
• Support Medical Service Corporation International (MSCI) and/or local community organization to start HBC and HIV-related palliative care services in localities where such services are not yet available

Activity Narrative: • Support the implementation of a minimum package of services provincially, to include the distribution of ITBN (Insecticide Treated Bednets) in coordination with PMI and the distribution of certeza
• Support pilot activities in two districts for PLWHA transportation systems to reach points of service

Targets:
As a result of these activities, the following targets will be achieved:
Number of service outlets providing HIV-related palliative care: 28*
Number of individuals provided with HIV-related palliative care: 6250*
Number of individuals trained to coordinate HIV-related palliative care based in Health Facilities: 56
* (clinical + community based)
Systems Strengthening activities:
VU/FGH will provide technical support to the MOH, MMAS, and CNCS in systems strengthening (coordination and referral systems, materials development, M&E, supervision tools, policy development, etc), including support of the National Mozambican Women's Organization (OMM) for their care, support and training activities. Activities include:
• OMM – Care, support and Training Center in Gaza Province
• Twinning support with South African multi-service centers and the OMM in: changing cultural norms, gender-based violence, economic support (income generating activities such as soap making and others)
• Support MOH in the development and revision of HBC materials and ensure the incorporation of palliative care concepts in the new Community Health Worker materials
• Provide MOH with technical support on Palliative care and Food policy
• Provide initial and ongoing technical support to MMAS in the development of psycho-social support and other materials related to the implementation of Integrated Care and support systems
• Provide support to MMAS for supervision, M&E, and QA of HIV-related social support activities
• Develop an M&E framework for an Urban HBC model to measure quality and inform policy development in this area
• Provide technical support to CNCS to develop a plan to strengthen coordination with the MOH in the selection of HBC/OVC proposals to roll-out with ART
• Support the development and implementation of standard tools for mapping health and social services including HBC, legal services, and other services available to PLWHA

To implement these HIV-related palliative care and HBC activities, VU/FGH will recruit the following technical staff:
• Palliative Care/HBC Technical Advisor
• Palliative Care/HBC Coordinator
• Integrated Care and Support Supervisor

New/Continuing Activity: Continuing Activity

Continuing Activity: 13214

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13214	12265.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	6415	6127.08	CDC-Vanderbilt CoAg	$894,920
12265	12265.07	HHS/Centers for Disease Control & Prevention	Vanderbilt University	6127	6127.07		$915,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$100,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$30,000
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$60,000
Water	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3528.09
Mechanism: Peace Corps-Peace Corps-GHAI-Local
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 14346.21517.09
Planned Funds: $25,000
Activity System ID: 21517

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Funding only for PC small grants in support of adult care community projects.

This activity relates to Peace Corps activities HVMS 21521, HVAB 21515, HKID 21518, HTXS 21519, and HVOP 21516.

This is a continued activity from FY 08. In FY09, Peace Corps/Mozambique (PC/MZ) will use HBHC funds to support Volunteers' capacity-building activities among CBOs, FBOs, NGOs, schools and community groups that work with or provide care and support services to PLWHA. Volunteers will work with these organizations to build their capacity in project design, proposal development, funds management, and monitoring and evaluation.

Volunteers also provide technical support to international NGOs, national NGOs and local CBOs in their efforts to mobilize communities and train local volunteers and health care providers on community-based palliative care for PLWHA and their families. Volunteers provide 1) nutritional training 2) training on home garden food production, specifically to ensure food security for those on ART and resource savings (e.g., time, money, water) for caregivers; 3) psychosocial support for PLWA and their families; and 4) training of trainers on the above.

Volunteers and their counterparts will continue to have access to small grants for the activities described above.

With the concurrence of the USG PEPFAR team, PC/MZ does not report targets in this program area because the Ministry of Health requires specific palliative care training for those organizations reporting under this area. Volunteers assist other PEPFAR-funded partners in meeting their HBHC targets.

This is a new program area for Peace Corps in FY '08. It was not included in the FY '07 COP, but has been included in previous years.

PC/Mozambique is unable to report targets in this program area because the Ministry of Health requires specific palliative care training for those organizations reporting under this area.

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

The COP '08 proposed budget for palliative care will allow PC/M to continue its planned strategy of expansion of the 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 materials development and reproduction; pre-service and in-service training enhancements for improved skills and knowledge; accommodation rentals and security enhancements for the 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. PEPFAR resources will also be used for special school or community events and projects and activities related to palliative care and support.

Per Agency instructions, approximately 15% of the budgeted amount will be directed to PC/HQ to cover overhead costs for supporting PC PEPFAR activities in this program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14346

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14346	14346.08	Peace Corps	US Peace Corps	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7923.09	**Mechanism:**	HHS_HRSA/HBHC/Catholic Univ/Central/NPI
Prime Partner:	Catholic University of Mozambique	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	18063.25456.09	**Planned Funds:**	$0
Activity System ID:	25456		

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This is a New Partner Initiative Project and at the time of submitting this activity sheet for FY 08, the workplan, budget and targets were not finalized. In October, the HRSA project officer will be traveling to Mozambique in October and along with CDC -Mozambique staff and the AED consultant assigned to prepare a detailed capacity building plan for the NPI projects in Mozambique, will meet with Catholic University in order to finalize the workplan and set targets. Below is the project executive summary for this NPI.

The Catholic University of Mozambique (UCM), in partnership with a local organization of the civil society, COMUSANAS, the Provincia Directorate of Health (DPS de Sofala) and an international partner, the University of Pittsburgh, proposes an innovative, communitywide effort to stop the HIV epidemic in the Chibabava District in the southern region of the Sofala province and to mitigate the impact of the disease on those already infected. The geographic focus area of this project, the central region, is the hardest hit, and although the official rate in this region is 26.5%, the seroprevalence in Beira is 34% (Surveillance Data, MOZ MoH, 2004).

Due to the gravity of the AIDS epidemic in the central region of Mozambique, an approach that combines sound prevention methods with the identification and care of infected individuals is necessary. This proposal, called C.A.R.E. (Community Aware, Resolve Enhanced against HIV/AIDS), is designed to strengthen the relationship between care and prevention. The proposed model enhances the community component of an already established care and treatment program, through a network of volunteers, animators and supervisors, following the CARE GROUP (CG) model, widely used in USAID child survival programs. This already proven model for managing a large number of volunteers will allow us to reach remote populations, to deliver prevention message on an interpersonal basis, monitor clinical and medication adherence and will scale up a community-based program for patients and their families. This proposed activity addresses PEPFAR objectives “7-10”, i.e. prevention and care and also is in accordance with the National Strategic Plan to Fight HIV/AIDS in Mozambique, called Plano Estratégico Nacional de Combate ao HIV/SIDA (P.E.N) of the Government of Mozambique.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18063

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18063	18063.08	HHS/Health Resources Services Administration	Catholic University of Mozambique	7923	7923.08	HHS_HRSA/HBHC/Catholic Univ/Central/NPI	$0

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3685.09
Mechanism: USAID-USAID-GHAI-Local
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 27167.09
Planned Funds: $95,000
Activity System ID: 27167

Activity Narrative: This is a new activity under COP09.

This activity will fund 100% of the HBC Activity Manager Salary and 50% of the Community Based Support Specialist salary.

The Project Management Specialist PMS (activity manager) is responsible for implementing selected portions of the SO-9 HIV/AIDS Team portfolio in USAID/Mozambique, with shared responsibility with the OVC/HBC Advisor for full CTO oversight and professional management, implementation, and direction to up to ten (10) activities that are conducted by a variety of Implementing Partners (IPs). The assignment includes responsibility for monitoring and evaluation of existing program activities, and for implementing new activities, as required. The PMS participates with professionals of all Mission Sectors in the planning, design, development, management, and monitoring of USAID programs. In the course of the assignment, the Specialist will represent USAID, its activities, and its programs to senior host-government counterparts (at Ministerial levels, local government leaders, counterparts, etc.), to other donor agencies, and to NGO counterparts and the private sector.

The Community Based Support Specialist (CBSS) provides technical leadership to assist in responsiblities for planning, implementing monitoring and overseeing activities related to community care, in particular, care for OVC and home based care adn support for PLWHA. CBSS also serves as CTO for and activity manager for several community based projects.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3629.09

Mechanism: USAID-Health Alliance International-GHAI-Local

Prime Partner: Health Alliance International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5146.24052.09

Planned Funds: $100,000

Activity System ID: 24052

Activity Narrative: April09 Reprogramming: Increased $100,000.

This is a continuing activity under COP08.

HAI will continue to invest in the improvement of the quality of HBC services and community mobilization activities by strengthening the capacity of community based organizations (CBOs) and other relevant community structures as well as strengthening individual and social palliative care services and the linkages between the community and the health system, home-based care activities totalling approximately $2,000,000 administered through sub-grants to national and international NGOs. By more pro-actively engaging the community and clinical staff and structures, community participation will be strengthened, which should improve the linkages within the health system and facilitate the development of prevention strategies and the promotion of available services at both the community and clinical level. HAI will work towards strengthening the monitoring and evaluation capacities of the system, as well as improve the capacity of the program to adapt to the needs of the population. HAI will also expand to a few sites in Tete province where they will be expanding their treatment activities as well.

Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners including PSI, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

Per 07/07 reporgramming;
Health Alliance International will reach an additional 5,000 people with home-based health care services and train an additional 90 activists to provide care within communities. The additional resources will also allow HAI more staff to properly oversee home-based care activities as well as provide increased oversight through joint supervision with the Provincial Delegate of Health and strategically improve the quality of care clients receive from HAI's partners.

This activity is related to HVCT 9113, HVTB 9128, HBHC 9131, MTCT 9140,HTXS 9164, HTXD 9160, and HLAB 9253.

In addition to HAI's provision of treatment activities, HAI also supports the provision of palliative care through HBC services through 10 local CBOs and clinical services HIV positive patients, who are officially registered at day hospitals. All patients on ART are assigned to a community based care volunteer for follow -up and referral.

In FY07, HAI will continue to provide technical support and sub-grants to fifteen national CBOs delivering palliative care in home-based care setting in 15 districts. This will be expanded to 41 organizations linked to 47 ARV treatment sites. These sub-partners offer logistical support and care to HIV+ clients who have been referred through the "day hospital" clinical services or through other health services. This is a continuation of services started in FY2004-FY2006 and includes an expansion to reach a total of 12,800 persons with home-based palliative care. Additional home-based care volunteers will be trained by MOH-accredited trainers. They will work hand-in-hand with clinical service providers and conduct follow-up visits to clients on ART to support adherence and provide palliative care. The trained volunteers will encourage and set up community-level safety net programs for PLWHA as need. Clinical HIV services supported by HAI will serve an estimated 63,000 seropositive patients presenting with OIs and/or STIs.

HAI will continue the expansion of capacity building for community-based groups. Training for 120 people from home-based care organizations will be provided in the areas of institutional capacity building, monitoring and evaluation, and quality assurance (linked with HBHC 9131). In addition, HAI will take advantage of their extensive network of CBOs, and will work with over 100 organizations to increase mobilization efforts for stigma reduction, prevention, care and treatment. These activities will improve HIV information available in the communities and reinforce the network of HIV services.

Under COP07, mechanisms will be put in place to improve linkages to clinics. Although, NGOs were encouraged to liaise with local clinics, many volunteers were comfortable working at the community level only. In FY07, volunteers will be required to work along with clinics in caring for PLWHA on ART, with TB patients, patients with OIs, STIs and other conditions. At least 50% of all HBC clients will need to have a clinic record. Treatment adherence also will be supported by a related USG activity to ensure TB and HIV patients are taking their medicines and not experiencing any overt reactions. In addition, volunteers will be trained to further recognize probable diseases and to refer clients to the clinic for proper follow-up. Coupons for transport or use of bicycle ambulances will be used to ensure clients attendance. Further training will be held to ensure that HBC supervisors, and volunteers have the necessary skills to handle these new activities.

HAI will also increase interventions that improve health workers skills and ability for diagnosis, prevention, and treatment of opportunistic infections amongst patients seen at HAI supported treatment facilities including HBC programs through: 1)Training of health staff in the diagnosis and clinical management of important OIs including cryptococcal meningitis, Oesophageal candidisis and Pneumocystis pneumonia (PCP);
2) Provision of cotrimoxazole prophylaxis to stage 3 and 4 HIV patients including those diagnosed with TB and HIV; 3) Development and implementation of registers and monitoring tools that keep track of OIs being

Activity Narrative: treated at treatment facilities; 4) Referral of HIV infected patients to HBC programs for continuing care; and 5) Follow up of patients regularly for CD4 monitoring and clinical staging to assess when eligible to initiate ART.

HAI will be funded to support the MOH procurement system by maintaining a buffer stock of OI medicines to avoid complete stock-out of these commodities. As a result of this activity, 240 clinical staff will be trained in OI management, supervision and maintenance of simple pharmacy management systems.

General Information about HBC in Mozambique:
Home-based Palliative Care is heavily regulated by MOH policy, guidelines and directives. USG has supported the MOH Home-Based Palliative Care program since 2004 and will continue with the same basic program structure including continued attempts of strengthening quality of services to chronically ill clients affected by HIV/AIDS. In FY02, the MOH developed standards for home based care and a training curriculum which includes a practicum session. Trainers/supervisors receive this 12 day training and are then certified as trainers during their first 12 day training of volunteers. A Master Trainer monitors this first training and provides advice and assistance to improve the trainers' skills and certifies the trainer when skill level is at an approved level. All volunteers that work in HBC must have this initial 12 training by a certified trainer and will also receive up-dated training on a regular basis. The first certified Master Trainers were MOH personnel. Then ANEMO, a professional nursing association, trained a cadre of 7 Master Trainers who are now training Certified Trainers, most of whom are NGO staff who provide HBC services in the community. In the next two years, ANEMO will train and supervise 84 accredited trainers who will train 7,200 volunteers, creating the capacity to reach over 72,000 PLWHA.

In addition, the MOH designed 4 levels of "kits" one of which is used by volunteers to provide direct services to ill clients, one is left with the family to care for the ill family member, one is used by the assigned nurse which holds cotrimoxazole and paracetamol and the 4th kit contains opiates for pain management which only can be prescribed by trained doctors. The kits are an expensive, but necessary in Mozambique where even basic items, such as soap, plastic sheets, ointment, and gentian violet are not found in homes. USG has costed the kits and regular replacement of items at $90 per person per year; NGOs are responsible for initial purchased of the kits and the replacement of items once they are used up except for the prescription medicine, which is filled at the clinics for the nurses' kits. An additional $38 per client per year is provided to implementing NGOs to fund all other activities in HBC, e.g. staff, training, transport, office costs, etc.

MOH also developed monitoring and evaluation tools that include a pictorial form for use by all volunteers, many of whom are illiterate. Information is sent monthly to the district coordinator to collate and send to provincial health departments who then send them on to the MOH. This system allows for monthly information to be accessible for program and funding decisions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15866

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15866	5146.08	U.S. Agency for International Development	Health Alliance International	7278	3629.08	USAID-Health Alliance International-GHAI-Local	$3,150,000
9133	5146.07	U.S. Agency for International Development	Health Alliance International	5041	3629.07	USAID-Health Alliance International-GHAI-Local	$1,399,816
5146	5146.06	U.S. Agency for International Development	Health Alliance International	3629	3629.06		$1,070,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8784.09 **Mechanism:** JHPIEGO

Prime Partner: JHPIEGO **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support

Budget Code: HBHC **Program Budget Code:** 08

Activity ID: 8570.23832.09 **Planned Funds:** $0

Activity System ID: 23832

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 - NO NEW FUNDING IN FY09

Continuing Activity:
Various activities related to technical support of MISAU, MMAS and CNCS in systems strengthening (coordination and referral systems, materials development, M&E, supervision tools, policy development etc). Includes support of OMM care, support and training

This is a new activity.
Gender-based violence (GBV) is an urgent public health problem worldwide, particularly in the context of the HIV/AIDS epidemic. WHO (2002) reports that between 10 and 69% of women experience physical abuse at the hands of a male partner at least once in their lives. When combined with a woman's increased vulnerability to sexually-transmitted diseases including HIV in any given heterosexual encounter, violence and other gender-related norms guiding male and female behavior greatly exacerbate the situation.

Since 2006, JHPIEGO has been providing technical assistance to the MOH to update and disseminate PEP guidelines for HIV occupational exposures; and it is now expanding these guidelines to other vulnerable groups such as victims of gender-based violence. Particularly in countries such as Mozambique, with an estimated HIV prevalence of 16.2% and with the main mode of transmission being heterosexual intercourse, and where women suffer a generally lower status of development than men, gender-based violence and gender norms that influence women's vulnerability to HIV must be incorporated into the context of existing HIV programs.

The purpose of this activity is to support the MOH to rapidly address the needs of gender-based violence clients within the health care service delivery system and to ensure linkages between different levels of interventions.

Objectives:
1. Provide support to the MOH to expand the concept of gender "mainstreaming" into health care service delivery, through integration of gender-based violence components into existing HIV programs and strengthening linkages to services for victims of gender-based violence

Measurable Outcomes:
• Assessment conducted of availability, suitability and coverage of local programs to which victims of gender -based violence can be referred
• Findings of assessment and corresponding recommendations for strengthening of programs for victims of gender-based violence disseminated

Main Activities:
• Conduct assessment to determine availability, suitability and coverage of local programs to which victims of gender-based violence can be referred, and to determine culturally appropriate and relevant interventions and messages to address gender issues (in Maputo City, Zambezia and Sofala provinces)

This activity sheet is also linked to activity sheets 8587, 8631 and 8637.

This activity is a continuation of South-to-South collaboration with Brazilian experts to support and provide short-term technical assistance (TA) to the Mozambican National STI (Sexually Transmitted Infections) and HIV/AIDS Program.

A technical expert for HIV/STI training from Brazil will provide short-term technical assistance for the validation of the STI training roll-out to HIV/AIDS treatment service sites. In addition, the Brazilian expert will assist the Ministry of Health (MoH) STI/HIV/AIDS program staff and staff from the MoH training institutes to review of HIV/STI pre-service training materials, to ensure that HIV counseling and testing, partner notification and STI treatment for HIV-positive clients are incorporated in pre-service training curricula.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13206

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13206	8570.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	8784	8784.08		$100,000
8570	8570.07	HHS/Centers for Disease Control & Prevention	To Be Determined	4879	3640.07	TBD Cooperative Agreement	[redacted]

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	3570.09	**Mechanism:**	Cooperative Agreement
Prime Partner:	Ministry of Health, Mozambique	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	8587.23788.09	**Planned Funds:**	$315,000
Activity System ID:	23788		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity sheet describes funding and support to the Mozambique Ministry of Health (MOH) for three components divided into Home-Based Care (HBC), Sexually Transmitted Infections (STI)/HIV, and Opportunistic Infections (OIs) prevention and control.

Continue USG support for MOH Home Based Care activities ($50,000) as described below:
Because of considerable pipeline, only basic program costs are covered in this period:
1. Monitoring and Evaluation: Creation of materials and supervision to improve quality and assure integration with the MOH Health Information System Database.
2. Update and revision of guidelines continues.
3. Routine supervision of the provinces by the 3 technical staff in the MOH to improve the quality of HBC and M&E activities and assure integration of community HBC with Treatment sites. There are continued efforts toward creation of integrated supervision tools.

Continue USG support for MOH STI/HIV program activities ($165,000) as described below:
1. ($40,000) Support STI/HIV program M&E efforts: refreshment trainings on the use of updated M&E tools;
2. ($117,000) Integration of STI screening and treatment in clinical and ART settings as well as PMTCT/ANC services. This activity builds on the results of the STI study conducted in FY07/08 to assess the prevalence of STIs in PLWHA and the needs for integration of STI prevention, diagnosis and treatment in PLWHA. This task will be conducted with the assistance of the Atlanta team of STD division, currently assisting the MoH implementing the STI integration project. The proposed activities for FY09 include the following:
(a) revision and adaptation of current guidelines on syndromic management of STIs to address specific needs of PLWHA attending ART settings including their partners;
(b) reproduction and dissemination of integrated STI/HIV tools for ART services, including outpatients and MCH settings, which will involve refresher trainings of health workers from both ART and MCH settings;
(c) continue roll out training on STI syndromic management and syphilis rapid testing
(c) integrated supervision visits for technical assistance on program implementation.

3. ($8,000) As in previous years, USG proposes to continue general STI/HIV office and program support for routine program functions (office supplies, communication expenses, etc).

Continue USG support for MOH OI program activities ($100,000) as described below:
Improvement of diagnosis and management of OIs. The main activities are: policy development and revision, training of various cadres of health workers, acquisition of equipment and supplies, strengthening M& E, and joint supervisions. Additional support to the MoH will strengthen meningitis surveillance including cryptoccocal meningitis in laboratories and clinical settings.

FY08: This activity sheet describes funding and support to the Mozambique Ministry of Health (MOH) for three components divided into Home-Based Care (HBC), Sexually Transmitted Infections (STI)/HIV, and Opportunistic Infections (OIs) prevention and control.

Continue USG support for MOH Home Based Care and Traditional Medicine Program program activities ($250,000) as described below:
HBC Program
1. Refresher training for the Provincial HBC Focal Points in conjunction with ANEMO (Mozambican Nurses Association).
2. Monitoring and Evaluation: Creation of materials and supervision to improve quality and assure integration with the MOH Health Information System Database. This includes a workshop with implementing NGO partners to orient them to the MOH electronic database for direct integration to improve quality and timely collection of information.
3. Update and revision of guidelines, training materials and job aids to include integration with treatment sites and other changes as needed.
4. Routine supervision of the provinces by the 3 technical staff in the MOH to improve the quality of HBC and M&E activities and assure integration of community HBC with Treatment sites. At the Central level, HBC supervision will be integrated with Treatment supervision during this period.

Traditional Medicine Program
This will support activities already in progress based in the National Institute of Health and as start-up monies for the Institute of Traditional Medicine planned to start in 2008. It will encompass such as activities as:
1. Training of Trainers at the Provincial level addressing: referrals to the National Health System through raising awareness in both Traditional Medical Practitioners and Health Personnel about the importance of their positive interaction, the modification of harmful beliefs and practices in the areas of health, legal issues such as inheritance rights, gender based violence and others which Traditional Medical Practitioners have substantial influence over in the community.
2. Integration of effective approaches to traditional practices in other areas, such as: pre-service training and continuing education for doctors, nurses and the planned Community Health Worker program, various existing MOH programs such as STI, TB/leprosy, nutrition for adults and children, malaria and chronic diseases, OMM (Organization of Mozambican Women) activities, Integrated Care and Support Systems activities with MMAS (Ministry of Social Action) providing social support for those with chronic diseases and affected family members such as orphans and vulnerable children (OVC).
3. Supervision of provincial activities
Continue USG support for MOH STI/HIV program activities ($368,000) as described below:
1. Integration of STI screening and treatment in clinical and Anti-Retroviral Treatment (ART) settings as well as Prevention of Mother-To-Child (PMTCT)/Antenatal Care (ANC) services ($310,000). This activity will build on the results of the assessment of STI diagnosis and treatment in ART settings supported by USG FY06/07 funds. The assessment provides information on the prevalence of STIs in HIV-infected patients

Activity Narrative: followed at ART service sites and integration of STI prevention, diagnosis, and treatment in routine outpatient HIV care and treatment settings. The proposed activities for FY08 include:
(a) Revision and adaptation of current guidelines, training materials and development of job aids on management of STIs for HIV-infected patients and their partners, attending ART services;
(b) Development of guidelines, revision of training materials and job aids, to address the specific context of pregnancy, to ensure that pregnant women and their partners, attending ANC/PMTCT services are routinely screened and correctly treated for STIs in accordance with their status;
(c) Reproduction and dissemination of integrated STI/HIV tools for ART and ANC/PMTCT service sites, including outpatient and Mother and Child Health Care (MCH) settings;
(d) Performance of refresher trainings for health workers from both ART and PMTCT service sites (one course per province, therefore a total of 11 refresher trainings for approximately 275 health workers to be re -trained);
(e) Supervision visits for monitoring of implementation of the above described activities (at least one central level visit per province per year).

2. Finalization of the development of an algorithm on sexual abuse in children, and performance of a dissemination and advocacy workshop ($50,000). Sexual abuse of children is an important problem among families, where family members, friends, teachers, and others are often identified as the abuse perpetuators therefore creating an environment facilitating repeated abuse and psychosocial problems for the victims. To -date the MOH STI/HIV program has developed an algorithm addressing sexual abuse in adults. Funding under this activity will support the finalization and dissemination of an algorithm for sexual abuse in children. Existing algorithms for sexual abuse tend to mainly address clinical management of victims and lack other aspects such as reference to and management of psychosocial and other aspects arising from the abuse. The advocacy workshop will facilitate dissemination of the algorithms and at the same time assist the MOH to work with other line ministries and stakeholders in developing a plan for improved referral mechanisms and linkages.
3. As in previous years, USG proposes to continue general STI/HIV office and program support ($8,000) for routine program functions (office supplies, communication expenses, etc).

Continue USG support for MOH OI program activities ($200,000) as described below:
Improvement of diagnosis and management of OIs. The main activities are: policy development and revision, training of various cadres of health workers, acquisition of equipment and supplies, strengthening M& E, and joint supervisions. This year's activities will also include the implementation of OI surveillance.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13192

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13192	8587.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6408	3570.08	Cooperative Agreement	$818,000
8587	8587.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	$767,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$200,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3568.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 5198.23679.09
Planned Funds: $177,585
Activity System ID: 23679

Activity Narrative: THIS ACTIVITY SHEET WAS MODIFIED IN THE FOLLOWING WAYS:

Columbia University's (CU) scale-up of treatment services is supported by USG and guided by Mozambique's national HIV strategic plan. In collaboration with the Ministry of Health (MoH), CU will continue support 42 HIV care and treatment facilities at various stages of development and expansion in Maputo City, Gaza Province, Inhambane Province, Nampula Province, and Zambezia Province. CU also plans to initiate support at 12 additional facilities. Expansion plans are in accordance with MoH policy. Special emphasis will be maintained on the decentralization/integration process with special regard to urban settings. Major urban treatment facilities will be enabled to down refer stable patients on treatment and urban Health Centers will be able to start new patients on TARV. Complicated cases and treatment failures will be managed at bigger facilities. This is a part of a national process of decentralization that, according to initial MoH chronogram should be completed by December 2009.

Support to clinical services includes technical support to diagnosis, prophylaxis and treatment of opportunistic infections including pain management. On the job training activities and formal training at site and provincial level includes the OI component. At facilities where CU is supporting major renovations, the physical space allows areas for cytostatics preparation and administration for SK. CU supports the training of staff on cystostatic preparation and on Kaposi Saroma treatment.

CU will continue to facilitate the nutritional assessment and distribution of nutritional supplements to patients through mechanisms to be determined in partnership with USAID on the basis of MoH approved clinical criteria at Maputo Military Hospital. (420 beneficiaries)

CU will maintain and expand the monitoring and evaluation system that captures valuable information on opportunistic infections and will continue to work with clinical staff to improve the quality of filling in forms. This will be done through periodic site visits to sites from the provincial data officers and with the support from M&E technical staff from the central office.

Educational activities carried out through peer educators and support groups will include messages regarding CTX prophylaxis, nutrition and hygiene education.

CU will work to establish partnerships with community organizations working on Home Base Care to link health facility services with home care.

Total: $177,585

FY08: Columbia University works in 7 provinces in Mozambique (Maputo, Gaza, Inhambane, Nampula, Zambezia, Maputo City, and Tete province where Columbia works with the military to provide services. In all these sites, support is provided for the implemention of HIV care and treatment programs that include staff training and mentoring, infrastructure improvements, procurement of materials and supplies needed at facility level, hiring of staff to support service provision and program monitoring and evaluation, as well as technical and clinical advisors. These activities are also described in other parts of this document.
During FY08 Columbia University-ICAP will continue to support and expand HIV related care activities at these sites with a view of decentralising services to remote facilities while improving patient follow up, referral and initiation of ART services. The following activities will be implemented:

1. Strengthen the management OI drugs at supported Care and treatment facilities through: training of pharmacy staff in OI management including how to monitor adherence; implementation of drug management systems (computer and paer based), support provincial warehouse to strenghthen referral systems, logistics systems and staff training in drug managment; Procurement of OI medication for treatment of adults, infants and children in case of stock outs at CU supported sites: additionally CU will continue to work with the MOH and SCMS in ensuring that sites implement recommended drug mangment procedures to strenghthen the current logistics system.and Implement logistic systems to help ensure continuous supply of medications (in coordination with CMAM/SCMS);

2. Support the diagnosis and treatment of Opportunistic Infections: Implement syndromic approach for treatment of STIs and screening for HPV/cervical cancer through training and procurement of equipment and supplies;. Implement case-finding, prevention and treatment of Malaria through training and in collaboration with PMI and the PSI programs, procurement of bed nets and other supplies; Support improvement and expansion in the detection and treatment of Kaposi's Sarcoma through training health staff in chemotherapeutic agents preparation/KS treatment, renovation and outfitting of treatment areas, and implementation of an M&E system to track incidence and prevalence of KS; Implement patient follow up for patients not yet initiating ART ensuring that they receive cotrimoxazole, have access to nutrition programs (World Food Program) are followed up regularly and initiated on ART once they are eligible for treatment

3. Improve links with community HIV care programs through development of Memoranda of understanding, sub-agreements, with Comunity based organistaions and PLWHA support groups.

Support diagnosis, treatment and prevention of opportunistic infections: Implement syndromic approach for treatment of STIs and screening for HPV/cervical cancer; Provide training, lab testing, and procurement of equipment and supplies for diagnosis and t
Strengthening OI management by providing training to pharmacists, implementation of software , monitoring of adherence , continued education for health staff, supervision and M & E and procurement of essential Oi drugs

New/Continuing Activity: Continuing Activity

Continuing Activity: 16283

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16283	5198.08	HHS/Centers for Disease Control & Prevention	Columbia University	7403	3568.08	Track 1 ARV Moz Supplement	$640,000
8566	5198.07	HHS/Centers for Disease Control & Prevention	Columbia University	4859	3567.07	UTAP	$680,000
5198	5198.06	HHS/Centers for Disease Control & Prevention	Columbia University	3567	3567.06	UTAP	$380,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $20,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6124.09
Mechanism: CDC CARE INTL
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 15786.23649.09
Planned Funds: $23,192
Activity System ID: 23649

Activity Narrative: Support will be given to 5 sites and expansion into district of Govuro. This includes comprehensive management of OIs including cotrimoxazole prophylaxis and pain relief includes supporting training as needed, monitoring and evaluation, supervision, referral systems from clinical care to community care, nutritional assessment and monitoring, linkages with organizations providing HBC, nutritional support, ITN, safe water, adherence support and psycho-social support for patients and vulnerable family members including OVC.

In addition, adult support groups will be created in each facility base center where there will be monthly meetings to share experiences and provide mutual support.

Support will be provided to a group in each of the 4 district to care out home visits with a focus on healthy living, referrals to health centers for key symptoms, adherence support and moral and psychological encouragement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15786

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15786	15786.08	HHS/Centers for Disease Control & Prevention	CARE International	6414	6124.08	CDC CARE INTL	$265,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3569.09

Mechanism: Cooperative Agreement

Prime Partner: Ministry of Women and Social Action, Mozambique

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5199.23799.09

Planned Funds: $37,200

Activity System ID: 23799

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Continuing with FY08 activities, the Ministry of Women and Social Action (MMAS) will be provided with ongoing technical assistance to develop Integrated Care and Support networks in Tete, Sofala and Zambezia provinces, particularly emphasizing psychosocial support to PLWHAs and vulnerable family members.

MMAS will coordinate with other sectoral partners (MoH, Ministry of Interior, Ministry of Agriculture) to provide a comprehensive response to the medical and broader social needs of individuals and families made vulnerable by HIV/AIDS. Taking advantage of community led committees being revitalized with the support of the government, MMAS will train community volunteers (who can be characterized as "para social workers") to carry out social evaluations and referrals, and will provide psycho-social support to orphans, vulnerable children and families affected by HIV. Referrals may include links to the formal sector (e.g., MMAS cash grants), the informal sector (such as nutritional supplements and local NGO services and activities), and Home Based Care programs, who, in turn refer to Health clinics as needed. It also includes standardizing, coordinating and supporting Income Generation Activities most appropriate for this target group.

This activity will also benefit from collaboration with USAID, UNICEF, World Bank, FAO and local NGOs who may provide capacity building, referral services or other support. It will result in policy changes, monitoring criteria, supervision and training materials that improve access to the broad array of services needed by this target group. Specifically MMAS will train 12 trainers who will then train 300 volunteers, resulting in 5000 OVC and vulnerable family members served. In FY09 materials for training community committee members will also be tested by MMAS.

Continuing with FY07 activities, the Ministry of Women and Social Action (MMAS) will be provided with ongoing technical assistance to develop Integrated Care and Support networks in Tete, Sofala and Zambezia provinces.

As part of this activity specifically, MMAS will coordinate with other sectoral partners (MoH, Ministry of Interior, Ministry of Agriculture) to provide a comprehensive response to the medical and broader social needs of individuals and families made vulnerable by HIV/AIDS. Taking advantage of community led committees being revitalized with the support of the government, MMAS will train community volunteers (who can be characterized as "para social workers" as we "task shift" to compensate for the lack of Human Resources in the Social Welfare sector) to carry out social evaluations and referrals, and will provide psycho-social support to orphans, vulnerable children and families affected by HIV. Referrals may include links to the formal sector (e.g., MMAS cash grants), the informal sector (such as World Food Program nutritional supplements and local NGO services and activities), and Home Based Care programs, who, in turn refer to Health clinics as needed. It also includes standardizing and coordinating Income Generation Activities most appropriate for this target group.

This activity will also benefit from the support of USAID, UNICEF, the World Bank, FAO and local NGOs who will provide capacity building and other support such as financing cash grants in response to the higher demand for services that will occur. It will result in policy changes, monitoring and evaluation, supervision and training materials that improve access to the broad array of services needed by this target group.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13199

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13199	5199.08	HHS/Centers for Disease Control & Prevention	Ministry of Women and Social Action, Mozambique	6409	3569.08	Cooperative Agreement	$125,000
8590	5199.07	HHS/Centers for Disease Control & Prevention	Ministry of Women and Social Action, Mozambique	4877	3569.07	Cooperative Agreement	$400,000
5199	5199.06	HHS/Centers for Disease Control & Prevention	Ministry of Women and Social Action, Mozambique	3569	3569.06	Cooperative Agreement	$350,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$5,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3526.09
Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 5200.24431.09
Planned Funds: $0
Activity System ID: 24431

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Removed TA and salary related costs and for GAP6:

TASK 4: Removed from this activity sheet per OGAC guidance on PHEs.

This is a continuing activity from FY06 with no additional monies to be added. A no-cost extension until March 31, 2009 is in the process of being approved. The following provides an update on remaining activities.

TASK 1: Survey of HBC practices (completed)

FHI provided technical assistance in questionnaire revision, modified ANEMO's sub-contract and provided the organization with technical and financial assistance for this evaluation, expanded per FHI's proposal to include other topics related to quality of community care. In addition, FHI trained ANEMO supervisors in data collection and data analysis. FHI and ANEMO have finalized data collection and data analysis. At present, the first and second drafts of the survey report have been developed and submitted to CDC, and upon approval will present findings to the MOH.

TASK 2: Create an evaluation tool for NGOs HBC Programs

For the adaptation of the NGO HBC Program Evaluation tool, FHI has initiated the process for directly hiring a consultant to assist in the development of these tools in coordination with the HBC Technical Group at the MOH. The consultant will lead a working group composed of representatives of four NGOs that implement HBC to develop and/or adapt self-evaluation tools for various aspects of HBC, including basic clinical care, prevention, psychosocial support, social and spiritual support.

TASK 3: Develop documents detailing palliative care approaches that are appropriate to the Mozambican context

This task is pending completion of the Public Health Evaluation under Task 1, as it will use findings detailed in the Final Survey Report as the basis for developing and/or adapting documents on palliative care approaches. The following sub-tasks will be completed during this extension period:

Task 3a: Develop operational and policy recommendations around strengthening of referral systems, both to health services, other sectoral services and informal services

Task 3b: Develop clear entry and exit criteria for HBC programs

Task 3c: Develop a training module around community triage for a fair distribution of the HBC client workload within programs to improve quality services.

TASK 5: Update the Portuguese version of the "Where There is No Doctor" manual

FHI has completed the translation, revision and adaptation of all chapters of the Where There is No Doctor Manual. The remaining steps to accomplish on this task include: finalizing illustrations, printing, distribution and launches in selected provinces.

FHI projects that these tasks will be completed by the end of March 2009

FY08: Additional funds available through the plus-up will be used in collaboration with CDC Atlanta and the Mozambique Ministry of Health, department of clinical laboratory services and the Mozambique Institute of Health, to develop and implement surveillance of Cryptococcus disease amongst persons infected with HIV. This will contribute to improved treatment and management of Cryptococcosis including Cryptococcus meningitis amongst PLWHA.

This activity contributes to partial salary and benefits for the CDC Medical Epidemiologist and the full salary and benefit support for the CDC Home-based Care Technical Advisor.

The Medical Epidemiologist will provide leadership in activities related to Opportunistic Infections and TB/HIV program managment, participate in MOH, Inter-Agency, and TB/HIV Task Force meetings, supervise TB/OI and Home-based care activities (including supervising 3 staff who work closely with MOH on these issues), supervise cooperative agreement with Mozambique's Ministry of Women and Social Action and lead the development and implementation of public health evaluation activities related to care and treatment.

The Home-based Care Technical Advisor oversees and coordinates Home-based Care activities in the MOH, Integrated Care and Support activities with MMAS and provides technical inputs to ANEMO's (Mozambican Nurses Association) palliative care related activities and related public health evaluations and systems development activities being carried out by various partners.

This activity sheet is also linked to activity sheets 8587, 8570 and 8637.

This FY07 funding request will support technical assistance visits from CDC for final analysis and presentation of findings from assesmments of the feasibility of integrating 1) STI diagnoses and treatment and 2) improved partner services into routine HIV outpatient clinical care.

Part of this request is also to continue an existing GAP 6 mechanism that, at this time, is still being finalized. Funding will be used to develop activities related to a "Best Practices in Integrated Care and Support"

Activity Narrative: document. These best practices were identified in the National Home and Community Care Task Force meeting that took place in August 2006 through the participation of all the major Home Based Care implementing partners and umbrella organizations for implementing CBOs. Some of the policy issues identified included: improved referral systems to multisectoral services, sustainable food security activities, mechanisms for free access to OI treatment, improved monitoring and supervision systems, improved transport systems, caring for carers to prevent burnout, and training for appropriate interaction with community committees. This will incorporate activities related to Traditional Medicine as well.

In addition, funding from this activity will pay 100% of the salary and benefits package of the Home Based Care Specialist and partially fund the Senior Care and Treatment Specialist.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12934

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12934	5200.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$233,115
5200	5200.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHAI_CDC_HQ	$33,292

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3627.09

Mechanism: USAID-World Vision International-GHAI-Local

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5137.24367.09

Planned Funds: $0

Activity System ID: 24367

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008.

Reprogramming August08: Funding increase $50,000. Reprogramming to support proposed PPP in Gorongosa Park (activity to be implemented through WV sub ADPP.

This is a continuing activity under COP08 with the same targets and a slightly lower budget then in FY2007.

Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

This activity is related to MTCT 9143, HKID 9155, HTXS 9168 and HVCT 9157.

World Vision implements their palliative care program in close collaboration with their OVC program. The Community Care Coalitions (CCC) and their selected caregivers called Home Visitors (HV) as well as the Home Based Care Activists (HBCAs) will continue to work to identify chronically ill persons in their respective communities and provide palliative care through home-based care (HBC). This work will be conducted in close coordination with district and provincial offices of the Ministry of Health (MOH). Caregivers will be charged with making home visits to these ill people (PLWHA stages 1&2 – as defined by the World Health Organization), providing them with material, psychosocial and spiritual support, and appropriate nutritional advice and emotional counseling. HBCA will work with the CCCs to help arrange, as needed, higher levels of palliative care for those clients (PLWHA stages 3&4) who are clearly suffering from ailments caused by AIDS, including treatment of OI, pain management, referrals to ART, malaria prevention, etc. In each district a HBC Nurse Supervisor will oversee the HBCAs and provide direct support to the clients when needed. When possible, legal services to help dying patients prepare wills and burial arrangements will be arranged by the HV These activities are being carried out by the HVs as part of their routine work with PLWHA and OVC which also includes protecting the rights of children and promoting the creation of a memory book as a coping mechanism for the client and family members. The project will provide psychosocial support for the bereaved family.

Overall, World Vision will be seeking to improve the quality and scope of PLWHA palliative care. One element in providing for PLWHA support is the sustainability of the community-based organizations (CBOs) leading the effort. Key to World Vision's sustainability strategy is ensuring that the FBOs, CBOs/CCCs and their member have the capacity to carry out their important PLWHA care and support activities in the long term. To this end, World Vision has developed an Organizational Capacity Building (OCB) Guide focused on strengthening the general organizational capacities (as opposed to solely HIV/AIDS-specific technical skills) of CBOs/CCCs. The iterative three stage OCB process begins with organizational self-assessment, followed by selected training based on the results of the assessment, and supplemented with additional follow-up support. World Vision will apply this new strategy to strengthen 2 local organizations and 40 CCCs.

Under COP07, mechanisms will be put in place to improve the community to clinic linkages. Although, NGOs were encouraged to liaise with local clinics, many volunteers were comfortable working at the community level only. In FY07, volunteers will be required to work along with clinics in caring for PLWHA on ART, with TB patients, patients with OI, STI and other conditions. At least 50% of all HBC clients will need to have a clinic record. Treatment adherence also will be supported by a related USG activity to ensure TB and HIV patients are taking their medicines and not experiencing any overt reactions. In addition, volunteers will be trained to further recognize OIs and to refer clients to the clinic for proper follow-up. Coupons for transport or use of bicycle ambulances will be used to ensure clients attendance. Further training will be held to ensure that HBC supervisors, and volunteers have the necessary skills to handle these new activities.

Under COP07, capacity building of local CBO/FBO will continue with fervor. With a UGS funded AED program, tools and materials will be available for NGOs to use with their nascent CBO in provide quality services and assess and manage outside funding. AED will also provide training on several general topics (on functional organizations, strengthened management, leadership, advocacy, financial management, etc.) which will be open to all NGOs and their partners.

Through this activity, 5,020 PLWHA will receive HIV-related palliative care and 502 per will be trained to deliver HIV-related palliative care.

General Information about HBC in Mozambique:
Home-based Palliative Care is heavily regulated by MOH policy, guidelines and directives. USG has supported the MOH Home-Based Palliative Care program since 2004 and will continue with the same basic program structure including continued attempts of strengthening quality of services to chronically ill clients affected by HIV/AIDS. In FY02, the MOH developed standards for home based care and a training curriculum which includes a practicum session. Trainers/supervisors receive this 12 day training and are then certified as trainers during their first 12 day training of volunteers. A Master Trainer monitors this first training and provides advice and assistance to improve the trainers' skills and certifies the trainer when skill level is at an approved level. All volunteers that work in HBC must have this initial 12 training by a certified

Activity Narrative: trainer and will also receive up-dated training on a regular basis. The first certified Master Trainers were MOH personnel. Then ANEMO, a professional nursing association, trained a cadre of 7 Master Trainers who are now training Certified Trainers, most of whom are NGO staff who provide HBC services in the community. In the next two years, ANEMO will train and supervise 84 accredited trainers who will train 7,200 volunteers, creating the capacity to reach over 72,000 PLWHA.

In addition, the MOH designed 4 levels of "kits" one of which is used by volunteers to provide direct services to ill clients, one is left with the family to care for the ill family member, one is used by the assigned nurse which holds cotrimoxazole and paracetamol and the 4th kit contains opiates for pain management which only can be prescribed by trained doctors. The kits are an expensive, but necessary in Mozambique where even basic items, such as soap, plastic sheets, ointment, and gentian violet are not found in homes. USG has costed the kits and regular replacement of items at $90 per person per year; NGOs are responsible for initial purchased of the kits and the replacement of items once they are used up except for the prescription medicine, which is filled at the clinics for the nurses' kits. An additional $38 per client per year is provided to implementing NGOs to fund all other activities in HBC, e.g. staff, training, transport, office costs, etc.

MOH also developed monitoring and evaluation tools that include a pictorial form for use by all volunteers, many of whom are illiterate. Information is sent monthly to the district coordinator to collate and send to provincial health departments who then send them on to the MOH. This system allows for monthly information to be accessible for program and funding decisions.

In FY06, the initial phase of the assessment of home-based care will be completed. Recommendations from this assessment will inform the MOH on how to improve the palliative care services delivered at community level and what is needed to strengthen the caregivers. Training in psychosocial support is beginning to roll out and is meant to support HBC caregivers as well as the clients and their families. In Zambezia, it was reported that 40% of the HBC clients died during a recent 3 month period. This puts a lot of stress on the volunteer caregiver, who needs support to continue to do his/her job faithfully. A pilot project in three locations will support an integrated care system, strengthening relevant government offices as well as NGOs. The more varied resources, such as food, education, legal and other social services, that are available to the chronically ill, the stronger the overall program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14544

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14544	5137.08	U.S. Agency for International Development	World Vision International	6863	3627.08	USAID-World Vision International-GHAI-Local	$650,000
5137	5137.06	U.S. Agency for International Development	World Vision International	3627	3627.06		$1,000,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3529.09

Mechanism: GHAI_CDC_POST

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 8637.24446.09

Planned Funds: $600,946

Activity System ID: 24446

Activity Narrative: This activity sheet describes funding for three components in the Adult Care and Support area divided into Home-Based Care (HBC), Sexually Transmitted Infections (STI)/HIV, and Opportunistic Infections (OIs) prevention and control.

Salary Support CDC ($367,342):
Included are the partial salary and benefits for the STI / Vulnerable Populations Technical Advisor, who oversees and coordinates MOH and other partner's activities, provides technical inputs, and monitors STI/HIV activities targeting the general population as well as Most-At-Risk Populations (MARPS), partial salary and benefits for the CDC OI Technical Advisor who oversees and coordinates OI related activities with the MOH and implementing partners, partial salary and benefits of the Care M&E officer who works within the CDC Care team to support palliative care (home based and clinic based) related program monitoring activities including: evaluating progress in program implementation, compiling, maintaining and reporting on data records related to partner reports and proposal submissions; data compilation needed for routine program monitoring, COP preparation and semi-annual and annual reports, Additionally, these funds will support the full salary and benefits for the HBC Specialist and the Community Care assistant who work closely with the Ministry of Health and Ministry of Women and Social Action as well as USG partners in developing community based HIV care and support programs with the Community Care Assistant focusing on Food Security and Nutrition related issues in this area.

Home Based Care (HBC) ($30,000): This provides funding for Travel and supportive supervision and TA by CDC employees to the Ministry of Social Action and the Ministry of Health and a small amount of back-ups funds for needs that may arise related to materials development, consultancies for technical support and exchange visits, regional meetings or conferences related to Community Based Care and Support.

Sexually Transmitted Infections (STI)/HIV ($97,000):
Specific activities include TA to support MOH and partners to (a) ($20,000) improve syphilis management efforts in Cabo Delgado; (b) ($12,000) develop improved partner notification interventions to be piloted in Zambezia province; (c) ($20,000) support for STI program (MOH) data base development and review; and, (d) ($30,000) support preparations for STI surveillance (protocol development, training) for 2010.

In addition some funding ($15,000) under this activity will support in-country travel for supervision and training activities, as well as participation in regional/international continuing education events or study tours to other projects.

Opportunistic Infections (OIs) prevention and control ($70,000): Activities will center around improvement of diagnosis and management of OIs (training different cadres of health workers, acquisition of equipment and supplies, strengthening M&E) and includes the implementation of cryptococcus surveillance together with the MoH, travel and supervision as well as participation in regional/international continuing education events.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12944

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12944	8637.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$219,920
8637	8637.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4867	3529.07	GHAI_CDC_POST	$430,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3529.09
Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 15696.24447.09
Planned Funds: $0
Activity System ID: 24447

Activity Narrative: This PHE activity, “Integration of Sexually Transmitted Infection (STI) Prevention, Diagnosis, and Treatment into Routine HIV Outpatient Clinical Care in Mozambique”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.07.0090.

Title: Integration of Sexually Transmitted Infection (STI) Prevention, Diagnosis, and Treatment into Routine HIV Outpatient Clinical Care in Mozambique

Time and money: Project implementation started in FY06 with the development of study protocol and coordination with the various stakeholders; in FY07 the study protocol was finalized, submitted for appropriate approvals, and data and sample collection started; in FY08 data and sample collection will continue and it is expected to complete the activity by June 2008. FY08 is therefore year 3 of this activity. The funding provided for this activity in FY06/07 ($250,000) will suffice for completion of the activity and no additional funds will be requested for FY08.

Local Principal Investigators:
Felisbela Gaspar – STI Program Coordinator, Ministry of Health, Maputo, Mozambique
Rui Bastos – Head of Department of Dermatology and Venereology, Maputo Central Hospital, Maputo, Mozambique
Elena Folgosa – Head of Department of Microbiology and Parasitology, Medical Faculty, Eduardo Mondlane University, Maputo, Mozambique

Project Description:
This is a proposal to reduce HIV and STI transmission through integration of STI prevention, diagnosis, treatment into routine HIV outpatient clinical care at anti-retroviral treatment sites in Mozambique. The project will assess prevalence of STIs in HIV-infected individuals (syphilis, genital HSV, chancroid, gonorrhea, trichomonas, and chlamydia for all, genital candidiasis and BV for women) upon entry into HIV clinical care. Findings will be used to determine if STI syndromic guidelines should be modified for HIV care settings. Through review of practices and standards of care, investigators will identify other opportunities for improvement of STI diagnosis and care in this population.

Evaluation Question:
To reduce HIV and STI transmission through the integration of STI prevention, diagnosis, treatment, and partner services into routine HIV outpatient clinical care.
Specifically to,
1. Assess training needs for HIV outpatient clinical providers in the use of STI syndromic algorithms tailored to HIV-positive individuals and on the critical importance of early identification of these STIs.
2. Determine patterns of disease in symptomatic HIV-infected individuals for STIs upon entry into HIV clinical care (syphilis, genital HSV, chancroid, gonorrhea, trichomonas, and chlamydia for all, genital candidiasis and BV for women)
3. Link STI laboratory data with clinical and behavioral data to understand (1) the burden of STI in HIV-infected individuals (prevalent infection), (2) the proportion of STI in HIV-infected individuals that is symptomatic vs. asymptomatic, and (3) provider ability to identify GUD, and vaginal and urethral discharge in HIV-infected individuals.
4. Determine possible barriers to partner management of HIV positive patients with STIs.
5. Evaluate the need for HIV-infected individuals receiving ongoing HIV care to be periodically assessed for incident STI.

Study Design and Methodology:
This is a multi-center cross-sectional survey of the prevalence of STIs among individuals utilizing two selected ART treatment sites in Mozambique. All new patients being registered at the two Day Hospitals will be invited to participate in the assessment. One ART site (Mavalane General Hospital) will be located in the city of Maputo and the other will be in the province of Gaza (Xai-Xai Provincial Hospital). The country of Mozambique has a population of 20 million people, of whom an estimated 16.2 percent are thought to be HIV positive (1.8 million). We used estimates of the prevalence of the least common STI of interest (gonorrhea, approximately 4.2%) from a previous study of the prevalence of STIs among females, ages 14 – 49 years, using family planning services. We estimate a need to enroll a total of 500 individuals, 95% CI (250 from each site). This estimate allows for a 10 percent margin for exclusions due to incomplete surveys and lost or not quantifiable specimens. We expect that it will take approximately 3 to 4 months to meet target enrollment at each of the sites, an additional 2 months for laboratory testing, and 4 months for data analysis report writing.

Planned Use of Findings:
Results from this evaluation will be used to provide the Mozambique Ministry of Health (MOH) with data that can be used to:
1. Adapt existing national syndromic STI management approaches used for HIV-infected patients;
2. Develop screening guidelines for asymptomatic STIs among HIV-infected patients;
3. Identify and enhance partner management services of partners of HIV-positive patients, by assessing STI diagnosis, and treatment results in improving HIV testing among partners;
4. Identify gaps in STI management-training for HIV care providers.

Status of the Study:
A study working group has been formed to discuss the various aspects of integrating STI diagnosis, prevention, and treatment into an HIV care setting. The working group consists of individuals from the MOH ART treatment and STI programs, clinical and National Health Institute laboratories, Maputo Central Hospital Senior Clinical Advisors and CDC prevention, treatment and M&E staff.

A study protocol was developed, submitted for appropriate ethical reviews in the US and the Bioethics Committee in Mozambique. Both boards have approved the protocol and, the Mozambique Ministry of Health also provided administrative authorization for study implementation.

Activity Narrative: Needs assessment visits were conducted to clinical and laboratory sites at Mavalane and Xai-Xai study sites. During the visits, orientation meetings were conducted with local health authorities and study site staff to explain project objectives and methodologies, and to coordinate logistics of implementation.

A technical assistance team from the CDC Atlanta STI division is assisting the country with training for study staff conducted in September 2007, as well as during the first weeks of data and sample collection in September/October 2007. Senior staff from the MoH, the Faculty of Medicine, and the National Institute of Health has facilitated the training and are now supervising study implementation.

Lessons Learned:
It has been valuable to have commitment and involvement from high level MOH staff to appropriately develop, share and present draft assessment protocol and tools. While participation from the various agencies may make this process lengthy, it enhances MOH ownership and contributes to highly relevant and appropriate tools being developed.

In addition, discussions with key MOH stakeholders and staff in preparation for the assessment protocol have already assisted in raising awareness about the importance of systematic and improved STI diagnosis and treatment for HIV-positive patients as well as helped to identify major errors in reporting of STI data at treatment sites that will be worked upon while further preparations for the assessment are ongoing.

Dissemination Plan:
After data collection and analysis, expected to be completed by May 2008, a workshop for dissemination of study results will be conducted in Maputo city, chaired by the MoH, Medical Faculty, National Institute of Health investigators, with support from CDC, and participation of stakeholders involved in implementation of HIV/STI programs in Mozambique. The study report will be widely distributed in country. Additionally, abstracts and papers will be produced for submission for presentation at regional/international conferences and peer reviewed journals.

Planned FY08 activities:
The activities for FY08 include the completion of data and sample collection, completion of laboratory tests including quality control conducted in the US, data entry and analysis, report writing and performance of the workshop for dissemination of study results.

Budget justification for FY08 monies:
Completion of project will be done using funds from FY06/07; no additional funding is being requested for FY08. A breakdown of the initial budget is provided below. Some of the expenditures will already have occurred as supplies have been procured, training has been conducted, and the study is currently ongoing.

Travel & per diem for MOH supervisors: $35,000
Laboratory supplies & equipment: $125,000
Transport of equipment & supplies: $10,000
Training of personnel at study sites: $10,000
Data analysis and feedback meeting: $50,000
Printing and dissemination of the report: $20,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 15696

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15696	15696.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$0

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6782.09

Mechanism: USAID-Save the Children U.S. -GHAI-Local

Prime Partner: Save the Children US

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 9211.24339.09

Planned Funds: $350,000

Activity System ID: 24339

Activity Narrative: THIS IS A CONTINUING IN COP09. ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS
As of July 1, 2008, the Save the Children Alliance partners, SC US, SC UK and SC Norway, constitute a unified presence in Mozambique and are now legally registered as 'Save the Children in Mozambique' (SCiMOZ) under the overall management of SC US. While this means that SC UK and SC Norway are, technically, no longer sub-grantees of SC US, program implementation at the provincial level will not be affected by this change and staff will continue to work in Zambezia and Sofala Province, respectively, as before.

SCiMOZ will continue to provide HBC services for HIV/AIDS infected and affected households in Gaza and Zambezia, but will phase out HBC activities previously implemented by HACI partners, in order to focus on improving the quality of care and ensure the most effective use of the resources available for HBC.

Building on experiences from existing collaborative efforts between the International Center for AIDS Care and Treatment Programs, ICAP, and CBO's supported by the Scale Up Hope program in Gaza, SCiMOZ will link with treatment facilities and PMTCT services supported by Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) in the districts of Xai Xai, Bilene and selected areas of Chibuto. The main focus of this collaboration will be on strengthening referral and patient tracking mechanisms and building capacity of HBC volunteers to conduct patient follow-up for care provision and support treatment adherence. Moreover, through these referral mechanisms, beneficiaries receiving treatment at these facilities will be able to benefit from a range of other interventions already being implemented by Scale Up Hope and its partners in Gaza including support for transport to and from clinical services, linking of HBC clients to food and nutritional support provided by WFP and to mosquito nets and safe water products and education provided by PSI. Through coordination of training activities, community-based volunteers will acquire a broader range of technical skills and be provided with opportunities for experience-sharing, which will, in turn, enhance the quality of care and support provided. As SCiMOZ begins to roll out a newly developed guideline on child-focused psychosocial support provision in HBC, volunteers and support group members supported by EGPAF will be included in the trainings while volunteers already trained in HBC according to the MoH guidelines through Scale Up Hope will be targeted for additional training/orientation in treatment adherence and monitoring, counseling, case identification and referral. Furthermore, community structures mobilized by SCiMOZ and its partners will provide a conducive environment for addressing issues of stigma and discrimination and HIV prevention as well as for formation of support groups for adults and children, an area in which EGPAF has considerable experience. Community based child care centers in the three districts will also provide an opportunity for two-way referral of young children, who are infected. Exploring synergies such as these will help to ensure that a continuum of care is provided to treatment beneficiaries. The quality of care provided will be monitored closely by the Scale Up Hope HBC Officer based in Gaza, who will supervise sub-partners and communities implementing HBC activities through regular visits. A checklist for supervisory visits will be developed to assist the HBC Officer to measure improvement in quality as well as identify gaps in service delivery.
Geographic distribution of services is coordinated with other provincial partners providing the same services such as Irish Aid, in collaboration with the DPS.

Reprogramming August08: Funding decrease $100,000. Funds reprogrammed to support Mission RFA (RFA funded across 3 SOs to ensure an integrated package of services, leveraging each SO's strengths.

This is a continuing activity under COP08 with the same targets and budget as FY2007.
Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners including PSI, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.
The activity is related to HKID 9213.
COP07 will be the first year that SAVE will support home-based care activities, which they requested to supplement their OVC activities. With the Track 1 OVC activity ending in February 2007, USG has added SAVE as a "new" partner and decided to broaden their program with an HBC component. The HBC program will be implemented through community committees and local NGO partners. Community volunteers will be trained based on the MOH guidelines and the HBC manual. Identification of HBC clients will be done at both community level with the involvement of local leaders, traditional healers and faith based groups. Other clients will be identified at health center and VCT sites ensuring a two way referral system is established right from the outset. Family centered Positive Living will be promoted using peers from amongst persons who are themselves living positively and also identifying 'buddies' within the community to provide support and encouragement which will also include observing taking of ART or TB drugs. Wrap around HBC activities will include food security, malaria and diarrhea prevention and psychosocial support to the client and family members.

In COP07, it is expected that 4,260 clients will receive home-based palliative care and 426 people will be trained in HBC.

Under COP07, mechanisms will be put in place to improve the community to clinic linkages. Although, NGOs were encouraged to liaise with local clinics, many volunteers were comfortable working at the community level only. In FY07, volunteers will be required to work along with clinics in caring for PLWHA on ART, with TB patients, patients with OI, STI and other conditions. At least 50% of all HBC clients will need to have a clinic record. Treatment adherence also will be supported by a related USG activity to ensure TB and HIV patients are taking their medicines and not experiencing any overt reactions. In addition,

Activity Narrative: volunteers will be trained to further recognize OIs and to refer clients to the clinic for proper follow-up. Coupons for transport or use of bicycle ambulances will be used to ensure clients attendance. Further training will be held to ensure that HBC supervisors, and volunteers have the necessary skills to handle these new activities.

Under COP07, capacity building of local CBO/FBO will continue with fervor. With a UGS funded AED program, tools and materials will be available for NGOs to use with their nascent CBO in provide quality services and assess and manage outside funding. AED will also provide training on several general topics (on functional organizations, strengthened management, leadership, advocacy, financial management, etc.) which will be open to all NGOs and their partners.

General Information about HBC in Mozambique:
Home-based Palliative Care is heavily regulated by MOH policy, guidelines and directives. USG has supported the MOH Home-Based Palliative Care program since 2004 and will continue with the same basic program structure including continued attempts of strengthening quality of services to chronically ill clients affected by HIV/AIDS. In FY02, the MOH developed standards for home based care and a training curriculum which includes a practicum session. Trainers/supervisors receive this 12 day training and are then certified as trainers during their first 12 day training of volunteers. A Master Trainer monitors this first training and provides advice and assistance to improve the trainers' skills and certifies the trainer when skill level is at an approved level. All volunteers that work in HBC must have this initial 12 training by a certified trainer and will also receive up-dated training on a regular basis. The first certified Master Trainers were MOH personnel. Then ANEMO, a professional nursing association, trained a cadre of 7 Master Trainers who are now training Certified Trainers, most of whom are NGO staff who provide HBC services in the community. In the next two years, ANEMO will train and supervise 84 accredited trainers who will train 7,200 volunteers, creating the capacity to reach over 72,000 PLWHA.

In addition, the MOH designed 4 levels of "kits" one of which is used by volunteers to provide direct services to ill clients, one is left with the family to care for the ill family member, one is used by the assigned nurse which holds cotrimoxazole and paracetamol and the 4th kit contains opiates for pain management which only can be prescribed by trained doctors. The kits are an expensive, but necessary in Mozambique where even basic items, such as soap, plastic sheets, ointment, and gentian violet are not found in homes. USG has costed the kits and regular replacement of items at $90 per person per year; NGOs are responsible for initial purchased of the kits and the replacement of items once they are used up except for the prescription medicine, which is filled at the clinics for the nurses' kits. An additional $38 per client per year is provided to implementing NGOs to fund all other activities in HBC, e.g. staff, training, transport, office costs, etc.

MOH also developed monitoring and evaluation tools that include a pictorial form for use by all volunteers, many of whom are illiterate. Information is sent monthly to the district coordinator to collate and send to provincial health departments who then send them on to the MOH. This system allows for monthly information to be accessible for program and funding decisions.

In FY06, the initial phase of the assessment of home-based care will be completed. Recommendations from this assessment will inform the MOH on how to improve the palliative care services delivered at community level and what is needed to strengthen the caregivers. Training in psychosocial support is beginning to roll out and is meant to support HBC caregivers as well as the clients and their families. In Zambezia, it was reported that 40% of the HBC clients died during a recent 3 month period. This puts a lot of stress on the volunteer caregiver, who needs support to continue to do his/her job faithfully. A pilot project in three locations will support an integrated care system, strengthening relevant government offices as well as NGOs. The more varied resources, such as food, education, legal and other social services, that are available to the chronically ill, the stronger the overall program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14335

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14335	9211.08	U.S. Agency for International Development	Save the Children US	6782	6782.08	USAID-Save the Children U.S.-GHAI-Local	$435,000
9211	9211.07	U.S. Agency for International Development	Save the Children US	5089	5089.07	USAID-Save the Children U.S.-GHAI-Local	$553,800

Emphasis Areas
Health-related Wraparound Programs
* Family Planning
* Malaria (PMI)
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$17,500

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$17,500

Education

Water	
Estimated amount of funding that is planned for Water	$35,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3579.09

Mechanism: USAID-Population Services International-GHAI-Local

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 16436.24310.09

Planned Funds: $0

Activity System ID: 24310

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008.

This is a new activity in COP08.

The military and their families are an important population to reach both in terms of universal coverage of long life insecticide treated nets (LLIN) and prevention of co-infection with HIV and malaria. PEPFAR Mozambique will target malaria prevention and reduction of co-infection at military bases identified as both high prevalence for HIV and for malaria. Data will be used from the Mozambique Armed Forces and Defense (FADM) HIV prevalence survey and from malaria statistics collected by the FADM in their health surveillance system. Distribution of the LLIN will be included as a component of the ongoing PEPFAR program with the military which includes prevention of sexual transmission of HIV, counseling and testing, treatment and prevention with positives. Behavior change communication activities will add a unit on co-infection of HIV and malaria, and IEC materials will be developed for all program components related to malaria and HIV. LLIN will be provided based on participation in any component of the HIV programs rather than on serostatus. Since military personnel have common sleeping quarters, distribution based on serostatus alond could lead to stigma. The details of what participation is required in order to be given a bednet will be worked out in implementation. Although the military is not currently included in the Mozambique PMI program, discussions between PMI and PEPFAR are ongoing to determine the best way to reach this population along with their families.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16436

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16436	16436.08	U.S. Agency for International Development	Population Services International	6856	3579.08	USAID-Population Services International-GHAI-Local	$180,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9317.09
Mechanism: Health Care Improvement Project
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 26463.09
Planned Funds: [redacted]
Activity System ID: 26463
Activity Narrative: April09 Reprogramming: Reduced $100,000.

THIS IS A NEW ACTIVITY IN COP09.

Health Care Improvement Project IQC, awared to the University Research Center, LLC will work with implementing partners to improve care for PLWHA. PEPFAR Mozambique IP standards vary widely across partners, making quality control, costing and evaluations difficult. Family Health International is leading a process of defining quality and service standards, as well as indicators to measure these standards,through the national Ministry of Health technical working group for home based care. With support from HCI, tools will be developed for various levels of implementation (community, NGO) of agreed upon quality standards. HCI will provide training to ANEMO master trainers, in implentation of quality standards. ANEMO, the National Nurses Association in Mozambique provides all training for certified home based care workers.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3626.09
Mechanism: USAID-World Relief Corporation-GHAI-Local
Prime Partner: World Relief Corporation
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 5136.24364.09
Planned Funds: $0
Activity System ID: 24364

Activity Narrative: Reprogramming August08: Funding decrease $50,000. Reprogramming to support proposed PPP in Gorongosa Park (activity to be implemented through WV sub ADPP.

This is a continuing activity under COP08 with the same targets and a slightly lower budget then in FY2007.

Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners including PSI, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

World Relief will continue to deliver quality care for the chronically ill through its existing cadre of trained care provider volunteers totaling 240 through FY06 increasing the number to 400 in FY07. World Relief works through pastor networks to gather information about the communities and identify the services needed by the PLWHA. World Relief Provincial Coordinators and some supervisors receive Ministry of Health accredited training in home-based care and extend this knowledge to the care provider 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. Coordinators, supervisors 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 World Relief in the same communities.

In COP07, World Relief will strengthen is treatment adherence activities through additional training and practicum sessions. Thus the community volunteers will be able to assess ART and TB treatment compliance among their clients in order to identify any complications and make referrals to clinic services for proper follow-up.

World Relief works primarily with pastor groups as their basis for community support. In the beginning these pastors groups were loosely organized. However, over the years they have gained experience in working together to identify and realize goals and objectives for the benefit of the community. Currently World Relief is strengthening 4 Pastor's networks and one local church in Maputo province with leadership and institutional capacity building to improve OVC and HBC services. Based on lessons learned with and from these FBOs, collaboration and expansion to new strategic partners will be feasible in other project provinces as the need for capacity strengthening becomes essential for Mozambican organizations. Each FBO will have the sole responsibility of managing implementation of activities to achieve the targets and project objective. World Relief will directly manage the financial activities in the first year of project. Funds will be disbursed monthly on the basis of justification with receipts for expenses and assist each FBO in the purchase of technical items and materials.

In FY07, 4,000 clients will be reached through home-based palliative care services by World Relief.

Under COP07, mechanisms will be put in place to improve the community to clinic linkages. Although, NGOs were encouraged to liaise with local clinics, many volunteers were comfortable working at the community level only. In FY07, volunteers will be required to work along with clinics in caring for PLWHA on ART, with TB patients, patients with OI, STI and other conditions. At least 50% of all HBC clients will need to have a clinic record. Treatment adherence also will be supported by a related USG activity to ensure TB and HIV patients are taking their medicines and not experiencing any overt reactions. In addition, volunteers will be trained to further recognize OIs and to refer clients to the clinic for proper follow-up. Coupons for transport or use of bicycle ambulances will be used to ensure clients attendance. Further training will be held to ensure that HBC supervisors, and volunteers have the necessary skills to handle these new activities.

Under COP07, capacity building of local CBO/FBO will continue with fervor. With a UGS funded AED program, tools and materials will be available for NGOs to use with their nascent CBO in provide quality services and assess and manage outside funding. AED will also provide training on several general topics (on functional organizations, strengthened management, leadership, advocacy, financial management, etc.) which will be open to all NGOs and their partners.

General Information about HBC in Mozambique:
Home-based Palliative Care is heavily regulated by MOH policy, guidelines and directives. USG has supported the MOH Home-Based Palliative Care program since 2004 and will continue with the same basic program structure including continued attempts of strengthening quality of services to chronically ill clients affected by HIV/AIDS. In FY02, the MOH developed standards for home based care and a training curriculum which includes a practicum session. Trainers/supervisors receive this 12 day training and are then certified as trainers during their first 12 day training of volunteers. A Master Trainer monitors this first training and provides advice and assistance to improve the trainers' skills and certifies the trainer when skill level is at an approved level. All volunteers that work in HBC must have this initial 12 training by a certified trainer and will also receive up-dated training on a regular basis. The first certified Master Trainers were MOH personnel. Then ANEMO, a professional nursing association, trained a cadre of 7 Master Trainers who are now training Certified Trainers, most of whom are NGO staff who provide HBC services in the community. In the next two years, ANEMO will train and supervise 84 accredited trainers who will train

Activity Narrative: 7,200 volunteers, creating the capacity to reach over 72,000 PLWHA.

In addition, the MOH designed 4 levels of “kits” one of which is used by volunteers to provide direct services to ill clients, one is left with the family to care for the ill family member, one is used by the assigned nurse which holds cotrimoxazole and paracetamol and the 4th kit contains opiates for pain management which only can be prescribed by trained doctors. The kits are an expensive, but necessary in Mozambique where even basic items, such as soap, plastic sheets, ointment, and gentian violet are not found in homes. USG has costed the kits and regular replacement of items at $90 per person per year; NGOs are responsible for initial purchased of the kits and the replacement of items once they are used up except for the prescription medicine, which is filled at the clinics for the nurses’ kits. An additional $38 per client per year is provided to implementing NGOs to fund all other activities in HBC, e.g. staff, training, transport, office costs, etc.

MOH also developed monitoring and evaluation tools that include a pictorial form for use by all volunteers, many of whom are illiterate. Information is sent monthly to the district coordinator to collate and send to provincial health departments who then send them on to the MOH. This system allows for monthly information to be accessible for program and funding decisions.

In FY06, the initial phase of the assessment of home-based care will be completed. Recommendations from this assessment will inform the MOH on how to improve the palliative care services delivered at community level and what is needed to strengthen the caregivers. Training in psychosocial support is beginning to roll out and is meant to support HBC caregivers as well as the clients and their families. In Zambezia, it was reported that 40% of the HBC clients died during a recent 3 month period. This puts a lot of stress on the volunteer caregiver, who needs support to continue to do his/her job faithfully. A pilot project in three locations will support an integrated care system, strengthening relevant government offices as well as NGOs. The more varied resources, such as food, education, legal and other social services, that are available to the chronically ill, the stronger the overall program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14537

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14537	5136.08	U.S. Agency for International Development	World Relief Corporation	6860	3626.08	USAID-World Relief Corporation-GHAI-Local	$450,000
5136	5136.06	U.S. Agency for International Development	World Relief Corporation	3626	3626.06		$500,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3680.09 **Mechanism:** The Health Communication Partnership

Prime Partner: Johns Hopkins University Center for Communication Programs **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support

Budget Code: HBHC **Program Budget Code:** 08

Activity ID: 15845.24288.09 **Planned Funds:** $0

Activity System ID: 24288

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008.

This is a new activity in COP 08.
Linked closely with the JHU HTXS activity this activity is intended to support the partners, provincial medical department and provincial "nucleos" (provincial level organization of the National AIDS Council) in the focus provinces (Nampula, Sofala, Zambezia) in implementation of the communication strategy related to home-based care. Funding in HBC allows for integrated and effective behavior change communication activities targeted to PLWHA and caregivers, their families and friends and the community at large. Reduction of stigma as well as identifying and addressing communication needs of HBC clients and their families is an important component of this program. Because this is a behavior change communication activity, HBC targets are not applicable and have not been set.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15845

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15845	15845.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6855	3680.08	The Health Communication Partnership	$150,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3674.09

Mechanism: USAID-Foundation for Community Development-GHAI-Local

Prime Partner: Foundation for Community Development, Mozambique

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 5321.24282.09

Planned Funds: $300,000

Activity System ID: 24282

Activity Narrative: April09 Reprogramming: Increased $300,000.

This is a continuing activity under COP08 with the same targets and a slightly lower budget then in FY2007.

Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners including PSI, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

This activity is related to HVAB 9112, C&OP 9152, HVTB 9127 and HBHC 9131.

In this activity, the Foundation for Community Development (FDC), through local CBO/FBO sub-grantees, will continue to provide a palliative care services to people affected by HIV/AIDS in the Maputo Corridor (Maputo City, Maputo Province, Gaza and Inhambane). This activity will continue to provide support to HBC providers who have received services with previous FY 2004-06 funds, and will extend services in FY07 to reach 12,000 persons with home-based palliative care as defined by the Ministry of Health and the USAID Mission and train 1,200 persons in home-based palliative care.

FDC is the USG's only national NGO partner. FDC started HIV/AIDS activities in the high prevalence area of the Maputo Corridor in 2001 – before PEPFAR. One of the main goals of FDC is to assist community based NGO in managing their own programs and accessing funds from a variety of sources. To this end, they are currently working with 19 sub-partners (including the provision of small grants) who are in turn, supporting 44 other groups and associations members. These CBO and FBO work with community based programs supporting HBC and OVC. To date, FDC and their partners are providing HBC services for 9,600 individuals and trained 302 people in provision of HIV-related palliative care according to MOH guidelines.

FDC work with community based organizations is as varied as are the communities. Most communities in the southern region have some formalized community leadership structure. FDC's sub-partners mobilize, engage and involve leaders of the committees/counsels to support OVC and HIV infected people. Sub-partners work closely with clinic personnel to ensure treatment adherence and refer clients to other clinical services as needed. Community "activistas" are trained in advocacy to access other social programs, such as welfare, emergency food rations, etc. FDC has begun a program on providing psychosocial support for HBC providers to meet their physical, psychological and social needs. Partnering with WFP provides emergency rations for ART patients in treatment adherence.

FDC supports ANEMO (Mozambican Nurses Association), with a sub-grant to provide HBC services directly to the chronically ill in urban barrios. These people have ready access to treatment services and the nurses provide medicines for pain management and open sores, prevalent in the later stages of AIDS. FDC also initiated the Master Training of Trainers Program which is a highly successful method for training HBC trainers from NGOs and CBOs. It is expected that this cadre of 7 Master Trainers will be used for other palliative care training such as treatment adherence, OI and STI trainings.

Under COP07, mechanisms will be put in place to improve the community to clinic linkages. Although, NGOs were encouraged to liaise with local clinics, many volunteers were comfortable working at the community level only. In FY07, volunteers will be required to work along with clinics in caring for PLWHA on ART, with TB patients, patients with OI, STI and other conditions. At least 50% of all HBC clients will need to have a clinic record. Treatment adherence also will be supported by a related USG activity to ensure TB and HIV patients are taking their medicines and not experiencing any overt reactions. In addition, volunteers will be trained to further recognize OIs and to refer clients to the clinic for proper follow-up. Coupons for transport or use of bicycle ambulances will be used to ensure clients attendance. Further training will be held to ensure that HBC supervisors, and volunteers have the necessary skills to handle these new activities.

Under COP07, capacity building of local CBO/FBO will continue with fervor. With a UGS funded AED program, tools and materials will be available for NGOs to use with their nascent CBO in provide quality services and assess and manage outside funding. AED will also provide training on several general topics (on functional organizations, strengthened management, leadership, advocacy, financial management, etc.) which will be open to all NGOs and their partners.

General Information about HBC in Mozambique:
Home-based Palliative Care is heavily regulated by MOH policy, guidelines and directives. USG has supported the MOH Home-Based Palliative Care program since 2004 and will continue with the same basic program structure including continued attempts of strengthening quality of services to chronically ill clients affected by HIV/AIDS. In FY02, the MOH developed standards for home based care and a training curriculum which includes a practicum session. Trainers/supervisors receive this 12 day training and are then certified as trainers during their first 12 day training of volunteers. A Master Trainer monitors this first training and provides advice and assistance to improve the trainers' skills and certifies the trainer when skill level is at an approved level. All volunteers that work in HBC must have this initial 12 training by a certified trainer and will also receive up-dated training on a regular basis. The first certified Master Trainers were MOH personnel. Then ANEMO, a professional nursing association, trained a cadre of 7 Master Trainers who are now training Certified Trainers, most of whom are NGO staff who provide HBC services in the community. In the next two years, ANEMO will train and supervise 84 accredited trainers who will train

Activity Narrative: 7,200 volunteers, creating the capacity to reach over 72,000 PLWHA.

In addition, the MOH designed 4 levels of “kits” one of which is used by volunteers to provide direct services to ill clients, one is left with the family to care for the ill family member, one is used by the assigned nurse which holds cotrimoxazole and paracetamol and the 4th kit contains opiates for pain management which only can be prescribed by trained doctors. The kits are an expensive, but necessary in Mozambique where even basic items, such as soap, plastic sheets, ointment, and gentian violet are not found in homes. USG has costed the kits and regular replacement of items at $90 per person per year; NGOs are responsible for initial purchased of the kits and the replacement of items once they are used up except for the prescription medicine, which is filled at the clinics for the nurses’ kits. An additional $38 per client per year is provided to implementing NGOs to fund all other activities in HBC, e.g. staff, training, transport, office costs, etc.

MOH also developed monitoring and evaluation tools that include a pictorial form for use by all volunteers, many of whom are illiterate. Information is sent monthly to the district coordinator to collate and send to provincial health departments who then send them on to the MOH. This system allows for monthly information to be accessible for program and funding decisions.

In FY06, the initial phase of the assessment of home-based care will be completed. Recommendations from this assessment will inform the MOH on how to improve the palliative care services delivered at community level and what is needed to strengthen the caregivers. Training in psychosocial support is beginning to roll out and is meant to support HBC caregivers as well as the clients and their families. In Zambezia, it was reported that 40% of the HBC clients died during a recent 3 month period. This puts a lot of stress on the volunteer caregiver, who needs support to continue to do his/her job faithfully. A pilot project in three locations will support an integrated care system, strengthening relevant government offices as well as NGOs. The more varied resources, such as food, education, legal and other social services, that are available to the chronically ill, the stronger the overall program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14314

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14314	5321.08	U.S. Agency for International Development	Foundation for Community Development, Mozambique	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	$950,000
9132	5321.07	U.S. Agency for International Development	Foundation for Community Development, Mozambique	5040	3674.07	USAID-Foundation for Community Development-GHAI-Local	$1,000,000
5321	5321.06	U.S. Agency for International Development	Foundation for Community Development, Mozambique	3674	3674.06		$500,000

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 10419.09

Mechanism: USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 9209.24294.09

Planned Funds: $100,000

Activity System ID: 24294

Activity Narrative: Reprogramming August08: Funding decrease $400,000. Funds reprogrammed to support Mission RFA (RFA funded across 3 SOs to ensure an integrated package of services, leveraging each SO's strengths.

This is a continuing activity under COP08.

FHI will expand to an additional three sites in Zambezia; FHI will also add six sites in Niassa province and offer a comprehensive package of services including counselling and testing, PMTCT, palliative care, TB/HIV, and ART treatment. FHI will continue to provide technical assistance and support to the HBC provincial program in Zambezia and initiate support of the HBC program in Niassa while also strengthening the integration of HBC and OVC programs.

Quality assurance in the delivery of home-based care is of particular importance and FHI will be actively assessing how to monitor and improve its clinical and community services. The issue of quality is of shared concern of all palliative care partners; all of whom will participate in technical meetings and roundtables to ensure a cohesive, singular, and quality approach in the future.

Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners including PSI, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

Per 07/07 reprogramming; Family Health International will reach an additional 1,000 people with home-based health care services and train an additional 40 activists to provide care within communities. The additional resources will also allow FHI more staff to properly oversee home-based care activities and strategically improve the quality of care clients receive from FHI's partners.

This activity is related to HVCT 9111, HVTB 9206, and MTCT 9223.

FHI is currently providing HBC services to clients in Zambezia Province (Quelimane, Nicoadala, Mocuba, Ile, Inhassunge) and Inhambane (Zavala and Inharrime). They have started an innovative program with the police by delivering palliative care to 1000 HBC clients. FHI trained 100 police family members and community care workers for this effort. FHI provides technical assistance to the national level MOH STI and HIV/AIDS programs for improved linkages and integration including 1) establishment of integrated HIV-STI service models at 18 sites (16 in Zambezia, 2 in Inhambane); 2) support for courses on STI diagnosis and treatment for HIV/AIDS service providers in Zambezia and Inhambane; 3); assistance in syphilis prevalence among pregnant women accessing PMTCT services at ANC/maternities and congenital syphilis among newborns of HIV+ mothers.

In COP07, FHI will continue to provide home-based care activities for HIV/AIDS-infected and affected households in the sites were HBC services were provided with PEPFAR funds during COP06 including selected sites in Quelimane, Mocuba, Nicoadala and Ile and expand to four new sites within these districts. FHI will sign a Memorandum of Understanding (MoU) with PSI to continue the distribution of mosquito nets and "certeza" which will complement the benefit of those served under the HBC program. They will attempt to establish collaboration with WFP to provide food to patients in selected cases. Through these efforst 2,083 PLWH will receive palliative care.

FHI continues to strengthen local capacity and has trained 79 individuals in HIV-related community mobilization for prevention, care and treatment. In addition, they trained 55 person in institutional capacity. One of FHI new FBO partners is the Association of Muslim Women. In FY07, an additonal 200 people will be trained to provide palliatev care.

The identification of additional entry points to the continuum of care (e.g. PMTCT, CT and linkages for clinical care to PLWHA) will be encouraged through FHI's facilitation of linkages between health facilities and programs. The DPS-Zambézia and local partners will benefit from technical assistance to bolster their capacity to implement, monitor, improve, and evaluate service delivery for chronically ill individuals as well as share innovative caring practices for these populations.

Under COP07, mechanisms will be put in place to improve the community to clinic linkages. Although, NGOs were encouraged to liaise with local clinics, many volunteers were comfortable working at the community level only. In FY07, volunteers will be required to work along with clinics in caring for PLWHA on ART, with TB patients, patients with OI, STI and other conditions. At least 50% of all HBC clients will need to have a clinic record. Treatment adherence also will be supported by a related USG activity to ensure TB and HIV patients are taking their medicines and not experiencing any overt reactions. In addition, volunteers will be trained to further recognize OIs and to refer clients to the clinic for proper follow-up. Coupons for transport or use of bicycle ambulances will be used to ensure clients attendance. Further training will be held to ensure that HBC supervisors, and volunteers have the necessary skills to handle these new activities.

Under COP07, capacity building of local CBO/FBO will continue with fervor. With a UGS funded AED program, tools and materials will be available for NGOs to use with their nascent CBO in provide quality services and assess and manage outside funding. AED will also provide training on several general topics

Activity Narrative: (on functional organizations, strengthened management, leadership, advocacy, financial management, etc.) which will be open to all NGOs and their partners.

General Information about HBC in Mozambique:
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In addition, the MOH designed 4 levels of "kits" one of which is used by volunteers to provide direct services to ill clients, one is left with the family to care for the ill family member, one is used by the assigned nurse which holds cotrimoxazole and paracetamol and the 4th kit contains opiates for pain management which only can be prescribed by trained doctors. The kits are an expensive, but necessary in Mozambique where even basic items, such as soap, plastic sheets, ointment, and gentian violet are not found in homes. USG has costed the kits and regular replacement of items at $90 per person per year; NGOs are responsible for initial purchased of the kits and the replacement of items once they are used up except for the prescription medicine, which is filled at the clinics for the nurses' kits. An additional $38 per client per year is provided to implementing NGOs to fund all other activities in HBC, e.g. staff, training, transport, office costs, etc.

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New/Continuing Activity: Continuing Activity

Continuing Activity: 15861

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15861	9209.08	U.S. Agency for International Development	Family Health International	7277	5078.08	USAID-Family Health International-GHAI-Local	$1,525,000
9209	9209.07	U.S. Agency for International Development	Family Health International	5078	5078.07	USAID-Family Health International-GHAI-Local	$1,679,735

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 10419.09 **Mechanism:** USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support

Budget Code: HBHC **Program Budget Code:** 08

Activity ID: 16381.24295.09 **Planned Funds:** $0

Activity System ID: 24295

Activity Narrative: This is a continuing activity under COP08, linked to the FY07 activity # 9209.07.

This study concerns the assessment of partner notification after introduction of HIV and syphilis rapid testing at Antenatal Care/Prevention of Mother-to-Child (ANC/PMTCT) service sites with/without 1-minute reinforced counseling.

Title: Rapid Syphilis Testing and Counseling

Time and Money Summary: This study is currently being reviewed for reprogramming given ongoing concerns about utility of results.

Local Co-Investigator: Elisabeth Inglesi, FHI

Project Description:

Study Question: What are the best practices in the integration of syphilis screening and treatment within ANC/PMTCT services?

Study Design:
1. All pregnant women visiting ANC/PMTCT services in selected sites; 1)Quelimane City/17 de Setembro; 2)Nicoadala Sede and 3) Mocuba Sede will be checked for STI symptoms and signs.
2. All pregnant women will be screened for syphilis with the use of rapid non treponemic tests.
3. All pregnant women identified with an STI or reactive to syphilis testing will be treated according to National Protocols for syndromic approach.
4. Reactive samples will be confirmed with a TPHA test. A number of randomly selected negative samples also will be tested for quality control purposes.
5. A code will be written in the ANC cards and STIs registration book available at the selected sites.

Importance of Study: The Mozambican Ministry of Health launched its National PMTCT program in July 2004. UNICEF states that many newborns have died after completion of PMTCT due to congenital syphilis. 720,000 infants were born with HIV worldwide in 2001. Large sums of donor funds are rightly being made available for PMTCT programs, yet many of the infants in whom HIV is prevented may die of syphilis. Between 10% and 15% of pregnant women have syphilis in Zambezia Province and infant death from congenital syphilis can be prevented by linking ANC/PMTCT services and syphilis diagnosis and treatment. Syphilis in pregnancy causes stillbirth, spontaneous abortion, intrauterine growth retardation, or preterm delivery in up to 50% of cases. In sub-Saharan Africa, syphilis is responsible for 20–30% of perinatal deaths.

Planned Use of Findings: The findings of this study will be useful in formulating efficient policies with the GRM regarding the identification, care and treatment of syphilis among ANC attendees.

Status of Study: Protocols are currently being established with the Ministry of Health and a decision should be made soon as to whether this PHE should be pursued further.

Lessons Learned: Research in Mozambique takes longer than anticipated due to long processes of review and authorization by the Ethics Committee and the Minister of Health.

Information Dissemination Plan: The results will be publicly announced at both provincial and federal levels.

Planned FY08 Activities: If it goes forward, the study will be completed and the results will be disseminated by the beginning of FY08.

Budget Justification for FY08: There is no FY08 funding.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16381

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16381	16381.08	U.S. Agency for International Development	Family Health International	7277	5078.08	USAID-Family Health International-GHAI-Local	$0

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 8865.09 **Mechanism:** TBD PHEs

Prime Partner: To Be Determined **USG Agency:** Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support

Budget Code: HBHC **Program Budget Code:** 08

Activity ID: 15697.24276.09 **Planned Funds:** [redacted]

Activity System ID: 24276

Activity Narrative: This PHE activity, “Comparison between volunteers providing HBC and peer group interventions in improving adherence rates to ART”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.07.0076

This PHE was formerly: Prime Partner: US Centers for Disease Control and Prevention, Agency: HHS/CDC, Funding Mech: Local

This is a continuing study from FY06: Activity ID # 5200. The title is "Comparison between volunteers providing HBC and Peer Group Interventions in Improving Adherence Rates to ART". Year 1 (2006): $60,000. Year 2 (2007): a modification of the 2006 contract is in process to provide an additional $45,000 for a total of $105,000 No FY08 monies are planned. The Local Co-investigator is The National Institute of Health based in the Ministry of Health in collaboration with CDC and FHI (Family Health International).
• Project description: The main evaluation question is: which community level intervention is more effective (including cost effective) in improving rates of adherence to ART in Mozambique, and is the improvement significant. The community interventions in question are: volunteers providing Home Based Care within the MOH guidelines and a peer group intervention. The design is a randomized controlled study and results will inform policy development for the MOH in national adherence support strategies.
• Status of study/progress to date: The protocol has been developed and has passed the local ethics committee and the ethics committee of FHI, and is currently awaiting CDC ethics review. It is planned to run for 18 months after initiation. It is behind schedule due to delays in approval of a modification to the GAP6 Task Order as well as human resource constraints in all of the organizations involved. A national meeting is planned to disseminate results at the end of the study.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15697

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15697	15697.08	Department of State / Office of the U.S. Global AIDS Coordinator	To Be Determined	8865	8865.08	New PHEs	[redacted]

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9305.09 **Mechanism:** TBD RFA Nampula and Zambezia Integrated Community Services

Prime Partner: To Be Determined **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support

Budget Code: HBHC **Program Budget Code:** 08

Activity ID: 21420.24422.09 **Planned Funds:** [redacted]

Activity System ID: 24422

Activity Narrative: This is a continuing activity under COP09.

THIS NARRATIVE REPLACES AUGUST 2008 REPROGRAMMING NARRATIVE

The U.S. Agency for International Development Mission to Mozambique (USAID/Mozambique) is issuing this Request for Application (RFA) for two results-oriented projects that are expected to integrate health, HIV/AIDS, water/sanitation, and rural enterprise program components to contribute to an overall objective of strengthening communities in two provinces of Mozambique: Nampula and Zambézia. USAID/Mozambique plans to award one cooperative agreement for each province by January 2009.

Adult Care and Support activities under this RFA will support community-based clinical, psychological, spiritual, and social care for PLWHA. Activities will also support prevention services (such as positive prevention, referral to counseling and testing, partner testing) for PLWHA.

Activities under this RFA will increase synergy across USAID/Mozambique's programs to amplify their collective impact at provincial, district, and community levels. Opportunities to integrate at the community level are particularly important. Activities are meant to complement current and future activities of Food for Peace Title II Multi-Year Assistance Programs (MYAPs). No direct clinical services will be provided under this RFA, including HIV/AIDS treatment services. Applicants will research current programs, present methodologies for working together with existing programs, and will ensure that approaches are complementary to, and not duplicative of, these programs. Strategic linkages to other U.S. Government (USG) programs should be used wherever feasible to help leverage programmatic results. The holistic approach encouraged in this RFA is also meant to improve communication among key partners, empower our provincial and district-level government counterparts, and provide more cost-effective approaches to achieving development results.

In order to cover the broad range of services that are to be integrated into each geographic area and because of the range and depth of expertise that will be required to successfully implement the activities identified under this RFA, all applicants are strongly encouraged to be a consortium. Primes are encouraged to include the services of smaller, technically specialized organizations wherever possible.

This RFA describes USAID-funded activities within the country, which make up only part of the entire USG response. Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), Department of State and Peace Corps also have on-going projects in support of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative (PMI) in Mozambique. As USAID/Mozambique strives to reach as many Mozambicans as possible in these provinces without duplicating services of other actors, successful applicants to this RFA are required to collaborate with and complement these USG projects.

The activities to be supported under this RFA are expected to operate within the context of and be coordinated with other USG-supported activities underway in Mozambique, including PEPFAR and PMI, as well as USAID-supported activities such as the Title II Food for Peace program, other agricultural and health activities. The proposed activities should also fit within the context of the Government of Mozambique's (GRM) policies, strategies and programs in health and agriculture, its Action Plan for the Reduction of Absolute Poverty (PARPA), its Strategic Plan for the Health Sector (PESS) and its Food and Nutrition Security Strategy.

This activity will contribute substantively to USG and GRM goals in health, HIV/AIDS, water/sanitation, and rural enterprise. It also responds to three Mission Strategic Objectives , which are:

a. Rapid rural income growth sustained in target areas,
b. Increased use of child survival and reproductive health services in target areas, and
c. Transmission of HIV reduced and the impact of the epidemic mitigated.

Lack of access to quality health services and behavior change messages and activities is a serious barrier to achieving GRM objectives in health and nutrition for the Mozambican population in general and, in particular, for the populations of Zambézia and Nampula. The health needs of the Mozambican population, as well as the challenges to health program implementation, access and coverage, form the basis for the anticipated results outlined in the health and HIV/AIDS component of this RFA.

Specifically, by increasing the quality and availability of goods, services, and information, increasing demand for goods and services as quality and availability improve, improving the accountability of health services and community structures to the people they serve, and increasing the social infrastructure to support communities, the populations of Zambézia and Nampula will increase their use of quality health services, health/HIV and nutrition knowledge and appropriate health practices, which in turn will help reduce the burden of disease.

Current statistics show that only 26 percent of the rural population has access to improved drinking water. To date, USAID and its partners have been putting emphasis on hygiene education and the development of behavior change interventions focused on appropriate hygiene practices, including correct water handling and storage, effective hand washing, safe feces disposal and use of latrines. However, findings from several evaluations, however, indicate that promotion of increased knowledge of better hygiene practices is not a sufficient response. While hygiene education might succeed in increasing people's knowledge about good hygiene practices, education alone will not translate into behavior change in the absence of better access to potable water and improved sanitation facilities. One would expect the combination of increased access to potable water and improved sanitation and hygiene behaviors to result in a reduction in diarrhea and, ultimately, in a reduction in child malnutrition.

Conservation agriculture, also known as perma-culture, is designed to achieve sustainable and profitable agriculture and improve farmer household livelihoods. The techniques applied in conservation agriculture

Activity Narrative: have potential for all farm sizes but are most urgently required by smallholder farmers, especially those facing acute labor shortages, such as those affected by HIV/AIDS. Conservation agriculture has been demonstrated to work in a variety of agro-ecological zones and farming systems.

The specific conservation agriculture techniques to be introduced include: leaving more ground cover (requires less work), starting field preparation months in advance of the planting season (work is spread out over a longer period of time as opposed to the present intensive work requirement at the beginning of the rainy season), and rotating crops (reduces costs and labor for control of weeds and pests and improves water infiltration). All agriculture techniques that are introduced will reduce labor requirements, which especially benefits PLHIV, OVC and their family members. Farmer Association members will also be encouraged to adopt these new techniques given their proven capacity to increase crop yields. Farmer Associations are already planting highly nutritious crops (orange-fleshed sweet potato, sesame) and income generating crops (sesame, peanuts, corn). It is expected that the majority of HIV-affected households in the targeted communities will benefit from these activities and the resulting increased crop yields.

PLHIV and OVC households will be targeted in the program through existing PEPFAR PLHIV and OVC support groups, and through referrals by health staff in PEPFAR-supported HIV care and treatment clinics, community leaders, community health council members, health volunteers and leader farmers.

Economic growth is the key to reducing widespread poverty in Nampula and Zambézia and must originate in the agricultural sector, especially if it is to benefit the poor and food insecure in the rural areas. The trend toward more market integration on the part of small land holders is essential to the reduction of the high levels of poverty in these two provinces because it will lead to increases in market sales. Households can use the additional income from these sales to purchase inputs such as improved seeds and fertilizers, which can help them increase the productivity of their food and cash crops. Farmers in Nampula and Zambézia are dependent on rainfall and the drought prone environment in which most of them operate is a key constraint to increasing their agricultural production and household incomes. Helping small farmers increase their access to water for agricultural purposes throughout the year can make a tremendous difference to rural households by reducing their vulnerability to droughts, expanding the number of harvests and making the adoption of new crops and improved agricultural practices more feasible. These activities will improve the quantity and quality of foods available, which will contribute to improved food security and to the reduction of the high rates of chronic child malnutrition.

Collective improvements in the areas described above will lead to healthier, stronger families that are less vulnerable to disease and that will contribute more effectively to increased economic productivity. Ensuring that the activities targeted to the wider community include people living with HIV/AIDS, orphans and other vulnerable children (OVC) is important for sustaining impact on the population as a whole and decreasing potential for marginalization based on classification as part of certain sub-population. Although this work will be extremely challenging, it presents an opportunity to develop innovative and integrated approaches to improving families' health and economic status at the community level.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21420	21420.08	U.S. Agency for International Development	To Be Determined	9305	9305.08	RFA H/HIV	[redacted]

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* Family Planning
* Malaria (PMI)
* TB

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	[redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	[redacted]

Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	[redacted]

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	[redacted]

Education	
Estimated amount of funding that is planned for Education	[redacted]

Water	
Estimated amount of funding that is planned for Water	[redacted]

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9310.09
Mechanism: Fanta II GHN-A-00-08-0001-00
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 21427.24123.09
Planned Funds: $150,000
Activity System ID: 24123

Activity Narrative: This is a continuing activity under COP09.

THIS NARRATIVE REPLACES AUGUST 2008 REPROGRAMMING NARRATIVE.

This activity will strengthen nutrition support for PLWHA, including HIV-positive pregnant and lactating women in PMTCT programs, and OVC, particularly the integration of nutrition assessment, counseling and support within clinical care and treatment services (hospital and health center levels), while linking patients to food security and livelihood assistance at the community level. FANTA II will also provide support and TA to partners and the Ministry of Health for maternal nutrition interventions and facilitate the integration of infant and young child feeding interventions into PMTCT programs.

The Academy of Educational Development (AED)'s Food and Nutrition Technical Assistance Project II (FANTA) has assisted numerous countries in Sub-Sahara Africa to formulate policies and technical guidance for HIV/AIDS and nutrition, develop appropriate training curricula and job aides for nutrition support, and establish programs to directly address the nutritional needs of those who are most vulnerable within HIV/AIDS care and treatment programs. Drawing heavily on this experience and using/adapting materials from other countries, FANTA will provide support to PEPFAR/Mozambique to (1) develop and USG strategy for food and nutrition 2) strengthen and re-vitalize Ministry of Health Technical Working Groups and other coordination mechanisms on nutrition and HIV; 3) revise/develop training materials and job aids 4) assist in developing plans and participate in a visit by representatives of PEPFAR/Mozambique with National AIDS Council, Ministry of Health and Social Welfare Ministry, to Nairobi to observe the PEPFAR/Kenya-supported Food-by-Prescription (FBP) and AMPATH Program at hospital and other Comprehensive Care Center ART sites and the InstaProducts Ltd. supplementary food production facility; 5) work with implementing partners responsible for clinical sites to establish training and QA approaches to effectively integrate and strengthen nutrition assessment and counseling within all PEPFAR-supported care and treatment sites (including PMTCT);6) provide recommendations on specifications for appropriate daily multi-micronutrient supplements for adult PLWHA, PMTCT pregnant/lactating women and OVC whose diets are likely to be inadequate to meet basic vitamin/mineral requirements.

Finally, FANTA will share current scientific knowledge and program experience from other countries with PEPFAR/Mozambique and its implementing partners, particularly with regard to linking clinical nutrition support with food security and livelihood assistance, including "wrap-arounds" with food aid and MCH/nutrition programming, to address the longer-term food and nutrition needs of PLWHA and their families.

Activity funded across PMTCT, HKID, HBHC, treatment

Reprogramming August08: Funding of $322,512. Activity previously listed as TBD because competition for the FANTA award was in process at the time the reprogramming request was submitted.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21427

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21427	21427.08	U.S. Agency for International Development	Academy for Educational Development	9310	9310.08	Fanta II GHN-A-00-08-0001-00	$322,512

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$150,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3650.09
Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 9136.24305.09
Planned Funds: $2,000,000
Activity System ID: 24305

Activity Narrative: April09 Reprogramming: Increased $400,000.

THIS IS A CONTINUING ACTIVITY IN COP09. THE NARRATIVE BELOW REPLACES THE COP2008 NARRATIVE.

Rapid test kits have not been budgeted under this program area in FY09 as they were in FY08, and 100% of funds are being allocated to the procurement and technical assistance for the management of OI and STI drugs, CTX, and other palliative care medicines. .

SCMS is the lead procurement agent for the majority of HIV-related commodities for USG and USG partners, including ARVs, rapid test kits (RTKs), and OI and other palliative care medicines. Procurement of lab reagents and equipment was transferred to SCMS's responsibility from APHL in FY 08. SCMS also provides technical assistance to the Center for Medicines and Medical Supplies (CMAM) and the MOH in logistics management, including forecasting and supply planning, procurement procedures, warehousing and distribution, and LMIS for all essential medicines and laboratory reagents. The CMAM-managed supply chain is a fully integrated system, which handles the essential drugs program, in addition to all consumable commodities for all priority programs, including HIV, TB, and Malaria. All of the activities are related to increasing the ability of MOH staff at all levels to collect and use information for decision-making and will contribute directly to improving the availability of drugs and related medical supplies.

This activity supports the procurement of OI and STI drugs, including CTX ($1,550,000), and technical assistance ($50,000), which is cost shared across program areas.

During FY 08, SCMS purchased $2,553,700 of 22 priority OI, STI and palliative care drugs, including CTX for the prevention and treatment of OIs and other HIV-related illnesses. This accounts for 51% of the national procurement need. Clinton Foundation procures 100% of pediatric and exposed infant cotrimoxazole needs, and CMAM procures the remaining adult needs through Global Fund and Common Fund resources.

For FY 09, SCMS will procure $1,600,000 worth of priority OI and STI drugs, including CTX. This represents x% of the national HIV need, and 16% of the total national need for all diseases. Clinton Foundation/CHAI through UNITAID will continue to procure 100% of CTX needs for pediatric and exposed infant care, and CMAM will be responsible for filling in the gap through Common Fund resources.

While some USG partners have continued to receive small funding amounts for procurement of various commodities in previous fiscal years, such as CTX, for FY 09 no additional funds have been allocated to treatment partners for procurement of commodities. This avoids duplication of funding and maximizes economies of scale and efficiencies in HIV-commodity procurement.

Technical Assistance:

Technical assistance activities are cost-shared across OHSS, HTXD, and PMTCT.

Data for forecasting OIs and other HIV-related medicines, including CTX, is limited and unreliable, which has led to an underestimation of the total national need for both HIV and non-HIV purposes. In addition, CMAM has had cash flow problems, which has delayed procurement of essential medicines in line with the joint supply plan. Sites throughout the country have complained of stock-outs of CTX. SCMS is currently working with CMAM to strengthen its forecasting methodologies and to improve the existing LMIS to better track needs specific for HIV as well as the overall national need to ensure sufficient quantity of stocks in country.

During FY 09, SCMS will continue to work with CMAM and partners to improve forecasting and the existing LMIS for OIs and other palliative care drugs. SCMS will facilitate quarterly updates to the national forecast and supply plan, enabling timely identification and response to any inbound supply constraints that may arise. SCMS will help CMAM to facilitate communication between the MOH and PEPFAR partners regarding OI and STI drug availability, particularly availability of CTX.

This will complement USG's assistance to the MOH in financial management through Abt Associates to improve MOH's ability to access donor funds and manage their resources, including resources for commodities.

Along with USG's overall strategy to support the decentralization of activities, SCMS will expand its existing central level support to support the work of provincial pharmaceutical and laboratory advisors funded by USG under the treatment partners. Specific activities for supporting the provincial level warehouses and distribution will depend largely on the result of the PLMP that has not yet been developed. SCMS will serve as a resource for the orientation and capacity building of these staff. These provincial advisors will participate in all national logistics systems building activities implemented by SCMS, such as training of trainers for rollout of LMIS SOPs for ARVs, Via Classica, RTKs, and clinical Lab reagents and consumables. SCMS will work closely with these advisors to strengthen the ability of the provincial health management teams to provide training, supervision, and monitoring of logistics management of key HIV/AIDS medicines, reagents, and consummables. In addition, CMAM conducts routine supervision and monitoring visits to provincial warehouses. SCMS will support CMAM's efforts in supervision and monitoring of these warehouses in collaboration with Provincial Advisors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14555

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14555	9136.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6868	3650.08	Supply Chain Management System	$2,500,000
9136	9136.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5045	3650.07	Supply Chain Management System	$1,129,015

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $20,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3692.09
Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 9131.24129.09
Planned Funds: $350,000
Activity System ID: 24129

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

AED will continue to increase the capacity of Mozambican organizations and networks to develop, manage, and implement prevention, care and treatment services through the provision of organizational capacity development (OCD) TA. In FY 09 AED will absorb new NGO/CBO/FBO partners graduating from the State Department's Quick Impact Program (QIP). AED will also launch the operations of an office in Nampula to work with faith-based organizations, with a special focus on Christian and Muslim groups that represent the 2 predominant religious groups within the province to spur their networks activism and involvement in HIV/AIDS in the community.

While there is funding in FY09 across other program areas to establish a UGM, Adult Care and Support has not allocated funding for the the UGM due to budget constraints.

Reprogramming August08: Funding decrease $300,000. Funds reprogrammed to support Mission RFA (RFA funded across 3 SOs to ensure an integrated package of services, leveraging each SO's strengths.

This is a continuing activity under COP08.

AED will continue to work with Mozambican organizations to strengthen their technical and administrative capacity in palliative care with a special emphasis on engaging fatih-based organizations. The additional funds will be used to allow AED to expand to Nampula province, a new focal province, which represents a new set of challenges in building up the capacity of civil society organizations and a coordinated response. AED will use its unique positioning within the community to strengthen its ties with Muslim and Christian organizations, which should enable them to be key leaders in community-based care for HIV infected and affected populations.

The FY2007 narrative below has not been updated.

This activity is related to HKID 9147, HVAB 9135, HXTS 9109, and C&OP 9154.

All AED activities interlink with each other for the overall purpose of building capacity of local NGO/CBO/FBO to stand on their own and for grants management under the Capable Partners Program (CAP); some activities have specific components assigned to it. In COP07, AED has responsibilities for several components which represent a major scale-up of AED current program in NGO capacity building and grants management. AED will continue to work with Mozambican networks and organizations that provide services to OVC, home based care clients, PLWHA groups and association members which together have national reach. (see below for further details) FY07 represents year 2 of a planned 3 year activity that began with FY 06 funding. Special activities will be focused in Sofala and Zambezia Provinces.

Through this palliative care activity , AED will continue to work with Mozambican networks and organizations that provide home based pallative care and together have national reach. 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 home based palliative care, focusing geographically on the catchment areas of USG-support clinical care and ARV treatment sites. In FY07, NGOs will be required to link directly with clinics, with at least 50% of their HBC clients who are also receiving clinical palliative care. Stronger monitoring and evaluation procedures will be developed to assist HBC volunteers provide more effective services and report more efficiently. In another related activity with SAVE/HACI, HBC volunteers will receive regular psychosocial training in order to better support for their clients and to better understand their own reactions to working with the terminally ill.

In FY07, AED is scheduled to rapidly gear up their 06 activities, which have started rather slowly. Phase I , Year 1 began in March 2006 (with early FY06 funding), AED sub-granted with International Relief and Development (IRD) to conduct assessments of some of the networks and associations especially at national level and in Sofala province. In addition, IRD piloted a program in Inhambane Province to provide small sub-grants to CBOs, adapt assessment tools for use with community groups and develop a monitoring system to assist community groups to manage their program with the small grants they received.

AED only recently received the rest of their FY06 funding (Phase II) and are in the process of gearing up their presence in Mozambique, selecting staff, assessing and selecting network NGO partners, etc. Based on It is expected that AED work will rapidly escalate based on their pilot efforts under Phase I.

AED's major effort under COP07 will be to continue to strengthen the capacity of nascent 1) networks and associations (such as MONASO, Rensida, CORUM, etc.) as well as 2) national and local organizations for the ultimate purpose of eventually becoming self sufficient and able to acquire funding from sources other than PEPFAR. This will include institutional strengthening as well as strengthening activities in programmatic planning, implementation, monitoring and reporting. All organizations will be part of the integrated health network system which focuses geographically on the catchment areas of USG-supported clinical care and ARV treatment sites. Training for the all networks and non-governmental organizations will focus on increasing their abilities to solicit, receive and account for funds, sub-granting to member organizations and reporting results to donors. Additionally, the Foundation for Community Development will become a major client of AED. AED capacity building for FDC will focus on financial and management systems support assistance in order to meet USAID and other donors requirements. Capacity building efforts will be tied, where appropriate, to direct service delivery in OVC and HBC and to activities and services within the AB and C&OP program areas. During COP07 it is expected that direct targets will be

Activity Narrative: achieved, but virtually no indirect targets. (See below) Indirect targets will be expected in Year 3.

In addition to capacity building, AED will also provide a grants management service to selected organizations, partly as a demonstration model to assist the NGO in learning better management practices and partly as a support to USG where they find granting to small but strategic national NGO impossible to grant directly.

AED will work with ANEMO, professional association of nurses, to strength their institutional capacity in two areas: 1) the Training of Trainers section to be able to provide training services in a variety of clinic related areas and 2) expansion of the service delivery section. Under a sub-grant, ANEMO will be able to maintain their Master Trainers duties and responsibilities to continue to train trainers for improved HBC. Refresher courses will be developed by MOH for the Master Trainers to roll out. In addition, OI and STI trainings can be provided by these same Master Trainers who can train clinical staff as well as home-based care providers. In collaboration with other activities, ANEMO will be able to develop their professional association responsibilities.

Through yet another related activity USAID_HTXS_9109, ANEMO will be involved in treatment adherence for ARV and TB. ANEMO will be assisted to develop mechanisms and curriculum for training and hiring retired and unemployed treatment adherence care workers (TACW). The Master Trainers will expand their expertise into treatment adherence and train and supervise the TACWs who will be based at clinic sites, and will refer ART patients to community based care providers for continued support, follow-up and referrals. This activity is expected to keep clients in the clinical system by monitoring their adherence and referring any complications identified.

Lastly, AED will continue to provide strengthening and capacity building of NGOs/CBOs/FBOs to improve services to OVC and Home-based Care clients. While clients directly reached under this joint activity is relatively small (1,500 HBC and 4,000 OVC), it is anticipated that with strengthened institutional and programmatic capacities, rapid roll-out of services to additional clients will occur in the out years.

Through this package of activities, 35 non-governmental organizations will receive institutional capacity building and 175 individuals trained in institutional capacity and in community mobilization, and who take an important leadership role in care and treatment. At least one individual from each of the 35 organizations will also be trained in reduction of stigma and discrimination.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13351

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13351	9131.08	U.S. Agency for International Development	Academy for Educational Development	6448	3692.08	Capable Partners Program	$560,000
9131	9131.07	U.S. Agency for International Development	Academy for Educational Development	5037	3692.07	Capable Partners Program	$500,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$350,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	3574.09	**Mechanism:**	Track 1 ARV Moz Supplement
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	8595.23759.09	**Planned Funds:**	$262,128
Activity System ID:	23759		

Activity Narrative: Summary and Background:
Activities are carried out to ensure care and support for HIV-infected patients and families throughout the continuum of illness. EGPAF has been supporting the implementation of a comprehensive package of HIV care and treatment services to HIV infected patients in a total of 25 districts in four provinces. This will be expanded into an additional 7 districts. Care and support services have been crucial components of the program. EGPAF has supported clinic-based care and support services as well as community-based care and support services by providing small subgrants to local, community-based organizations.

Providing a comprehensive care package of care and support includes the prevention, diagnosis and treatment of opportunistic infections, assessing and addressing nutritional needs as they interact with health status and treatment success, and pain management. In addition, addressing psychosocial needs of adults in care is crucial and includes continuous counseling, including secondary HIV prevention or Positive Prevention, adherence support as well as ensuring linkages with home-based care and community support services where available.

EGPAFs activities to ensure palliative care for identified HIV infected adults focus on:
- building capacity within the health facility setting to provide comprehensive and quality patient and family centered HIV care and support services through training, formative supervision jointly with SDSMAS and DPS, clinical mentoring, and quality assurance; training and formative supervision will include district health staff in management and supervisory roles to enhance their skills in supervising and improving the quality of clinic-based care and support services;
- building capacity within community-based organizations to provide quality patient and family centered HIV care and support services, through training and technical assistance, including the provision of job aids;
- facilitate district-level coordination and effective linkages between health facilities, community-based organizations and other existing support services.

EGPAF will support HIV care and support services in a total of 59 health facilities in 31 districts.
EGPAF plans to provide care and support services to 66,434 patients and provide Cotrimoxazole prophylaxis to 33,217 patients. 80 health staff will receive training to provide HIV-related care and support for HIV infected individuals.

Activities and Expected Results:
OI Management:
Health staff will receive (refresher) training in OI management for adults. This training will also include the assessment and management of pain. During OTJ training and mentoring by EGPAF's clinical advisors, attention will be paid to the management of opportunistic infections. Eighty health staff will be trained in OI management.

In Gaza province, EGPAF has supported the provision of bednets and safe water supplies (Certeza) to PLHA on ART and pregnant women through a collaborative effort with PSI. EGPAF will seek continued collaboration with PSI for this purpose in Gaza and other provinces depending on the resources available to PSI.
As existing data indicate a high prevalence of syphilis in Cabo Delgado of syphilis, EGPAF will work with the DPS in Cabo Delgado to assess the reason behind this high prevalence in conjunction with assessing prevalence of congenital syphilis. Based on findings, EGPAF will support DPS Cabo Delgado to improve the diagnosis and management of syphilis, providing OTJ training to health staff, ensuring availability of rapid syphilis tests and adequate treatment of diagnosed cases.

Nutrition assessment and support:
EGPAF will continue to support the implementation of activities related to HIV and nutrition. To ensure that the assessment of nutritional status is routinely done in all PLWH, OI training of staff includes the assessment of nutritional status (including for the pre-TARV period) and management of malnutrition in adults (assessment, treatment and supplementation). In addition, staff will be trained in nutrition counseling and monitoring of nutrition interventions, specifically the provision of Plumpy'Nut for outpatient treatment. Malnourished adults will be referred to nutritional supplementation interventions where this is available.

Positive Prevention (PP):
Two of EGPAF's Care and Support Officers participated in the TOT on PP. EGPAF will train 80 health staff and lay counselors on Prevention with Positives, using the recently developed training. Additional health staff will be trained on-the-job. Also volunteers of the community-based organizations can be trained in PwP during the regular OTJ training/workshops for the subgrantees.

Community linkages and Psychosocial Support:
EGPAF will continue to build capacity within local, community-based organizations to provide psychosocial support services for PLHA, patients on ART and their families. This includes training of community volunteers and leaders in technical areas (e.g. HIV, PMTCT, pediatric HIV, nutrition and HIV, PwP, etcetera), organizational capacity building of these CBOs, as well as the provision of small subgrants for the implementation of psychosocial support and health and nutrition education activities. These include: general HIV education in the community, active tracing of defaulting patients, nutrition counseling and adherence support, facilitation of support groups, linkages with food support initiatives and small income generating activities in some instances. Once trained, volunteers will be able to support PwP activities. EGPAF will provide subgrants for the implementation of these activities to 15 CBOs.

In districts without viable community-based organizations, EGPAF will recruit and provide training and supervision to a total of 60 volunteers/peer educators to support counseling and education within clinical services as well as conduct active tracing of defaulting patients.

EGPAF will work with the SDSMAS to enhance the role of Acção Social in providing psychosocial support for HIV-infected persons and their families, especially for particularly vulnerable families. To ensure coordination of activities and effective linkages between clinic-based services and community-based

Activity Narrative: services, EGPAF will support and facilitate quarterly district level coordination meetings that include SDSMAS leadership, CBO leadership, community-leaders as well as district level staff from other organizations, including those supporting home-based care and other HIV support.

Clinic-based counseling and psychosocial support:
EGPAF will continue to support districts to recruit additional staff to strengthen the teams providing care and treatment services. These include lay counselors, to ensure counseling of patients in care and on ART and referral to community-based support services. Lay counselors together with peer educators facilitate support groups for patients in care and on ART.

Monitoring and evaluation:
The computer based patient tracking system (PTS) will be expanded to 17 districts. This PTS facilitates the monitoring of quality of care provided to patients in care and provides important information regarding the monitoring and retention of patients in care, treatment adherence, and occurrences of OIs.

In the EGPAF supported QA program specific attention will be paid to indicators related to quality of care, including TB-screening of HIV-infected patients and the provision of OI prophylaxis. EGPAF staff will work with health staff to identify and address barriers to providing quality care services and reduce the number of patients not on ART who are lost to follow up before they are eligible to initiate ART.

Systems strengthening
To enhance the capacity of DPS and DDS to oversee, manage and monitor HIV services and achieve better integration of EGPAF supported activities into DPS and DDS HIV and health plans, EGPAF plans to move toward a district-wide approach which establishes a partnership between EGPAF and the district and includes a subgrant to the district for the delivery, expansion and quality improvement of services. Reinforcement of the institutional capacity will include support to quarterly task force meetings, joint supervision at provincial and district level; recruitment of additional health staff to strengthen teams and lay counselors to reduce the human resources gap in the districts and ensure staff to implement psychosocial and adherence support activities. It also includes funds for medical equipment and small renovations that will facilitate patient flow and ensure confidentiality during consultation and counseling sessions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12964

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12964	8595.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6352	3574.08	Track 1 ARV Moz Supplement	$350,000
8595	8595.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4869	3574.07	Track 1 ARV Moz Supplement	$1,004,591

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $128,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $18,241

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3628.09

Mechanism: USAID-World Food Program-GHAI-Local

Prime Partner: World Food Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 29844.09

Planned Funds: $500,000

Activity System ID: 29844

Activity Narrative: In keeping with current guidance from (OGAC) Emergency Plan funds for this activity will target food support to the following priority groups: Orphans and vulnerable children born to an HIV infected parent (regardless of the child's HIV and nutritional status); HIV-positive pregnant and lactating women in programs to prevent the transmission of HIV to their children (PMTCT); and Adult patients in anti-retroviral therapy (ART) and care programs who have evidence of severe malnutrition, as defined by The World Health Organization (BMI less than 16).

The activity will support a Request for Proposals to procure commodities and provide logistics support required to implement a nutrition/HIV program modeled after Kenya's Food by Prescription program. It is important to note that USG does not yet have full buy-in of the Ministry of Health for a food by prescription program model. PEPFAR/Mozambique will sponsor a study tour to Kenya in early 2009 (led by FANTA) for Ministry of Health, National AIDS Council, and the Social Welfare Ministry to observe and understand implementation of the AMPATH and FBP programs.

This activity will involve (1) competitive procurement of one or more fortified, blended flour products for clinically malnourished PLWHA, PMTCT women during pregnancy and lactation, and early weaned infants born to HIV-positive women (specifications based on foods presently used in the Mozambique (2) regular delivery of the product(s) implementation sites (supported by PEFFAR partners); and (3) support to the clinic sites on inventory control, storage, and record keeping (working with FANTA and the hospital and health center clinical care partners).

A 30-day supply of food will be provided to patients who have undergone clinical nutrition assessment and counseling, and who meet specific entry criteria, specifically: clinically malnourished patients with body mass index (BMI) or mid-upper arm circumference (MUAC) defined by Ministry of Health. Patients will return on a monthly basis for reassessment and an additional month's food supply until their weight stabilizes above an established exit cutoff (to be defined with MOH). Typically, patients are provided with 3-6 months of supplementary food before exceeding the BMI/MUAC exit cutoff. In addition, supplementary food will be provided on a monthly basis for women in select PMTCT programs during pregnancy and until the infant is weaned (~4-6 mo of age), at which time food will continue to be provided on a monthly basis for the infant until 2 years of age. FANTA will assist in establishing the product specifications and production standards (e.g. GMP and safety) for the low-cost, nutrient-dense supplementary food(s) to be procured under this activity.

In a later phase, contractor will supply food baskets in line with MOH food and nutrition guidelines and the food by prescription program for all USG-supported clinical sites not within WFPs geographic focus areas.

The contractor will develop a food distribution strategy that ensures that all beneficiary sites receive the recommended food commodities. The contractor will support the following activities: 1) Forecasting of food commodities in close collaboration with AED/FANTA project, MOH, UNICEF, World Food Programme (WFP), and Clinton Foundation/CHAI. 2) Development of a distribution strategy based on different scenarios, including distribution within existing distribution system as well as outsourcing distribution of food commodities to point of service, in cases where the existing system is not functioning. 3) Develop SOPs and tools for USG clinical partner-supported sites, districts, and provinces to adequately manage food commodities, including LMIS tools for reporting on food consumption, FIFO, storage at sites, and distribution 4) Conduct assessments of provincial warehouses and district warehouses in collaboration with the DPS/DDS and USG clinical partners supporting the provinces and districts to identify needs for adequate storage and distribution of food stuffs 5) Provide assessment tools and SOPs to DDS/DPS and USG partners for assessing storage space and conditions

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 10811.09

Mechanism: TBD RFA Sofala, Manica, Tete, Niassa Community & Clinical Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 29843.09

Planned Funds: [redacted]

Activity System ID: 29843

Activity Narrative: The Sofala, Manica, Tete & Niassa Clinical Services RFA will support facility-based care and support services to 158,008 adult PLHIV in FY09. Selected partner(s) will provide a spectrum of comprehensive, family-centered services that will improve the quality of life of HIV-infected individuals from the time of diagnosis throughout the continuum of illness. Partner(s) awarded through this RFA will strengthen the linkages of clinical care and support-services (e.g. ART, PMTCT, CT, prevention and treatment of OIs) based at 103 sites to a variety of community partners supported through a separate RFA in order to ensure an uninterrupted continuum of care. Selected partner(s) will work with local health authorities to ensure that clear, coordinated two-way referral mechanisms are in place at each site to refer clients for home-based care services. Clinical services will include the diagnosis, treatment and prevention of opportunistic infections, STIs, and other HIV-related illnesses, including routine provision of cotrimoxazole to eligible patients and ART eligibility assessment through clinical screening and CD4 count testing. Facility-based adherence counselors will provide comprehensive adherence and psychosocial support services, including disclosure counseling, treatment preparation and assisting patients to identify and overcome barriers to adherence. Clinicians will also be supported to use patient monitoring systems for clinical monitoring, patient follow-up, and decision-making regarding patient flow and service delivery models.

Selected partner(s) will work directly with health personnel at the provincial and district level (i.e. DPS/DDS) to implement a coordinated district support model for high quality clinical care. Selected partner(s) will build the capacity of DPS/DDS to train and supervise clinical care providers at the site level. Successful applicants to this RFA will also have demonstrated the ability to transfer capacity for the management of data, commodities and human & financial resources to the district and provincial level in order to increase Mozambican ownership of HIV care and support services. The selected partner(s) of this RFA will coordinate closely with partner(s) awarded the community services RFA to ensure a seamless network of care from the facility to the home.

SCSM will procure all OI drugs, STI drugs and cotrimoxazole for USG partners, and distribution of these commodities will be through the existing Government supply chain. Selected partners, in collaboration with SCMS, will provide support to the provinces, sites and districts in tracking consumption and distribution to ensure a continued supply of these essential drugs.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 12250.09

Mechanism: JSI/DELIVER

Prime Partner: John Snow International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 29860.09

Planned Funds: $180,000

Activity System ID: 29860

Activity Narrative: Funding has been reprogrammed from PSI to JSI/DELIVER for the procurement of LLIN's as part of the basic care package for PLWHA. This funding for LLIN procurement is in addition to funding JSI/DELIVER is receiving through PMI for net procurement. PSI will be responsible for customs clearance, distribution, and promotion of nets procured by JSI/DELIVER.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3579.09

Mechanism: USAID-Population Services International-GHAI-Local

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 26470.09

Planned Funds: $1,237,366

Activity System ID: 26470

Activity Narrative: April09 Reprogramming: Reduced $180,000.

THIS IS A NEW ACTIVITY IN COP09.
In FY09, PSI will provide the Basic Care Package modeled after programs in Kenya and Uganda. In addition to LLIN and SWS the Care Package will include condoms and IEC materials that deliver clear, consistent messages on health, hygiene, and positive prevention. IEC material will also cover malaria, diarrhea, VCT, PMTCT, cotrimoxizole, nutrition, family planning, and mental and social well-being. Implementing partners will be responsible for peer education, training, and other interpersonal communications to promote the correct use of BCPs. Targets for this activity are atributed to implementing partners, as IP are distribute these commodities as well as train households on use. Partners receiveing BCP for distribution must submit a proposal to PSI detailing how duplication will be avoided with PMI and World Bank support for net distribution. The BCP will adjusted and distributed without LLIN if the beneficiary received a net through another point of contact with the health facility. BCP will be distributed to 100% of patients on TARV (134,000) and 30% (80,400) of pre-TARV patients. Pre-TARV target is relatively conservative given the warehousing limitations at health facilities and the potential for pre-TARV patients to receive nets through PMI and WB funded distributions. Targets are allocated to the implementing partners distributing BCP

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Family Planning
* Malaria (PMI)
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities	$70,868

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening	$70,868

Education

Water

Estimated amount of funding that is planned for Water	$141,736

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 10909.09

Mechanism: TBD RFA Community Care Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 26477.09

Planned Funds: [redacted]

Activity System ID: 26477

Activity Narrative: This is a new activity under COP09.

The Community Care Services RFA will cover services Maputo Province, Gaza, Sofala, Manica, and Tete. This RFA will support facility- and community-based care and support services to 175,565 PLHIV in FY09. Selected partner(s) will provide a spectrum of comprehensive, family-centered services that will improve the quality of life of HIV-infected individuals from the time of diagnosis throughout the continuum of illness. Partner(s) awarded through this RFA will strengthen the linkages of clinical care and support-services (e.g. ART, PMTCT, CT, prevention and treatment of OIs) based at 96 sites to a variety of community partners in order to ensure an uninterrupted continuum of care. Selected partner(s) will work with local health authorities to ensure that clear, coordinated two-way referral mechanisms are in place at each site to refer clients for home-based care services. Clinical services will include the diagnosis, treatment and prevention of opportunistic infections, STIs, and other HIV-related illnesses, including routine provision of cotrimoxazole to eligible patients and ART eligibility assessment through clinical screening and CD4 count testing. Facility-based adherence counselors will provide comprehensive adherence and psychosocial support services, including disclosure counseling, treatment preparation and assisting patients to identify and overcome barriers to adherence. Clinicians will also be supported to use patient monitoring systems for clinical monitoring, patient follow-up, and decision-making regarding patient flow and service delivery models.

Community follow-up and support will strengthen facility-based clinical services by reinforcing adherence, including directly observed therapy (DOT) for patients with poor adherence, and helping follow up defaulting ART patients. Strengthened linkages between health facilities and the community will also allow for improved follow up of women enrolled in PMTCT programs and will provide the opportunity to link clients with PLHIV support groups and other support services available in the community (e.g. income-generating activities, vocational training). HBC services will also facilitate the early recognition of opportunistic infections to ensure timely referral to a health facility. HBC will focus on direct family assistance, including supporting adequate nutrition of PLHIV through counseling and linkages to nutrition/agricultural programs. Bringing care and support services to the community also provides the opportunity to reduce stigma of PLHIV and to mobilize communities to care for those infected and affected.

Selected partner(s) will work directly with health personnel at the provincial and district level (i.e. DPS/DDS) to implement a coordinated district support model that ensure a seamless network of care from the facility to the home. Selected partner(s) will build the capacity of DPS/DDS to train and supervise clinical care providers at the site level. Successful applicants to this RFA will also have demonstrated the ability to transfer capacity for the management of data, commodities and human & financial resources to the district and provincial level in order to increase Mozambican ownership of HIV care and support services. Furthermore, the RFA will require prospective applicants to contract to community-based partners for the implementation of HBC and other community support services. Those awarded the RFA will select its community partners in conjunction with the DPS/DDS and will collaborate with local health authorities for the training of community activists and the coordination of their activities. Selected partner(s) will provide technical and financial services to its community partners to design, implement and monitor community-based services in partnership with communities and project beneficiaries. Selected RFA awardee(s) will support its local partners to develop appropriate tools and aids and will provide HBC kits to be used by volunteers. The financial and administrative capacity of the community partners will also be reinforced to maximize the sustainability of these services.

SCMS will procure all OI drugs, STI drugs and cotrimoxazole for USG partners, and distribution of these commodities will be through the existing Government supply chain. Selected partners, in collaboration with SCMS, will provide support to the provinces, sites and districts in tracking consumption and distribution to ensure a continued supply of these essential drugs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* Family Planning
* Malaria (PMI)
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities [redacted]

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening [redacted]

Education

Water

Estimated amount of funding that is planned for Water [redacted]

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 10815.09
Mechanism: TBD RFA Food and Nutrition Commodities and Logistics
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 26461.09
Planned Funds: [redacted]
Activity System ID: 26461

Activity Narrative: THIS IS A NEW ACTIVITY IN COP 09

In keeping with current guidance from (OGAC) Emergency Plan funds for this activity will target food support to the following priority groups: Orphans and vulnerable children born to an HIV infected parent (regardless of the child's HIV and nutritional status); HIV-positive pregnant and lactating women in programs to prevent the transmission of HIV to their children (PMTCT); and Adult patients in anti-retroviral therapy (ART) and care programs who have evidence of severe malnutrition, as defined by The World Health Organization (BMI less than 16).

The activity will support a Request for Proposals to procure commodities and provide logistics support required to implement a nutrition/HIV program modeled after Kenya's Food by Prescription program. It is important to note that USG does not yet have full buy-in of the Ministry of Health for a food by prescription program model. PEPFAR/Mozambique will sponsor a study tour to Kenya in early 2009 (led by FANTA) for Ministry of Health, National AIDS Council, and the Social Welfare Ministry to observe and understand implementation of the AMPATH and FBP programs.

This activity will involve (1) competitive procurement of one or more fortified, blended flour products for clinically malnourished PLWHA, PMTCT women during pregnancy and lactation, and early weaned infants born to HIV-positive women (specifications based on foods presently used in the Mozambique (2) regular delivery of the product(s) implementation sites (supported by PEFFAR partners); and (3) support to the clinic sites on inventory control, storage, and record keeping (working with FANTA and the hospital and health center clinical care partners).

A 30-day supply of food will be provided to patients who have undergone clinical nutrition assessment and counseling, and who meet specific entry criteria, specifically: clinically malnourished patients with body mass index (BMI) or mid-upper arm circumference (MUAC) defined by Ministry of Health. Patients will return on a monthly basis for reassessment and an additional month's food supply until their weight stabilizes above an established exit cutoff (to be defined with MOH). Typically, patients are provided with 3-6 months of supplementary food before exceeding the BMI/MUAC exit cutoff. In addition, supplementary food will be provided on a monthly basis for women in select PMTCT programs during pregnancy and until the infant is weaned (~4-6 mo of age), at which time food will continue to be provided on a monthly basis for the infant until 2 years of age. FANTA will assist in establishing the product specifications and production standards (e.g. GMP and safety) for the low-cost, nutrient-dense supplementary food(s) to be procured under this activity.

In a later phase, contractor will supply food baskets in line with MOH food and nutrition guidelines and the food by prescription program for all USG-supported clinical sites not within WFPs geographic focus areas.

The contractor will develop a food distribution strategy that ensures that all beneficiary sites receive the recommended food commodities. The contractor will support the following activities: 1) Forecasting of food commodities in close collaboration with AED/FANTA project, MOH, UNICEF, World Food Programme (WFP), and Clinton Foundation/CHAI. 2) Development of a distribution strategy based on different scenarios, including distribution within existing distribution system as well as outsourcing distribution of food commodities to point of service, in cases where the existing system is not functioning. 3) Develop SOPs and tools for USG clinical partner-supported sites, districts, and provinces to adequately manage food commodities, including LMIS tools for reporting on food consumption, FIFO, storage at sites, and distribution 4) Conduct assessments of provincial warehouses and district warehouses in collaboration with the DPS/DDS and USG clinical partners supporting the provinces and districts to identify needs for adequate storage and distribution of food stuffs 5) Provide assessment tools and SOPs to DDS/DPS and USG partners for assessing storage space and conditions at PMTCT sites. 6) Provide ongoing technical support in the logistics management and supervision of the management of food commodities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities [redacted]

Economic Strengthening

Education

Water

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: $36,748,256

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 10811.09
Mechanism: TBD RFA Sofala, Manica, Tete, Niassa Community & Clinical Services
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 26588.09
Planned Funds: [redacted]
Activity System ID: 26588

Activity Narrative: The Sofala, Manica, Tete & Niassa Community and Clinical Services RFA will support high-quality anti-retroviral therapy (ART) to 47,565 PLWHA through 96 sites in FY09. While previous PEPFAR-supported efforts have focused on rapid geographic expansion and scale up, the activities in this RFA will support USG and the Mozambican Ministry of Health's renewed focus to improve the quality of services. The partner(s) selected through this RFA will provide technical and financial assistance to MOH colleagues to reinforce a district model of integrated HIV care and treatment. This RFA will prioritize the strengthening of MOH systems at the provincial and district level (DPS/DDS) to design, implement, monitor and sustain ART services.

Improving the Quality of Service Delivery:
The partner(s) selected through this RFA will strengthen ART service delivery at the 96 sites currently supported by PEPFAR (additional sites may be supported in Tete Province if MSF withdraws its support). The selected partner(s) will strengthen the clinical skills of local care providers through provincial ART trainigns, on-site mentoring and supportive supervision. Partner(s) will enhance both facility- and community-based adherence support services to adequately prepare patients for ART and to maximize their retention in care. This RFA will also strengthen Positive Prevention (PP) messages through trainings, on-site technical support, the inclusion of PP messages into existing IEC materials, and the development of systems and tools to monitor behavior change.

Selected partner(s) will also strengthen the laboratory capacity of each site as well as the laboratory network at the provincial level to implement systems for quality control and the servicing/maintenance of laboratory equipment. Selected partner(s) will support provinces to implement systems to ensure timely and accurate CD4 counts for all patients. Likewise, the selected partner(s) will work closely with the DPS/DDS to ensure that the adequate systems, staffing and structures are in place to manage all commodities. This RFA will also place a greater emphasis on the quality and scale-up of pediatric ART (please refer to PDTX activity narrative for further information). Selected partner(s) will support improved diagnosis and management of OIs and pain (both for patients on ART and in pre-ART care) through trainings and formative supervision. The STI program at each site will also be strengthened through increased IEC and counseling activities, improved data management systems and intensified technical assistance to improved diagnosis, treatment and follow-up.

The partner(s) awarded through this RFA will also strengthen the quality of service delivery through improved data collection and management to inform clinical and programmatic decision making. Partner(s) will participate in USG-wide efforts to harmonize patient monitoring tools and to promote quality improvement through the HIVQual program. MOH counterparts will also be mentored in analyzing and applying data collected to better tailor service delivery models and target technical assistance at all levels of support.

Promoting Service Integration and Linkages:

This RFA will create the opportunity to promote the continued integration of HIV care and treatment services into a cohesive primary health care network to provide support along the entire continuum of care. Selected partner(s) will strengthen linkages and referrals both within the health center (e.g. CT, inpatient wards, MCH/TH, TB) and the community (e.g. HBC, PLHIV support groups, community education, stigma reduction). HIV treatment services will be linked to PEPFAR-support nutrition activities including technical assistance providing through FANTA and the "food for prescription" program. Likewise, safe water will be promoted through counseling and the distribution of Certeza water sprinkles to patients newly enrolled in ART. Condoms, IEC materials and insecticide-treated nets (ITNs) will also be included in the basic package of care. Selected partner(s) will also be encouraged to link up with complementary programs to enhance food security (e.g. income-generating activities, community gardening). Selected partner(s) will also be required to coordinate their activities with other donors and programs (e.g. MSF) supporting HIV services in their area of action.

Strengthening Mozambican Systems and Institutions:

This RFA will emphasize the strengthening of MOH capacity at all levels to design, implement, monitor and sustain HIV service delivery. Limited support will be transitioned from the Clinton Foundation to PEPFAR for the MOH at the national level for the coordination of clinical technical assistance, and monitoring and evaluation. Selected partner(s) will prioritize the provision of technical assistance to each of the four Provincial Health Directorates (DPS) to maximize their ability to coordinate, supervise and support HIV interventions in their areas of responsibility. Selected partner(s) will hire four technical support persons who will be secunded to each DPS to support each of the following areas: clinical care, laboratory, pharmacy/logistics and strategic information. These technical support personnel with work alongside their Mozambican counterparts on a daily basis to ensure that the appropriate personnel, systems and resources are available so that each DPS is able to effectively manage HIV service delivery.

As this RFA will support a decentralized, integrated model with the district serving as the fundamental service delivery unit, selected partner(s) will work closely with District Health Directorates (DDS) to plan, implement and monitor HIV services. Partner(s) will build the managerial capacity of DDS in the areas of health planning, finance & budgeting, transport & logistics and maintenance. The DDS will also be supported to supervise the activities of all health facilities under their purview, as well as to coordinate their linkages with community-based initiatives.

Lastly, selected partner(s) will actively participate in the national dialogue on the eventual graduation of HIV service delivery. This dialogue will include the development of criteria/milestones to monitor a site's and/or district's progress in its sustainability planning and targeting system strengthening activities to maximize the Mozambican ownership of HIV services.

This activity contributes to addressing male norms and behaviors and gender equity in HIV/AIDS programs by strengthening referral networks and linkages for HIV-infected pregnant women and their partners. In

Activity Narrative: addition, the RFA partner(s) will have funding allocated specifically for renovations/infrastructure support for sites.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3685.09

Mechanism: USAID-USAID-GHAI-Local

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 26601.09

Planned Funds: $240,000

Activity System ID: 26601

Activity Narrative: THIS IS A NEW ACTIVITY

These funds will cover the salary and ICASS costs of the following two positions on the USAID PEPFAR Team:

Senior Medical Advisor for USAID (USPSC). This is an existing position: The Advisor will serve as a resource to the USAID team, as well as the lead focal point for all USAID-funded treatment activities. He/She will provide technical guidance and leadership to USG-funded partners involved in care and treatment activities, and monitor and evaluate USAID-funded care and treatment activities. He/She will coordinate with and provide technical assistance to the Mozambican Ministry of Health, including DNAM, DPS/DDS, and other national institutions involved in scaling up Mozambique's care and treatment program. The Advisor will participate in interagency and national technical working groups on care and treatment, and provide updates to the USAID team and USAID-funded partners. He/She will work in an interagency fashion with other USG agencies, including coordinating technical working group meetings, joint planning and strategic development for USG treatment activities and support to the Ministry of Health.

Project Management Specialist (Clinical Outreach). This is an existing position: The Specialist is responsible for Clinic-to-Clinic and Clinic-to-Community support, providing technical support that strengthens programmatic links between health facility services and communities, strengthening the HIV/AIDS referral system, promoting biosecurity at health facilities, and ensuring a strong continuum of care and treatment. The Specialist provides clinical knowledge and expertise in order to seek higher levels of treatment adherence, and improvements in the quality of life of people living with HIV/AIDS. The Project Management Specialist (Clinical Outreach) serves as CTO, and is responsible for management, implementation, evaluation, and monitoring of portions of the SO-9 HIV/AIDS Team program/project portfolio related to strengthening hospital and clinical treatment of persons with HIV/AIDS, tracking and mapping health delivery sites for antiretroviral treatment, counseling, and testing. Activities include prevention of mother-to-child transmission and community support. Personally and through implementing partners (IPs), works to strengthen programmatic links between clinic sites and the community, linkages between clinic sites and services to orphans and vulnerable children, and linkages between clinic sites and home-based care providers. She is responsible for fostering the establishment and strengthening of linkages between Health and Nutrition programs, and coordinate the leveraging of support for PEPFAR activities through wrap-around services. Plans, designs, and advocates effective strategies for improvement in HIV/AIDS treatment and care, by building human capacity, optimizing local human resources, etc.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 10815.09

Mechanism: TBD RFA Food and Nutrition Commodities and Logistics

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 26606.09

Planned Funds: [redacted]

Activity System ID: 26606

Activity Narrative: In keeping with current guidance from (OGAC) Emergency Plan funds for this activity will target food support to the following priority groups: Orphans and vulnerable children born to an HIV infected parent (regardless of the child's HIV and nutritional status); HIV-positive pregnant and lactating women in programs to prevent the transmission of HIV to their children (PMTCT); and Adult patients in anti-retroviral therapy (ART) and care programs who have evidence of severe malnutrition, as defined by The World Health Organization (BMI less than 16).

The activity will support a Request for Proposals to procure commodities and provide logistics support required to implement a nutrition/HIV program modeled after Kenya's Food by Prescription. It is important to note that USG does not yet have full buy-in of the Ministry of Health for a food by prescription program model. PEPFAR/Mozambique will sponsor a study tour to Kenya in early 2009 (led by FANTA) for Ministry of Health, National AIDS Council, and the Social Welfare Ministry to observe and understand implementation of AMPATH and FBP.

This activity will involve (1) competitive procurement of one or more fortified, blended flour products for clinically malnourished PLWHA, PMTCT women during pregnancy and lactation, and early weaned infants born to HIV-positive women (specifications based on foods presently used in the Mozambique (2) regular delivery of the product(s) implementation sites (supported by PEFFAR partners); and (3) support to the clinic sites on inventory control, storage, and record keeping (working with FANTA and the hospital and health center clinical care partners).

A 30-day supply of food will be provided to patients who have undergone clinical nutrition assessment and counseling, and who meet specific entry criteria, specifically: clinically malnourished patients with body mass index (BMI) or mid-upper arm circumference (MUAC) defined by Ministry of Health. Patients will return on a monthly basis for reassessment and an additional month's food supply until their weight stabilizes above an established exit cutoff (to be defined with MOH). Typically, patients are provided with 3-6 months of supplementary food before exceeding the BMI/MUAC exit cutoff. In addition, supplementary food will be provided on a monthly basis for women in select PMTCT programs during pregnancy and until the infant is weaned (~4-6 mo of age), at which time food will continue to be provided on a monthly basis for the infant until 2 years of age. FANTA will assist in establishing the product specifications and production standards (e.g. GMP and safety) for the low-cost, nutrient-dense supplementary food(s) to be procured under this activity.

In a later phase, contractor will supply food baskets in line with MOH food and nutrition guidelines and the food by prescription program for all USG-supported clinical sites not within WFPs geographic focus areas.

The contractor will develop a food distribution strategy that ensures that all beneficiary sites receive the recommended food commodities. The contractor will support the following activities: 1) Forecasting of food commodities in close collaboration with AED/FANTA project, MOH, UNICEF, World Food Programme (WFP), and Clinton Foundation/CHAI. 2) Development of a distribution strategy based on different scenarios, including distribution within existing distribution system as well as outsourcing distribution of food commodities to point of service, in cases where the existing system is not functioning. 3) Develop SOPs and tools for USG clinical partner-supported sites, districts, and provinces to adequately manage food commodities, including LMIS tools for reporting on food consumption, FIFO, storage at sites, and distribution 4) Conduct assessments of provincial warehouses and district warehouses in collaboration with the DPS/DDS and USG clinical partners supporting the provinces and districts to identify needs for adequate storage and distribution of food stuffs 5) Provide assessment tools and SOPs to DDS/DPS and USG partners for assessing storage space and conditions at PMTCT sites. 6) Provide ongoing technical support in the logistics management and supervision of the management of food commodities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Human Capacity Development
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery [redacted]
Food and Nutrition: Commodities
Estimated amount of funding that is planned for Food and Nutrition: Commodities [redacted]
Economic Strengthening
Education
Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8784.09
Mechanism: JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 8547.26733.09
Planned Funds: $0
Activity System ID: 26733

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 - NO NEW FUNDING IN FY09

FY08: This program area is comprised of two separate components: Continuation of support for ART site infrastructure (supported by FY06 Plus Up funds and FY07 funds) and support for a new gender activity.

ART Site Infrastructure: $950,000

One of the major barriers identified by the hospitals to improving infection prevention and control practices to decrease the medical transmission of blood borne diseases, such as HIV/AIDS, is the lack of adequate proper instrument processing and infectious waste disposal. Proper isolation systems to prevent nosocomial transmission of Tuberculosis (TB) are also needed. Lack of appropriate equipment and inadequate physical structure are among the main causes of these gaps in most of the hospitals. Since 2006, JHPIEGO has been providing technical assistance to improve sterilization systems and waste management in USGsupported
ART treatment sites, including provision of incinerators.

The purpose of the program area is to continue to support the improvement of instrument processing, proper isolation systems, and waste management in USG-supported ART treatment sites, to be selected in coordination with the Ministry of Health and USG.

These activities are continuing and will be complementary to those occurring in FY07.

Objectives are to: (a) Implement instrument processing and sterilization systems in treatment sites; (b) implement waste management through provision of incinerators in treatment sites; and (c) improve isolation measures to minimize nosocomial TB infection among HIV infected patients and healthcare workers

Main Activities will be to: (1) Support and improve central sterilization units in at least two selected USG supported ART facilities, including provision of equipment and rehabilitation; (2) Select and purchase incinerators for up to four USG supported ART sites; and (3) Design plans for the rehabilitation of isolation units for infectious TB patients (Maputo, Sofala and Zambezia provinces).

Gender: $97,000

Gender-based violence (GBV) is an urgent public health problem worldwide, particularly in the context of the HIV/AIDS epidemic. WHO (2002) reports that between 10 and 69% of women experience physical abuse at the hands of a male partner at least once in their lives. When combined with a woman's increased vulnerability to sexually-transmitted diseases including HIV in any given heterosexual encounter, violence and other gender-related norms guiding male and female behavior greatly exacerbate the situation.

Since 2006, JHPIEGO has been providing technical assistance to the MOH to update and disseminate PEP guidelines for HIV occupational exposures; and it is now expanding these guidelines to other vulnerable groups such as victims of gender-based violence. Particularly in countries such as Mozambique, with an estimated HIV prevalence of 16.2% and with the main mode of transmission being heterosexual intercourse, and where women suffer a generally lower status of development than men, gender-based violence and gender norms that influence women's vulnerability to HIV must be incorporated into the context of existing HIV programs.

The purpose of this program area is to support the MOH to rapidly incorporate and address the needs of gender-based violence clients within the health care service delivery system and to ensure linkages between different levels of interventions.

Key objective of this activity is to provide support to the MOH to expand the concept of gender "mainstreaming" into health care service delivery, through integration of gender-based violence components into existing HIV programs and strengthening linkages to services for victims of gender-based violence, beginning with the review, and updating of current policy and materials.

Main Activities will be to: (1) Conduct a desk review of current policy and materials to determine appropriateness and coverage of issues relating to identification of, and support and referral for, victims of gender-based violence; (2) Disseminate and utilize findings in desk review, create recommendations for updating of policy and guidelines; and (3) Update service delivery guidelines for HIV accordingly, to

Activity Narrative: incorporate gender-based violence issues.

FY07 Narrative: This activity is linked to Activity 8593 in ARV Treatment Services. Proposed funding would cover some activities initiated in FY06 and currently supported through a sub-agreement of EGPAF with Vanderbilt University as well as new activities described below.

Zambezia province is the most populated of Mozambique's 11 provinces and also has the most number of PLWHAs (est: 211,703). The provincial staff working in Zambezia are also said to face one of the biggest challenges in delivering quality health services owing to deficient infrastructure and human resources even by Mozambican standards.

The USG, with its new provinicial focus strategy, will identify one or two implementing treatment partners to support ongoing ARV treatment activities in Zambezia at 3 existing facilities and to expand services to 6 new sites, thereby reaching 1040 persons on ARV in 9 sites total. Support to these sites will include infrastructure development through renovation of treatment sites, recruitment and training of staff in the provision of quality HIV care and treatments service, and provision of clinical advisors for supervision and mentoring of clinic staff. In addition to offering ARV treatment services, the partner(s) will support training and human capacity development and also assist in improving the health information system and routine program monitoring at the MoH Provincial Health Office.

In addition to site-level support for ARV service delivery, funding will be provided for pre-service training of nurses, medical technicians, laboratory assistants and pharmacy assistants in Zambezia Province to build human capacity necessary for the scale up of ARV treatment and related HIV services in the province. The partner(s) will also be expected to develop formal links with community-based groups in Zambezia to provide adherence and psychosocial support. Finally, communication radios will be procured to improve communication between provincial and district hospitals with smaller health centres that provide follow up care for patients receiving care and treatment services and that function as down referral sites.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13208

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13208	8547.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	8784	8784.08		$1,047,000
8547	8547.07	HHS/Centers for Disease Control & Prevention	To Be Determined	4879	3640.07	TBD Cooperative Agreement	[redacted]

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3568.09

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 16278.27029.09

Planned Funds: $0

Activity System ID: 27029

Activity Narrative: This PHE activity, “Identifying optimal models of HIV care and treatment in Mozambique”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.07.0079

Continuing activity from FY06 - activity number 5250.06

Columbia University will continue to conduct the PHE called “Identifying Optimal Models of HIV Care and Treatment in Mozambique” (this study was entitled "Assessment of influence of quality of services on clinical outcomes" in COP 2006) approved by local and Columbia University IRB in June 2007, and expected to be concluded in June 09. The study will be submitted to CDC Atlanta IRB in Sept 2007. The estimated costs are 50,000 USD. 54% of the total amount will be expended by February 2008. The local coinvestigators
are: Dr Americo Assane, Chief of Department of Medical Assistance, Mozambican Ministry of Health; Dr. Florindo Mudender, Department of Medical Assistance, Mozambican Ministry of Health. The main objectives of the study are: 1) To assess the degree of variation in patient outcomes across HIV care and treatment delivery sites, independent of the differences in patient-level characteristics across sites; 2) To identify facility and program level characteristics that are associated with HIV care and treatment outcomes, after adjusting for patient-level characteristics; 3) To assess the costs and clinical benefits of modifying facility and program-level characteristics that appear to influence HIV care and treatment outcomes and quality adjusted life years (QALYs). Secondary analysis of routinely collected patient data combined with data from routine assessments of facility and program level characteristics will be used. This work is vital to identifying important programmatic aspects of HIV care and treatment programs for use in planning future programs and improving existing ones in Mozambique and elsewhere. Current status: the first round of data collection is expected to start in October 2007. Findings will be shared with participants, study sites and ICAP supported sites involved. It is also in the public interest that findings be made available to a broader range of HI/AIDS health care providers. For FY08 is expected to continue the following rounds of data collection. Budget justification: 1) Salaries: USD 22,400; 2) Equipment: USD 11,600; 3) Travel: USD 16,000. Total: USD 50,000>

Note: This evaluation in one of three PHEs that come from activity 5250.06. The total amount of funds for these evaluations remain at USD 500,000, although individual studies have changed their initial budget totals (in agreement with CDC GAP Mozambique).

New/Continuing Activity: Continuing Activity

Continuing Activity: 16278

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16278	16278.08	HHS/Centers for Disease Control & Prevention	Columbia University	7403	3568.08	Track 1 ARV Moz Supplement	$0

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3583.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29834.09

Planned Funds: $757,520

Activity System ID: 29834

Activity Narrative: The reprogrammed funds ($757,520) wil be spend through new funding mechanism, pass-through I-TECH I-TECH through its technical partner UCSF, will continue to implement Positive Prevention (PP) programs in the Maputo, Sofala and Zambezia Provinces in Mozambique. In 2006, AIHA developed and initiated a partnership between the University of California, San Francisco and two HIV/AIDS service sites in the Maputo Province: Namaacha Health Center and Esperanca-Beluluane VCT Center. Since 2006, partners have joined efforts to conduct and develop programs and interventions, specifically targeting the clientele at each site. Working under the assumption that the patient-provider relationship contains vast opportunities to carry-out HIV transmission interventions, partners developed provider and patient specific goals and objectives to track behavior changes in both populations. The goals of the intervention are the same: both the health care providers from Namaacha Health Center, and community based workers and PLWHA support group members from Beluluane-Esperanca VCT Center develop skills to address the prevention needs of HIV-infected individuals accessing their services or participating in PLWHA support group activities. This includes discussions about: HIV risk behavior (risk reduction techniques)

Encourage partner testing
Counseling and support
How to disclose HIV to partners and family members
How to produce or maintain healthy families
Individualized prevention plans and risk reduction techniques

Currently this program is in the scale up phase to provide healthcare workers at the facilty-based sites and PLWHA and counselors at the community-based sites with competencies, comfort, and skills to discuss risk behavior, risk reduction techniques and prevention needs, thereby decreasing HIV transmission, and encourage HIV testing (including partner testing). During FY07, in collaboration with MOH, Provincial Health Directorate, and other stakeholders, CDC and UCSF staff identified additional sites to expand the intervention to two provinces with high prevalence, Sofala and Zambezia.

In FY08, the partnership focused on the completion (including piloting) of training materials and developing an intervention package (including a toolkit) designed and developed through the work at the above sites, to make these materials available for other sites and partners in Mozambique to develop PP programs.

During FY08 the technical partner organized a pilot training using PP curriculum developed to be used by the partners to train various providers and counselors to develop their own individual PP programs and prevention messages tailored to the specific site. In addition, project implementers developed partner opportunities with the International organization, "Women Organized to Respond to Life-Threatening Diseases" (WORLD) and a TBD Mozambican Women Association to create prevention projects targeting women and women empowerment opportunities. Partners explored the collaboration opportunities with a nascent Mozambican treatment literacy organization (MATRAM) to incorporate PP messages into their activities. This initial exploration is expected to lead to strengthening of partnership in the subsequent year (FY09).

In FY09, as a continuation of activities, additional PP activities will include disseminations of the PP curriculum, train master trainers, conduct ToTs for facility based care and treatment program managers and staff including the provision of PP toolkits to staff and participating organizations; a PP ToT for community based care and treatment program managers and staff targeting national NGOs and CBOs -1 Training for 18 staff from Clinical Care & Treatment partners (3 staff/agency) and 1 Training for 18 staff from HBC/community care partners (10 ANEMO trainers, 3 Ministry trainers, 5 staff from bigger international Home Based Care Partners); and an exchange study tour for PP implementers in-country to visit other PP sites to establish close collaboration among all sites. Partners will continue to support existing PLWHA groups through either small sub-grants and/or procurement of items needed by the group (e.g. seeds, Tshirts,
transport funds for treatment follow up, etc).

Partners will continue the collaboration and supporting opportunities with the Mozambican treatment literacy organization (MATRAM) to incorporate PP messages into their activities at the community level.

Measurable project outcomes consist in tracking behavior changes in PLWHA and direct service providers and implementing and managing M&E systems and tools to monitor outcomes. It is anticipated that 195 individuals (both service providers and individuals) will receive prevention with positives training.

Goals

Although continued specific partnership objectives are jointly developed by both partners with input from MOH, and CDC Mozambique initial focus areas, based on the technical partner (UCSF) experience so far, will include the following: (a)To increase the knowledge and skills of healthcare workers, counselors and PLWHA peer educators to address prevention counseling, adherence counseling, disclosure of HIV status, partner notification and risk reduction techniques among PLWHA; (b)To increase the capacity of staff and PLWHA peer educators at the PP program sites to monitor and evaluate PP activities; and (c) To increase the level of PLWHA patient monitoring/surveillance in conjunction with PP activities.

In FY09, continuation of support and activities for the selected sites in Maputo, Sofala and Zambezia Provinces including support for the PLWHA support groups, through either small subgrants and/or procurement of items needed and identified by the groups (seeds, T-shirts, transport funds to the ARV Treatment Centers). In FY09 continuation and scale up of PP ToT trainings for the clinical care partners staff, home based care and community care partners, Mozambican PLWHA organizations or groups;

Measurable project outcomes consist in tracking behavior changes in PLWHA and direct service providers and implementing and managing M&E systems and tools to monitor outcomes. It is anticipated that 130 individuals (both service providers and individuals) will receive PP training.

Activity Narrative: Deliverables and Products

Number of sites supported and activities developed in the demonstration sites (Maputo, Zambézia and Sofala Provinces) and number of existing PLWHA groups supported

Number of staff trained from Clinical Care & Treatment partners

Number of staff from HBC/community Care partners (ANEMO trainers, MOH trainers, staff from bigger international HBC partners)

Number of staff from Mozambican PLWHA Organizations or groups trained and received some mentorship on PP with these organizations

M&E for scale –up of PP activities: (1) Routine monitoring of basic process indicators (e.g. # partners involved, # sites, # staff trained); (2) Program evaluations (TBD, possibly annually)

Collaboration with MATRAM, by integrating PP messages in the treatment education/literacy activities

Number of exchange visits between PP sites in Mozambique

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11930.09

Mechanism: GHAI CDC HQ PHE Vanderbilt

Prime Partner: Vanderbilt University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 29227.09

Planned Funds: $345,636

Activity System ID: 29227

Activity Narrative: Approved FY 09 PHE. Title: "Validation of new clinical guidelines for differential diagnosis and management of common HIV/AIDS-related condition in Mozambique: A country-specific public health evaluation."

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	$345,636
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3574.09	**Mechanism:**	Track 1 ARV Moz Supplement
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	5182.23762.09	**Planned Funds:**	$8,922,457
Activity System ID:	23762		

Activity Narrative: April09 Reprogramming: Increased $466,173.

Summary and Background:
Project HEART is in its third year of implementation in Mozambique. Through Project HEART, EGPAF/Mozambique is supporting the Mozambique Ministry of Health (MOH) to implement HIV care and treatment programs in four provinces (Gaza, Maputo, Nampula and Cabo Delgado), using an integrated and holistic approach, EGPAF/Mozambique is improving quality of services through formal, in service training and mentoring; capacity building; family-centered approaches to comprehensive care; community education, sensitization and mobilization; and support for the development of guidelines and creation of an enabling policy environment at the national level.
By the end of Project HEART Year Five (PY5), EGPAF will support the care and treatment services in 25 districts (24 plus pediatric care and treatment in Machava) within four provinces. By the end of June 2008, Project HEART/Mozambique had ever enrolled a total of 32,391 patients in care, with 10,408 ever receiving ART. Overall, since the program's inception, 358 patients on ART (3.4 percent) have died, 623 patients on ART (5.9 percent) were lost to follow-up, and 220 patients (2.1 percent) were transferred out to other health units. SAPR data reported from 3 sites for FY08 showed that 88% of patients were alive and on treatment at 12 months of treatment initiation. Efforts are being made to improve the quality of data regarding retention of patients in care and treatment.
During its 4th year of implementation, EGPAFs care and treatment program will focus on implementing comprehensive, family-focused care and treatment programs in a total of 59 sites (38 ART sites and 21 satellite sites) in 34 districts in 4 provinces and initiating ARV treatment in 8,475 patients with a total of 18,780 adults on ART by September 2009 and 28,209 by September 2010. During FY09 EGPAF will expand support to eight new, remote districts. New districts are: Chicuacuala, Massangena and Chigubo in Gaza Province, Memba in Nampula Province, Magude in Maputo Province and Balama, Macomia and Namuno in Cabo Delgado Province. In addition, by the end of FY09 Care and Treatment services in Nacala Porto as well as the Clinical HIV services in the Police Health Facility in Matola will have transitioned from ICAP support to EGPAF.

EGPAF is the Lead PEPFAR clinical partner in three provinces (Maputo, Gaza and Cabo Delgado). In these provinces, EGPAF will work particularly closely with the DPS to strengthen the provincial system primarily by hiring three Clinical Advisors to provide technical support to the Provincial Health Directorates. The advisors will assist the DPS office in planning, implementation, coordination and monitoring of clinical care and mentoring activities related to HIV/AIDS and Tuberculosis within the province they are assigned to work. As lead partner, EGPAF will also support the DPS to coordinate HIV/AIDS activities at provincial level including organizing and convening monthly/quarterly provincial partners' meetings, taking the lead in supporting expansion of treatment services where there is no partner coverage and if resources permit. EGPAF plans to move towards partnerships between EGPAF and the DPS and District Social and Health Directorates (DDSMAS) that will include a subgrant for the delivery, expansion and quality improvement of services. This will help to enhance organizations and human resource capacity of DPS and (DDSMAS), achieve better integration of EGPAF supported activities into DPS and DDSMAS HIV and health plans, and work toward sustainable programs and services.

Activities and Expected Results:
Treatment Expansion
EGPAFs approach is to support the MOH in the implementation of the national HIV/AIDS strategic plan and initiate and strengthen HIV care and treatment services integrated into existing health services. Care and treatment services follow national guidelines and for formal training MOH training curricula are used.
To ensure that HIV is more systematically diagnosed in health care facilities in order to facilitate patient access to HIV prevention, treatment, care and support services, EGPAF has worked with the health facilities to ensure the provider initiated counselling and testing (PICT) is implemented at the main entry points into care, in particular in the inpatient department and TB clinics, pediatric outpatient consultation, family planning services, and STI clinics. HIV- testing is routinely offered in ANC and maternity service, including postpartum to those women not previously tested. HIV-positive patients are immediately enrolled into care and screening and staging is taking place as soon as possible and ART initiated if patient is eligible and ready to initiate ART. In some sites ART for pregnant women is initiated in ANC, while in others HIV+ pregnant women are referred to ART services when eligible. All HIV-positive patients are screened for TB and referred for TB prophylaxis or treatment as needed.

EGPAF will support DPS to provide training to health staff in HIV-related services; for province level, formal MOH curricula are used for the training. In addition to in service training, EGPAF staff will provide formative supportive supervision, on the job training based on identified gaps and quality issues, and clinical mentoring on site.

EGPAF will reinforce and standardize its district approach, using its technical expertise to assure effective implementation of existing Care and Treatment clinical care tools and strengthening tools where needed. EGPAF will have cross-functional geographic teams to provide medical, clinical, psycho-social and community technical assistance to sites and districts. EGPAF will initiate subgrant financing with provinces and districts to support needed inputs, such as staff, equipment and supplies. Quarterly payments will be tied to steady progress in quality and efficiency of care and treatment as identified in regular supervision visits. EGPAF will support capacity development of Mozambican providers to provide integrated clinical services with consistent and effective use of job aids, algorithms, medical record flow charts, supervision check lists and other clinical systems. In addition to site support, EGPAF will support districts and provinces to identify best practices and lessons learned for broader implementation and support specialized technical assistance for provinces. When implemented, EGPAF will support the roll out of the MOH clinical-mentoring, started in FY08 on a pilot basis (Cabo Delgado).

Community linkages and adherence support
Activities aimed at improving adherence to therapy will continue and reinforced during COP09. Activities will include provincial trainings on adherence and psychosocial support, training of peer educators and initiatives with PLWHA including positive prevention using materials already developed through CDC

Activity Narrative: support.

Within the health facility lay counselors are employed to support pre-ART and adherence counseling. EGPAF has been actively involved in the development of the adherence counseling training curriculum for health staff and lay counselors and will continue to train health and lay staff in adherence assessment (pill count), counseling and support. EGPAF will work with facilities to improve the identification of defaulting patients by improving filing system and monitoring of planned consultations taking place, to ensure that defaulting patients care rapidly be tracked and recuperated.

In addition, EGPAF has established partnerships with local community based organisations (CBOs) and recruited peer educators and lay counselors to provide psychosocial services for patients in care and on ART.
The CBOs implement support group activities and through their volunteers conduct active tracing of defaulting patients. In some districts home-based care including adherence counseling and defaulter tracing is supported by other USG and non-USG partners and collaborative relationships are established.
To strengthen linkages between health facility based services and community-based support services, EGPAF will support DDMAS to conduct district level coordination meetings that include DDMAS, health facility staff, community leaders, and CBO representatives. Where needed, job aids will be developed for this group.
Finally, nutritional support for severely malnourished patients (following MoH criteria) with Fortified Blended Foods (FBF) as approved by the MoH, for an estimated 10% of HIV+ patients costing approximately $1.00 per day per patient or $120.00 per patient for a 4 month period, for 4-6 months as needed.

Monitoring and Evaluation/Quality Assurance
EGPAF/Mozambique continues to collaborate with the HIV Quality Improvement program-HIVQUAL and John Snow Incorporated (JSI) on implementing a capacity building model for quality improvement, designed to improve care and treatment for people living with HIV. Quality of care in clinical settings is measured by defining core indicators based on national guidelines; abstracting charts from a randomized sample of patients; and using performance data to identify with health staff quality improvement interventions and to identify priorities and strategies followed by monitoring progress over time. This specific program will be expanded into eight new sites. However, in any other sites not specifically targeted with the HIVQual QA program, random chart reviews will be conducted during routine supervision and provide the basis for the identification of quality of care issues, discussions with staff on challenges and recommendations for the site as a continuous process of quality improvement.

Continued support from JSI will ensure that the HIVQUAL tool and methodology are integrated into EGPAF's overall quality management plan and are part of a wider quality improvement process in EGPAF-supported sites. The purpose of this collaboration is to build capacity within EGPAF staff as well as within MOH staff at the district and site levels. EGPAF has provided districts with an electronic patient tracking system (PTS) and finances data entry clerks at these sites. This will be expanded to an additional 8 districts. EGPAF will also work with district and their data entry staff to improve their skills in analysis, interpretation and use of available data for performance assessment and improving capacity for monitoring and evaluation at the district level. At global program level, data will be used for basic program evaluation.

Sustainability
As a first step in the transition to local ownership and ensure the long-term sustainability of the program, EGPAF will move toward a partnership with DPS and DDSMAS that includes sub grants. EGPAF will provide sub grants that will allow province and district to fill resource gaps that are a barrier to quality service delivery, such as additional health and lay staff, equipment and supplies, resources of regular supervision, transportation of samples, provision of water and electricity, minor infrastructure improvements. The training and support necessary to ensure management and accountability for these funds contribute to the institutional/managerial capacity building necessary for the DDSMAS/DPS as a local organization to receive and manage funds directly in the future and contribute to strengthening the health system at district and provincial level.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12966

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12966	5182.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6352	3574.08	Track 1 ARV Moz Supplement	$7,250,000
8593	5182.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4869	3574.07	Track 1 ARV Moz Supplement	$5,934,660
5182	5182.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	3574	3574.06	Track 1 ARV Moz Supplement	$2,905,600

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$213,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$12,161

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3692.09
Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 5282.24131.09
Planned Funds: $0
Activity System ID: 24131

Activity Narrative: This is a continuing activity under COP08.

AED will work with USG treatment partners nationwide to facilitate knowledge and best-practice transfer across all treatment partners. AED will work in close collaboration with treatment partners as well as Ministry of Health delegates to ensure broad participation in provincial level meetings and site exchange visits between the treatment partners. Following consultation with partners, within the USG, and with the OGAC adult treatment working group, it was decided to move towards a district level model. To that end, AED will facilitate site exchange visits between treatment partners to more fully develop their understanding of what a district support model entails. Treatment partners, with leadership from the Ministry of Health, will also work towards standardizing a minimum package and AED's role is to facilitate open communication through the creation of an enabling environment and a communication framework from which to work within.

The FY2007 narrative below has not been updated.

This activity is related to: OHPS 8800; HBHC 9131; HKID 9147; HVAB 9135; C&OP 9154; and OHPS 9212.

All AED activities interlink with each other for the overall purpose of building capacity of local NGO/CBO/FBO to stand on their own and for grants management under the Capable Partners Program (CAP); some activities have specific components assigned to it. In COP07, AED has responsibilities for several component which represent a major scale-up of AED current program in NGO capacity building and grants management. AED will continue to work with Mozambican networks and organizations that provide services to OVC, home based care clients, PLWHA groups and association members which together have national reach. FY07 represents year 2 of a planned 3 year activity that began with FY 06 funding. Special activities will be focused in Sofala and Zambezia Provinces.

This activity addresses the treatment component of AED activities. Under this activity, supported by USAID_HBHC_AED and USAID_OHPS_AED, ANEMO's involvement in treatment adherence for ARV and TB will be strengthened. ANEMO will be assisted to develop mechanisms and curriculum for training and hiring retired and unemployed treatment adherence care workers (TACW). The Master Trainers will expand their expertise into treatment adherence and train and supervise the TACWs who will be based at clinic sites, and will refer ART patients to community based care providers for continued support, follow-up and referrals. This activity is expected to keep clients in the clinical system by monitoring their adherence and referring any complications identified.

AED more general work with ANEMO, professional association of nurses, will be to strength their institutional capacity in two areas: 1) the Training of Trainers section to be able to provide training services in a variety of clinic related areas and 2) expansion of the service delivery section. Under a $300,000 sub-grant, ANEMO will be able to maintain their Master Trainers duties and responsibilities to continue to train trainers for improved HBC. Refresher courses will be developed by MOH for the Master Trainers to roll out. In addition, OI and STI trainings can be provided by these same Master Trainers who can train clinical staff as well as home-based care providers. In collaboration with activity USAID_OHPS_AED, ANEMO will be able to develop their professional association responsibilities.

AED other activities also support and strengthen NGO/CBO/FBO what work in the programmatic areas of AB, OVC and home-based palliative care. COP07 activities in treatment and TB adherence will train 94 NGO/CBO/FBO staff who in turn will reach 750 PLWHA.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13353

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13353	5282.08	U.S. Agency for International Development	Academy for Educational Development	6448	3692.08	Capable Partners Program	$97,000
9109	5282.07	U.S. Agency for International Development	Academy for Educational Development	5037	3692.07	Capable Partners Program	$300,000
5282	5282.06	U.S. Agency for International Development	Academy for Educational Development	3692	3692.06	Capable Partners Program	$200,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3673.09 **Mechanism:** USAID-TBD Local (USAID)-GHAI-Local

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 16311.24115.09

Planned Funds: [redacted]

Activity System ID: 24115

Activity Narrative: Reprogramming August08: This activity was originally a TBD treatment partner. However, given the shortfall in funds for pediatric treatment commodities, it was decided that the funds would be put to best use to cover the shortfall in funding.

Although this activity appears as new, because no additional funding was added in FY2007, this is a continuing activity from FY2006.

FY2008 funding will enable the new treatment services partner(s), who will receive initial funding through COP06, to continue to deliver quality ART and related services into FY2008. The new partner(s) is (are) slated to be selected through a limited competition RFA in early 2008. The coverage areas are not yet known definitively but will coincide with the MOH scale up plan for treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16311

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16311	16311.08	U.S. Agency for International Development	To Be Determined	6449	3673.08	USAID-TBD Local (USAID)-GHAI-Local	[redacted]

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3568.09

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 16279.24323.09

Planned Funds: $0

Activity System ID: 24323

Activity Narrative: This PHE activity, “Assessing the acceptability, effectiveness and cost benefit of two interventions to improve long-term adherence to ART among adults receiving HIV care and treatment in Mozambique”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.07.0080.

Continuing activity from FY06 - Activity number 5250.06; FY08 Act. ID 16279

Columbia University will continue to conduct the PHE called “Assessing the acceptability, effectiveness and cost benefit of two interventions to improve long-term adherence to ART among adults receiveing HIV care and treatment in Mozambique” (it was designated as "Assessment of the effectiveness of peer-based adherence support in maintaining and improved adherence to ART" in COP 06). The analysis regarding cost effectiveness will conducted by CDC Atlanta. The protocol is in development and should be submitted to Local, Columbia University and CDC Atlanta IRBs in October 2007. The estimated costs are USD 150,00. 54% of the total amount will be expended by February 2008. The local co-investigators are: Dr Americo Assane Chief of Department of Medical Assistance, Mozambican Ministry of Health; Dr. Florindo Mudender, Department of Medical Assistance, Mozambican Ministry of Health. The main objectives of the study are to: 1) assess the effectiveness of two adherence support interventions, 2) identify factors associated with sub-optimal adherence to ART at 3, 6, and 12 months after ART initiation, 3) estimate the costs and clinics benefits and determine the acceptability of these two adherence support interventions. Design: A two-pronged separate sample pre-post design will be used to assess the impact of a two adherence support intervention. Both adherence interviews with patients enrolled in pre and postinterventions
cohorts and data abstraction of routinely collected immunological and virological data for all patients (i.e. those enrolled and not enrolled in the cohorts) before and after the intervention's implementation will be conducted.This work is vital to identifying relevant programmatic enablers and barriers for long term ART adherence in adults. Current status: the protocol is in final phase of development and should be submitted to local, Columbia University and CDC Atlanta IRBs in October 2007. Findings will be shared with participants, study sites and ICAP supported sites involved. It is also in the public interest that findings be made available to a broader range of HIV/AIDS health care providers. Budget justification: 1) Salaries: USD 137,000; 2) Equipment: USD 4,000; 3) Travel: USD 6,000; 3) Office supplies: USD 3,000, Total: USD 150,000

Note: This evaluation in one of three PHEs that come from activity 5250.06. The total amount of funds for these evaluations remain at USD 500,000, although individual studies have changed their initial budget totals (in agreement with CDC GAP Mozambique).

New/Continuing Activity: Continuing Activity

Continuing Activity: 16279

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16279	16279.08	HHS/Centers for Disease Control & Prevention	Columbia University	7403	3568.08	Track 1 ARV Moz Supplement	$0

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8865.09

Mechanism: TBD PHEs

Prime Partner: To Be Determined

USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 15718.24277.09

Planned Funds: [redacted]

Activity System ID: 24277

Activity Narrative: This PHE activity, “Evaluating barriers of access to pediatric HIV-care in a Mozambican rural setting (Multi-country)”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.08.0093.

PARTNER: Track 1 ARV Moz Supplement/Elizabeth Glaser Pediatric AIDS Foundation
Study Title: “Evaluating barriers of Access to Pediatric HIV-care in a Mozambican rural setting”
This study will be done as part of a multi-country study, conducted in Tanzania and Mozambique, supported by EGPAF.
Timeframe and budget summary:
Timeframe:
Month 1&2: Finalizing of study protocol, including instrument development; Submission of protocol for approval by ethical committees; Planning of fieldwork and recruitment of interviewers
Month 3: Training of study team and data entry clerks. Training of interviewers and pre-testing of study instruments
Month 4&5: Data collection
Month 6: Data entry and encoding of qualitative data
Month 7: Data Analysis & preliminary results
Month 7-8: Writing of report
Month 9: Dissemination of results
Budget Summary: Total budget requested: USD 155,000
Local co-investigators:
The study will be implemented in collaboration with the MOH and DPS in the respective provinces and CDC.
The National Pediatric HIV ART scale-up coordinator appointed to DNAM will be co-investigator.
Project Description:
The availability and capacity to provide ART in Mozambique has increased over the past year. Considerable resources are being invested to train providers to also treat HIV-positive children and to provide pediatric ARV formulations. However, despite concerted efforts to improve access to ARV treatment for children less than 5,000 (or 6%) of the roughly estimated 75,000 children in need of ARV are on treatment. EGPAF plans to conduct an evaluation in each of the 4 provinces where it supports HIV care and treatment program to identify key enabling factors and barriers within the community and the health system that impact children’s access to and utilization of HIV care and treatment services. This study will be part of a multi-country study; EGPAF is implementing a similar study in Tanzania.
Evaluation Question:
“What are key enabling factors and barriers within the community and the health system that impact children’s access to and utilization of HIV care and treatment services” is the question under evaluation. The primary objective is to identify barriers to HIV care and treatment services for HIV-exposed and HIV-positive children. Therefore this evaluation will examine programmatic issues as well as beliefs, attitudes and experiences of clients, health care providers and community members with regards to providing and seeking access to care and treatment for children.
Programmatic importance:
Identifying reasons for poor access to and use of HIV care and treatment will lead to identifying policies and specific interventions that will improve the identification, access to care and treatment and reduce loss to follow up of HIV exposed and infected children and thus improve survival of HIV-infected infants and children.
Methodology:
This evaluation is a cross-sectional multi-site survey, and will utilize quantitative and qualitative methods including structured interviews, key informant interviews and focus group discussions as well as observation of processes at the health facilities. The study will take place in the 4 provinces where EGPAF supports the implementation of HIV care and treatment program: Maputo, Gaza, Nampula and Cabo Delgado. Participants in the study will include health care providers, heads of health facilities where service are provided, caregivers of HIV exposed and infected children, children on ART themselves, as well as community members.
Structured interviews will be conducted with caregivers, children and community members.
Semi-structured interview guides and focus group discussion topic guides will be developed to further explore process, attitudes, beliefs and experiences regarding:
- Individual client aspects/characteristics that enable or hinder follow up
- Community aspects/characteristics that enable or hinder follow up
- Health staff aspects/characteristics that enable or hinders follow up

The interviews and focus group discussions will be implemented by two interviewers trained in both quantitative and qualitative methodology. The complete PHE protocol will be developed with technical assistance from EGPAF research staff based in Washington DC. The protocol, the informed consent forms and questionnaires and other documents used in this survey will be submitted to the Mozambican and CDC Ethical Committee, to ensure that all ethical issues, particularly those pertaining to participation of children in the study, are cleared. Children will be required to have a legal guardian to provide informed consent for study participation.
Data will be double-entered into SPSS. In depth interviews and FGD will be tape recorded, transcribed and coded for categories and themes. Data analysis will focus on the identification of barriers as well as enabling factors to enrollment into and continued follow up to the HIV care and treatment program. Main end points are: Number of children enrolled into HIV Care & Treatment programs in each of the 4 provinces and the number and accessibility of routine HIV testing sites for HIV-exposed and HIV-infected children.
Secondary endpoints will include:
• knowledge and attitude of parents and caregivers towards enrollment of symptomatic children into HIV/AIDS treatment programs
• Health care provider knowledge and attitude towards HIV testing of known HIV-exposed and HIV-symptomatic children
• Level of health institution encouragement of uptake of antiretroviral therapy by eligible children determined by structured interviews and assessment of processes
• Community knowledge and attitude towards risk for HIV/AIDS, and care and treatment among children
• Practices of how children currently on antiretroviral therapy enrolled into existing programs are supported

Activity Narrative: Population of Interest:
The study will be conducted over a total period of 9 months, where the study will be implemented in 2 districts per province (8 in total) and a minimum of 320 individuals will be interviewed. The populations to be interviewed include potential clients or parents/caregivers of HIV exposed and positive children, community members, and health care staff including nurses, clinical officers and physicians. In-dept interviews will be conducted with health providers, traditional healers, community leaders, HIV+ mothers (who completed PMTCT), members of the community and HIV+ children included in the Care & Treatment program. Two persons of each population group will be interviewed per site. In each site, focus group discussions will be held with community members, health care providers, HIV-positive mothers who entered in the PMTCT program, and with children. Finally, in each site, one focus group discussion will be held per population group.
For the study, a total of 320 individuals will be interviewed and an equal number will participate in FGD. To identify study participants, first we will select randomly two sites in each province where HIV care and ARV treatment is provided. Actual participants will then be randomly selected from pre-prepared sampling frames by respondent group, including lists of members of health staff providing care and treatment services, staff in pediatric departments, lists of pediatric patients on ART and in PMTCT program and community members.
For each phase, the study team will contact selected respondents in the participating regions. A study assistant will inform selected participants about the study and invite them to participate in interviews or FGD anonymously. Interested parties will then be requested to provide informed consent prior to participation.
Information Dissemination Plan:
Results of this PHE will be presented in each of the provinces and within MOH to relevant ministry of health officials. After this presentation, the results will also be presented to health staff in the supported districts as well as community-based organizations that have been supporting HIV care and treatment services and particularly have a role in the identification, referral and tracing of infants and children. Results will be presented in a larger forum of MOH officials, the NGO community and national community-based organization with the purpose to explore policies and strategies that may improve access to care and treatment for HIV exposed and infected children. A paper will be prepared for potential publication and/or presentation in international fora.
Budget Justification:
Budget item
1. Salaries/benefits of study team $ 53,860.00
2. Equipment $ 10,000.00
3. Supplies $ 8,000.00
4. Travel $ 39,040.00
5. Participants incentives $ 12,200.00
6. Other: Activities, training, supervision $ 31,900.00
TOTAL Project Costs $ 155,000.00
1. This budget items covers costs related to salaries and benefits for project staff including coordinator, interviewers, a consultant statistician and data entry staff
2. Included are laptops for data entry during field work and tape recorders to be used during focus groups discussion and individual interviews.
3. Office supplies include paper for duplication of data collection instruments and training materials, folders and files and other office supplies needed during fieldwork and the course of the study
4. Travel includes any domestic travel and accommodation costs during training and fieldwork by the study team. It also includes one trip by EGPAF HQ research staff to support planning and implementation of the study as well as transportation vouchers for FGD participants.
5. This funding will also cover transport fees for focus group participants as well as overtime payment for staff working on the study.
6. This category includes costs related to instrument development, training of the study team and interviewers and dissemination of results.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15718

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15718	15718.08	Department of State / Office of the U.S. Global AIDS Coordinator	To Be Determined	8865	8865.08	New PHEs	[redacted]

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3680.09

Mechanism: The Health Communication Partnership

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 9165.24290.09

Planned Funds: $0

Activity System ID: 24290

Activity Narrative: This is a continuing activity under COP08.

It is expected that the main development and testing of IEC materials for treatment adherence and pediatric AIDS activities will take place with FY07 funding. Additional funding at a reduced level is provided in COP08 in order to support to the provincial "nucleos" (national aids council provincial level organizations) and partners for roll out of communication programs to implement the treatment adherence strategies. No emphasis areas or target populations have been selected because this activity is intended to develop materials and behavior change strategies for use in treatment programs in facilities and in communities.

The FY2007 narrative below has not been updated.

Plus-up: Plus-up funding will incorporate pediatric AIDS in the JHU/HCP HTXS activity. JHU/HCP will support the MOH to adapt/develop and disseminate IEC materials on care for the HIV exposed adn infected child including OVC, targeting communities, caregivers. Specific topics to include nutrition and infant feeding, cotrimoxazole and INH prophylaxis, ART and adherence to treatment, disclosure, and infection prevention and control. Because this activity is focused on IEC materials, targets are not applicable.

Original COP: This activity is related to JHU/HCP communication activities C&OP 8648; HVAB 8645; MTCT 9162; and OHPS 8646. These activities taken together form a major initiative for providing technical assistance to the MOH/RESP (health education unit) and the CNCS (National AIDS Council) and implementation of communication strategies in support of all program areas at national and provincial levels, especially Zambezia and Sofala Provinces. JHU/CCP is also expected to serve as a resource and support to other Ministries such as the Ministry of Defense, Ministry of the Interior, Ministry of Education and Ministry of Women and Children as well as the NGO community and other USG PEPFAR agencies. With regards to treatment services, JHUCCP is being asked to work with the MOH, CNCS, PEPFAR treatment partners, USG agencies and other stakeholders to develop an effective community behavior change strategy to promote treatment adherence, treatment literacy and increased uptake of treatment services. The focus of these efforts should be in Zambezia and Sofala provinces where the treatment services will be greatly expanded in COP07. The MOH has set ambitious targets for people on treatment and is expanding sites and services rapidly. People must be able to overcome stigma and use those services and follow their treatment regimens correctly. Caregivers, support groups in the community, friends, neighbors and workplace colleagues also need to be able to assist the person on treatment and provide reinforcement for desired behavior change. This may include, but is not limited to, organizing consultation meetings at national and provincial levels, reproducing IEC materials and assisting the MOH to distribute them through their normal channels, carrying out formative research and development of additional materials to fill identified gaps, planning and working with partners for community mobilization, developing mass media programming. Given the broad portfolio assigned to JHUCCP for the communication activity, it is expected that opportunities will be found for integrating promotion of TARV services and destigmatization of use of those services in other program area activities. In this context, JHUCCP must work closely with and be responsive to the MOH and treatment partners in Zambezia and Sofala.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14522

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14522	9165.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6855	3680.08	The Health Communication Partnership	$97,000
9165	9165.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4893	3680.07	The Health Communication Partnership	$434,230

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3529.09

Mechanism: GHAI_CDC_POST

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 15787.24451.09
Planned Funds: $175,910
Activity System ID: 24451
Activity Narrative: This activity has been modified in the following ways:

1. Pediatric treatment specialist no longer funded here
2. Funding for the community Care Linkages specialist is included (new position)

Funding under this activity will be used to support CDC Mozambique treatment related activities that include: travel, accommodation and expenses for supervision and monitoring of partner supported ART programs; participation in regional and international HIV related meetings.

An additional component of this activity is partial funding for staff positions that contribute part of their time in supporting the treatment program as follows:

Laboratory Technical Assistant who provides oversight for a range of broad laboratory related programs and activities that are carried out by CDC as well as all partners implementing HIV care and treatment. The basic function of this position is to provide expert advice and guidance for helping to develop and expand adequate laboratory infrastructure and for establishing and implementing sound laboratory practices.

ART Site Support Assistant; who works within the treatment team to Support care and treatment scale-up at site level--this involves frequent travel and close linkages with staff from partner organizations in the field as well as support activities to improve quality of treatment scale-up (e.g. HIVQUAL)

Community Care Linkages specialist: Will work with USG and MoH Working Groups, implementing partners and other relevant government sectors (such as Women's Affairs and Social Action) to create standard approaches and systems based on best practice models to assure access to such cross-cutting services as adherence support, defaulter tracing, psycho-social support, socio-economic support and food and nutritional interventions that are realistic and appropriate for Mozambique.

New/Continuing Activity: Continuing Activity
Continuing Activity: 15787

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15787	15787.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$357,020

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3529.09
Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 15788.24452.09
Planned Funds: $0
Activity System ID: 24452

Activity Narrative: This PHE activity, “Evaluation of cost and cost-effectiveness of HIV treatment to support resource planning”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.07.0077

PHE/Continuing activity - Activity ID # (from COP 07): 8639

Title of study: Evaluation of cost and cost-effectiveness of HIV treatment to support resource planning

Time and money summary: FY 2007 (292,000). There are no funds being requested for FY 2008. The initial activities will start in September 2007, with an initial planning trip from the Atlanta based team to Mozambique.

The local co-investigators are: Dr Americo Assane Chief of Department of Medical Assistance, Mozambican Ministry of Health; Dr. Florindo Mudender, Department of Medical Assistance, Mozambican Ministry of Health. Dr Francisco Mbofana, National Institute of Health, Mozambican Ministry of Health.

This activity proposes a public health evaluation to measure the costs of comprehensive HIV treatment in a sample of PEPFAR-supported facilities, and to evaluate the cost-effectiveness of these programs. This project builds upon and complements concurrent evaluations to assess treatment program outcomes and cost-effectiveness and contributes to a national ART program evaluation. The evaluation will facilitate USG and partner program planning and resource allocation by assessing the potential reach of ART programs given available financial resources, informing selection of optimal program models, and locating areas where potential efficiency gains could free-up resources to expand service provision.

Stakeholders (MOH, USG, PEPFAR implementing partners) will participate in the planning and presenting of the data at meetings and conferences, as well as disseminating information through routine channels within the USG partners community and MOH organizational structure. Results will be submitted for publication in an appropriate peer reviewed journal.

The first planning/assessment trip will take place in September 2007. Study protocol is in development and should be finalized in October 2007. Protocol submission to local IRB and CDC ethical review should occur in October 2007. The team of investigators should start field data collection in January 2008.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15788

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15788	15788.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$0

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3628.09

Mechanism: USAID-World Food Program-GHAI-Local

Prime Partner: World Food Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 6441.24361.09

Planned Funds: $375,000

Activity System ID: 24361

Activity Narrative: April09 Reprogramming Change: Increased $375,000.

Reprogramming August08: Funding decrease $153,000. Funds were originally allocated to SCMS to cover pediatric formulations in COP 08 charged under the OVC. Further guidance from OGAC has indicated that drug commodities can't use this budget code. As pediatric treatment is a priority activity and given a recent no-cost extension to WFP, it was decided that the funds allocated to WFP would be better utilized to cover expenses related to pediatric treatment.

April08 Reporgramming Change: Reduced $140,000.
This is a continuing activity under COP08.

WFP will continue to provide support to people living with HIV/AIDS who are currently on ART and meet PEPFAR criteria. Nutritional supplementation is critical as it is number one complaint amongst those on ART who have either defaulted or are experiencing reprecussions from sub-optimal nutrition while on ART. Two provinces will be covered by the PL 480/Title II program, namely Zambezia and Nampula. Food assistance will be channeled and coordinated with treatment partners to ensure a focused intervention (as opposed to HBC distribution points). WFP assistance is a valuable contribution while the USG in Mozambique can ensure that longer term solutions are available, viable, and possible according to OGAC guidance.

It is anticipated that over 20,000 ART clients will be reached with emergency individual food rations witih COP08 funding.

The FY2007 narrative below has not been updated.

This is a follow-on to the FY06 activity and is related to HKID 9124 and HBHC 9138. This activity duplicates other activities because food subsities will be provided to currents clients of OVC and ART services. Therefore, no separate targets are provided.

With the rapid roll out of ART in the country, the ever increasing number of OVC, and the unreliable food supply in Mozambique due to droughts and floods, the interest in associated food support is growing. Most recently this has been given impetus by a request from the Minister of Health for urgent clarity on the design and implementation approach of appropriate food based interventions in the context of ART both at the clinical setting and within the household. WFP along with USAID is working closely with colleagues in the Ministry of Health, Ministry of Women and Social Action and other stakeholders in the development of a programmatic model for the provision of food in conjunction with clinical and home-based ART services.

The goal of this activity is to improve the health and nutritional status of PLWHA receiving ART at USG-supported sites in order to improve treatment adherence and reduce any potentially negative effects of the drugs. WFP will continue to work closely with PEPFAR partners (HAI, Columbia University and EGPAF and any other new treatment partners) to determine if clients meet WFP guidelines for vulnerability and nutritional need. Guidelines were set with assistance from WHO, SETSAN*, MOH, and other multi-lateral organizations and bi-lateral missions. PEPFAR-funded NGO partners will contract with WFP to provide a specific number of supplemental packages for no longer than 6 months for PLWHA on ART and their families. Patients will be assessed clinically on a regular basis and taken off the supplemental foods earlier than 6 months if warranted. WFP will provide a supplementary food ration to PLWHA on ART living in vulnerable, food-insecure households, distributed through the PEPFAR-supported Day Hospitals where patients go for initial assessment, CD4 counts and ART follow-up. This activity will provide PLWHA receiving ART and their families (an average family size of 5) with family food rations consisting of 1200g cereals, 200g pulses, 100ml Vitamin A-enriched oil, and 600g corn-soya blend per person daily for one meal per day. PEPFAR partners will ensure that clients on food supplements will have available wrap-around services including nutrition information (which is part of the curriculum for home-based care providers) and opportunities to be involved in food sustainability practices (home gardens) or livelihood activities to provide longer term food security. If studies are published that suggest a different combination of supplemental foods, any new guidelines will be incorporated into the food rations. Monitoring of clients that receive food supplements will be carried out by WFP to determine the effectiveness of the supplements and related assistance on ARV treatment reactions and treatment adherence.

With COP07 funding support it is anticipated that WFP, along with treatment partners in Mozambique, will assist all PLWHA initiating treatment and deemed to need nutritional support based on clinical criteria with food and nutritional support. It is estimated that ½ of people starting ART will need food supplements to ensure proper uptake and adherence.

*SETSAN is Mozambique's Technical Secretariat for Food and Nutrition Security. The multisectoral Vulnerability Analysis Group (GAV) monitors food security and vulnerability within the country. Indicators used include: i) availability - agriculture production, livestock, seeds, food aid and rainfall; ii) access – prices, markets terms of trade, income sources; iii) utilization – nutrition, health, water, sanitation and consumption; and iv) social protection and survival strategies.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14535

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14535	6441.08	U.S. Agency for International Development	World Food Program	6858	3628.08	USAID-World Food Program-GHAI-Local	$707,000
9167	6441.07	U.S. Agency for International Development	World Food Program	5052	3628.07	USAID-World Food Program-GHAI-Local	$800,000
6441	6441.06	U.S. Agency for International Development	World Food Program	3628	3628.06		$800,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 10419.09

Mechanism: USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 16310.24299.09

Planned Funds: $1,464,253

Activity System ID: 24299

Activity Narrative: This is a new activity under COP08.

Family Health International (FHI) will begin to provide treatment services in Niassa province. FHI will be cross-funded across HBHC, OVC, CT, and PMTCT to offer a comprehensive package of services in the province. Niassa, being of considerable distance from Maputo, has few partners providing services and the province as a whole poses a real challenge for implementation. However, FHI will provide technical support at the central, provincial, and district levels to scale up ART services in the province. FHI will support the district level health officials' ability to adequately monitor and supervise implementation throughout the three districts they will work in as well as contribute towards quality management approaches and technical quality assurance. FHI will use its relationship with direct service providers to improve the testing, diagnosis, care, and referral of patients with opportunistic infections, including tuberculosis, to treatment services.

FHI will emphasize the integration of mother and child care and treatment and will support the integration of pediatric services in both treatment facilities as well as PMTCT Plus sites in order to maximize on PMTCT interventions. Special attention will be given to HIV exposed infants by establishing early infant diagnostic capabilities at the model centers to allow for early identification of HIV infected children, and ensuring they are engaged in care and treatment. Provincial trainings will be held on ART management, which will also include a component on linkages and referral mechanisms with HIV/AIDS clinical and community services. Finally, FHI will improve the conditions of the provincial laboratory to enhance its capacity for CD 4 testing.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16310

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16310	16310.08	U.S. Agency for International Development	Family Health International	7277	5078.08	USAID-Family Health International-GHAI-Local	$925,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3579.09

Mechanism: USAID-Population Services International-GHAI-Local

Prime Partner: Population Services International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 9166.24313.09

Planned Funds: $0

Activity System ID: 24313

Activity Narrative: This is a continuing activity under COP08.

PSI will continue to provide treatment partners with approximately 70,000 LLIN for new enrollees as well as provide Safe Water Systems (SWS - "Certeza") to 100% of those on ART. The USG will now channel all products through treatment partners to ensure more focused targeting of people on ART as well as providing a reasonable incentive for people to return to the clinic, thus decreasing loss to follow up. PSI's new activity centers around the provision of Plumpy Nut to those patients with a BMI of less than 16, which has been looked upon favorably by the Ministry of Health. Plumpy Nut is a short to medium term solution until longer term solutions can be implemented in Mozambique, such as implementing FANTA's recommendations. It is anticipated that approximately 6,000 ART clients will receive plumply nut under COP08.

The below narrative from FY2007 has not been updated.

This activity relates to HKID 9149 and all HKID and HBHC activities. This activity duplicates other activities because water and nets will be provided to currents clients of OVC and ART services. Therefore, no separate targets are provided.

PSI will continue to implement a program to make household-level Safe Water Systems (SWS) available to 4,000 OVC and their caregivers and 39,500 PLWHA on ART (at $.25 per bottle x 12 bottles per year). The SWS consist of small bottle of solution to purify water for a one month period for a family. The program will reach OVC and PLWHA on treatment and provide them with SWS through linking in to the HIV/AIDS care and support services available in both clinic and community settings under the integrated networks (e.g. home-based care, OVC services, PMTCT, ART).

Using traditional social marketing techniques, this activity will scale up marketing and distribution activities in the six target provinces. As distribution is pushed out through wholesalers and smaller retail outlets, a series of radio, billboard and other mass media campaigns to increase awareness of this new product will be launched.

Simultaneously, the USG NGO partners working in OVC and Treatment services specifically aimed at treatment adherence will be provided with a one-day training in which they will learn 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.

The activity will also target the distribution of 27,000 ITN's to OVCs under five years of age and their caregivers in PEPFAR target Provinces in addition to 85,000 PLWHA registered at Day Hospitals (at $8 per net). The Ministry of Women and Social Action included ITNs in their costing exercise when determining the average cost per client for caring for OVC and encourages NGOs, CBOs, PVOs to assist in the provision and distribution of nets. The ITNs help ward off the threat of malaria which can be detrimental to children, particularly those under five years of age. PSI will implement the program to make the nets available to USG NGO partners implementing OVC and treatment adherence activities at the same time providing training in usage and importance of protecting oneself against malaria which includes using nets, cleaning up around the household and removing all stagnant water from surrounding areas.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14528

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14528	9166.08	U.S. Agency for International Development	Population Services International	6856	3579.08	USAID-Population Services International-GHAI-Local	$1,309,500
9166	9166.07	U.S. Agency for International Development	Population Services International	5042	3579.07	USAID-Population Services International-GHAI-Local	$881,200

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3686.09
Mechanism: Health Policy Initiative (ex-PDI)
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 9163.24342.09
Planned Funds: $0
Activity System ID: 24342

Activity Narrative: Reprogramming August08: Funding decrease $97,000. HPI has reached its ceiling and will not be able to absorb all of the funds planned for FY 08. $97,000 in HTXS will be reprogrammed into SCMS in order to maintain planned levels for this mechanism after adjustments to the HKID program area, from which funds were inadequately planned for SCMS.

This is a continuing activity under COP08.

HPI will continue work with the military to disseminate the anti-discrimination law, but also expand the program to other workplace settings. Additionally, HPI will look for ways to join ARV treatment services with OHPS funds to address private sector needs. HPI will work with the private sector, (as well as the MOH, CNCS, PEPFAR treatment partners, USG agencies) and other stakeholders to strengthen HIV/AIDS workplace programs that promote treatment adherence, treatment literacy and increased uptake of treatment services. The focus of these efforts will be in Zambezia and Sofala provinces where the USG-supported treatment services are expanding, as well as in Nampula Province, the third focus province in COP08.

The FY2007 narrative below has not been updated

This activity is linked with the Prevention for Positives program HTXS 8592; HVCT 9114 and with the project for Developing a new Recruitment Policy OHPS COP 06 activity 4894.

It is known that disclosure of HIV status (if a person is seropositive) is still a problem due to stigma and discrimination, especially in the military. Although the Military Hospital in Maputo is one of the largest HIV treatment centers in the country, the vast majority of patients are civilians. To reverse this situation, DOD will finance a partner through this USAID mechanism to work with police and military peer educators to disseminate the law 5/2002 regarding HIV/AIDS in all military bases and police squadrons and promote legal stand against stigma and discrimination. The targeted populations will know about this law which protects whoever is HIV positive against stigma and discrimination of any kind. One of the expected impacts of this activity will be an increase in the number of people deciding to be tested, disclose their status if found to be HIV positive and seek care and treatment. Such behavior will eventually slow down the epidemic.

During the implementation of these activities, the partner will provide a additional information regarding the importance of early detection of an HIV infection through voluntary counseling and testing which will enable a person to be observed by specialized medical personnel and receive treatment as early as it is found that he requires ARVs to improve the immune system.

With clear information about what surrounds HIV, the availability of treatment, and with the dissemination of the aforementioned law, the targeted populations will more easily accept their condition or visit VCTs to find out their status because they will know that there is a law that protects HIV infected people.

This activity will address stigma and discrimination, and in doing so, will reduce violence and coercion. Targets have not been set because although increasing the likelihood that military personnel will be tested and access treatment services, this activity will not directly result in increased numbers of military on ARV treatment. These numbers, however, will be captured by the treatment partner working with the Military facilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14530

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14530	9163.08	U.S. Agency for International Development	The Futures Group International	6857	3686.08	Health Policy Initiative (ex-PDI)	$0
9163	9163.07	U.S. Agency for International Development	The Futures Group International	5044	3686.07	Health Policy Initiative (ex-PDI)	$45,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3526.09

Mechanism: GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 15812.24436.09 **Planned Funds:** $223,016

Activity System ID: 24436

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
1. ETR program manager is no longer funded here
2. Funding for the Treatment/lab/M&E officer is now included
3. Funding for the Medical Epidemiologist is now included

Funding under this activity will be used to support partial funding for staff positions that contribute part of their time in supporting the treatment program as follows:

ART Site Coordinator: Works to oversee all aspects of care and treatment scale-up at site level, this involves frequent travel and close linkages with staff from partner organizations in the field including supporting activities to improve quality of treatment scale-up (e.g. HIVQUAL). The position holder is responsible to coordinate monthly USG Treatment Partner's Meeting; oversees all USG-funded renovation and construction activities and supervises the ART site assistant

Senior Treatment Coordinator: Is responsible for USG-supported HIV treatment scale-up, chairs the USG Interagency Treatment Working Group, is the main liaison with SCMS (Supply Chain Mgmt. System) for ARV drug related issues, oversees COP planning related to HIV treatment activities, provides technical leadership to MOH, USG and partners on treatment issues and supervises the Pediatric Treatment position (to be recruited)

Treatment/Lab/M&E officer :Works within the treatment team to support ART and lab related program monitoring activities including: evaluating progress in program implementation, compiling, maintaining and reporting on data records related to partner reports and proposal submissions; data compilation needed for routine program monitoring, COP preparation and semi-annual and annual reports

Medical Epidemiologist: Will provide leadership in activities related to Opportunistic Infections and TB/HIV program managment, participate in MOH, Inter-Agency, and TB/HIV Task Force meetings, supervise TB/OI and Home-based care activities (including supervising 3 staff who work closely with MOH on these issues), supervise cooperative agreement with Mozambique's Ministry of Women and Social Action and lead the development and implementation of public health evaluation activities related to care and treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15812

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15812	15812.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$215,869

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6124.09 **Mechanism:** CDC CARE INTL

Prime Partner: CARE International **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment

Budget Code: HTXS **Program Budget Code:** 09

Activity ID: 15784.23653.09 **Planned Funds:** $1,142,973

Activity System ID: 23653

Activity Narrative: April09 Reprogramming: Increased $58,788.

This is a continuing activity from FY08 and the narrative replaces the FY08 narrative; it relates to CARE International's activities that are funded in system strengthening, PMTCT, pediatrics care and support, laboratory and infrastructure.

CARE's scale-up of treatment services is supported by USG and guided by Mozambique's national HIV strategic plan. In collaboration with the Ministry of Health (MOH), CARE will continue support 3 care and treatment sites and 2 mobile clinics in the northern part of Inhambane province.
In FY09, CARE plans to initiate support in one additional district (Govuro) to total 6 supported sites in 4 districts of Inhambane province reaching 2,140 adult patients on ART by the end of the fiscal year. Expansion plans are in accordance with MoH policy and plans. Govuro district is the single non-NGO partner supported district in northern Inhambane province.

The following activities will be undertaken during FY09:
? Finance, train and mentor MOH clinic staff per facility supported
? Provide equipment and supplies to maintain facility operations,
? Improve patient management, drug management and strategic information systems,
? Reinforce follow-up and referral systems,
? Strengthen linkages with organizations providing services for PLWHA, VCT outlets, TB clinics and pMTCT centers
? Strengthen linkages with services to increase HIV case-finding (e.g. TB, pMTCT, Youth Centers)
? Finance mobile teams to provide technical support to the more remote CARE supported sites

Human Resources: Continue financing the salaries of MOH health-care providers to supplement existing staff at health facilities. These providers include, doctors, medical technicians, nurses, counselors, pharmacists, data technicians and administrative staff. This is part of a sustainability strategy with the final objective being of DPS to incorporate these staff in the MoH system. Supported staff receives salaries in accordance to the national salary grids.

Training and Mentoring: CARE International will maintain a clinical-support team to provide clinical mentoring, technical assistance and logistical support to staff at the CARE supported HIV care and treatment facilities and districts. Mentorship activities and formal training are carried out at site level (with enhanced one on one skills transfer for clinical, M&E and pharmacy and administration) and formal training at site and district level. Mentoring activities at facility level aims at building the capacity that will help maintain the activities and services currently offered once a phase out of support is implemented. CARE International will also work with the USG – Mozambique team to establish and standardize criteria and best strategies for site graduation.

Adherence and psychosocial support: Activities aimed at improving adherence to therapy will continue and reinforced during COP09. Activities will include site and district level trainings on adherence and psychosocial support, training of peer educators, initiatives with PLWHA including positive prevention using materials already developed through CDC support, and support for "positive teas".
Sub-agreement will be established with organizations working in the community to strengthen the defaulters tracing, community linkages, and identification of new patients. The proposed sub agreements will work through three complementary technical intervention areas: community mobilization for prevention and care and treatment, improvement of quality of services through strengthening PLWHA support groups and defaulter-tracing systems at HIV care and treatment and PMTCT services, and conducting Home Visits for adherence support and defaulters tracking and return to care and treatment.

Linkages between services: CARE International will work on a "one partner per district approach" as per USG and MoH guidance. This will include a process of transition of services between partners and will result in CARE International supporting all clinical care and treatment services (Opportunistic Infections, TB, ART), pMTCT and counseling and testing services in the 4 Northern Inhambane districts.
CARE will collaborate with other USG and non-USG partner organistions to enusre the provision of a basic care package of services for patients in care and treatment.

Finally, nutritional support for severely malnourished patients (following MoH criteria) with Fortified Blended Foods (FBF) as approved by the MoH, for an estimated 10% of HIV+ patients costing approximately $1.00 per day per patient or $120.00 per patient for a 4 month period, for 4-6 months as needed.

Health System Strengthening:
CARE international will collaborate with the lead PEPFAR partner of Inhambane province which is Columbia University responsible for strengthening and coordination of HIV services in the province.
In addition, CARE will implement a district approach of support for ARV services and work more closely with the District Health Management Teams for planning, budgeting, coordinating, supervising and monitoring HIV programs within CU supported districts.

Sustainability plan:
CARE will work on a model to transfer knowledge and health management skills to the Mozambican counterparts. In order to reach this objective, CARE international will support the District health Directorates in order to create conditions that enhance programmatic capacities of Mozambican staff across various intervention areas through participation in quality of care initiatives, in implementation of larger and broader package of care, capacity building and mentoring. CARE will also continue to support infrastructure renovations as needed and in accordance with CDC and PEPFAR regulations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15784

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15784	15784.08	HHS/Centers for Disease Control & Prevention	CARE International	6414	6124.08	CDC CARE INTL	$663,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$50,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water	$20,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3570.09
Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 8580.23791.09
Planned Funds: $300,000
Activity System ID: 23791

Activity Narrative: Continuing activity: The Mozambican National Health System is leading the scale-up of comprehensive HIV Care and ART throughout the country. By June 2007 there were 193 treatment sites providing ART in all districts for 65,296 people in need of treatment-(this number has already increasd to 202 in July 2007). The National Directorate of Medical Assistance (DNAM) is responsible for overseeing HIV care and ART expansion. This funding will assist the MOH in providing quality ART services via the development of strong systems to ensure the availability of necessary supplies, materials, and human resources for the adult and pediatric ART program. Currently the team at the MOH conducts 2-week supervision visits in each province annually. The visits involve in-depth analyses of the health system infrastructure, human resource allocation, coordination between related programs, review of patient charts and data bases as available, logistics, specific review of pediatric ART provision, etc. On average 80% of health facilities with ART in the province are assessed during the 2 week visits. In addition DNAM coordinates weekly ART management committee meetings designed to coordinate expansion of the program, as well as ensure quality of care provision. Funding will support the completion of these activities and specifically assist in the following activities:

1. ART-related training in the following areas—ART service provision, nurse training in PCR / infant diagnosis, and monitoring and evaluation
2. Provincial supervision for ART service delivery for MOH staff including non-NGO supported ART facilities implementing the HIVQUAL program;
3. Reproduction and dissemination of materials and guidelines for doctors, nurses and physician assistants (técnicos de medicina) related to adult and pediatric HIV care and ART service provision
4. Revision, reproduction and dissemination of ART reports, M&E forms and site supervision tools
5. Training of health workers, provincial and district program managers in the use of the revised M&E forms and supervision tools

New/Continuing Activity: Continuing Activity

Continuing Activity: 13195

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13195	8580.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6408	3570.08	Cooperative Agreement	$335,000
8580	8580.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	$470,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3568.09 **Mechanism:** Track 1 ARV Moz Supplement

Prime Partner: Columbia University **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 16281.23685.09
Planned Funds: $0
Activity System ID: 23685

Activity Narrative: This PHE activity, “Establishment of sentinel cohorts of patients in HIV care and treatment services in Mozambique”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.07.0081.

Continuing activity - FY06 Activity number 5250.06

Columbia University will continue to conduct the PHE called “Establishment of sentinel cohorts of patients in HIV care and treatment services in Mozambique” (it was nominated as "Assessment of Viral load as a predictor of therapeutic failure as compared to CD4 Count) and future clinical outcomes " in COP 06). At the moment the protocol is under NY & in-country team revision. It should be submitted to Mozambican, Columbia University and CDC Atlanta IRB in October 2007. The study is expected to be completed by December 09. The estimated costs are 300,000 USD. 65% of the total amount will be expended by February 2008. The local co-investigators are: Dr Americo Assane, Chief of Department of Medical Assistance, Mozambican Ministry of Health; Ilesh Jani, Department of Immunology, National Institute of Health. The main objective of the study is to characterize the clinical, immunologic and virologic characteristics and keys short-term (early) program outcomes among adult (= 15y) and pediatric (<15y) patients with confirmed HIV infection who are enrolled in HIV care and treatment programs in Mozambique. It will be a multi-site, prospective cohort study. This work is vital to identifying important programmatic aspects of HIV care and treatment programs for use in planning future programs and improving existing ones in Mozambique and elsewhere. Current status: to be sent to local, Columbia University and CDC Atlanta IRBs in October 2007. Findings will be shared with participants, study sites and ICAP supported sites involved. It’ is also in the public interest that findings be made available to a broader range of HI/AIDS health care providers. For FY08 is expected to continue the next rounds of data collection. Budget justification: 1) Personnel: USD 71,000; 2) Equipment: USD 4,000; 3) Travel: USD 10,000; 4) Supplies: USD 215,000. Total: 300,000

Note: This evaluation in one of three PHEs that come from activity 5250.06. The total amount of funds for these evaluations remain at USD 500,000, although individual studies have changed their initial budget totals (in agreement with CDC GAP Mozambique).

New/Continuing Activity: Continuing Activity
Continuing Activity: 16281

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16281	16281.08	HHS/Centers for Disease Control & Prevention	Columbia University	7403	3568.08	Track 1 ARV Moz Supplement	$0

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3629.09
Mechanism: USAID-Health Alliance International-GHAI-Local
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 16355.24056.09
Planned Funds: $0
Activity System ID: 24056

Activity Narrative: This is a PHE activity under COP08, linked to COP07 activity # 5229.07.

Within the currently existing Day Hospitals providing HIV care in Sofala and Manica provinces, HAI, together with the Ministry of Health and the University of Washington, will develop, implement, and examine the effects of interventions aimed to improve adherence to care and treatment for patients on HAART. Interventions will be developed that are sustainable and practical within the context of HIV care in Mozambique, and will focus on patient and health system factors that are likely to influence adherence rates. Findings will be applicable to other treatment sites in Mozambique and in other countries expanding HIV care in resource-poor settings.

Title: A Targeted Evaluation to Improve Adherence to HIV Care and Treatment for Patients on HAART in Central Mozambique

Time and Money Summary: Study is in year two and should be completed in FY08, using FY07 funds for completion.

Local Co-Investigator: Pablo Montoya, HAI

Project Description:

Study Question: What are the best practical and sustainable interventions that improve adherence to HIV care and treatment in Mozambique the context of the Ministry of Health's current human resource and capital constraints?

Study Design: A quasi-experimental time-series design study to test the effectiveness of two different interventions aimed at improving adherence to care and treatment among patients on HAART. There will be a health system intervention consisting of the creation of a full-time "HAART monitoring team" and a community-based intervention consisting of strengthening and formalizing the involvement of community-based PLWHA groups in monitoring patients on HAART.

Importance of Study: Adherence, defined by the WHO as "the extent to which a person's behavior – taking medication, following a diet, and/or executing lifestyle changes – corresponds with agreed recommendations from a health care provider," is important for patients to achieve the maximum benefits from health care interventions aimed at chronic illnesses such as HIV/AIDS. Adherence is particularly important for HIV-positive patients taking highly active antiretroviral treatment (HAART), since poor adherence to medications can lead to higher rates of treatment failure (as measured by viral suppression, CD4 count rise, and clinical response) and resistance. Broadly construed, adherence for patients on HAART relates to their adherence to treatment (i.e., taking medications such as HAART) as well as their adherence to care (i.e., coming to follow-up appointments, performing appropriate laboratory monitoring). Assuring optimal adherence to both care and treatment is necessary to ensure that patients are not only taking their medications correctly, but also being monitored for side effects and treatment failure so that their medications can be adjusted appropriately.

Planned Use of Findings: This targeted evaluation will help to develop, implement, and evaluate two additional adherence strategies aimed at improving factors identified as potentially limiting the adherence of patients on HAART at the Beira and Chimoio Day Hospitals.

Status of Study: The protocols have been approved by the Ministry of Health and are currently pending approval of the IRB at the University of Washington.

Lessons Learned: Research in Mozambique takes longer than anticipated due to the long process of review and authorization by the Ethics Committee and the Minister of Health.

Information Dissemination Plan: The results of these analyses will be disseminated at the local, national, and international levels, and will immediately assist with the implementation of interventions to improve adherence and quality of care at other programs and sites involved in expanding access to HAART in resource-poor settings.

Planned FY08 Activities: The study will be completed during the year and results immediately released.

Budget Justification for FY08: No new FY08 funds.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16355

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16355	16355.08	U.S. Agency for International Development	Health Alliance International	7278	3629.08	USAID-Health Alliance International-GHAI-Local	$0

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID:	3629.09	**Mechanism:**	USAID-Health Alliance International-GHAI-Local
Prime Partner:	Health Alliance International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Adult Treatment
Budget Code:	HTXS	**Program Budget Code:**	09
Activity ID:	5229.24057.09	**Planned Funds:**	$4,403,185
Activity System ID:	24057		

Activity Narrative: April09 Reprogramming: Increased $4,403,185.

This is a continuing activity under COP08.

Health Alliance International will expand its reach within the 23 districts of Sofala and Manica provinces and begin to provide district-level support in the province of Tete this year. COP 08 is the year in which it is widely expected for the HAI model to hit its stride and provide the quantity of patients and the quality of services for which it has been working its way towards over the last several years. HAI will continue to strive to improve the capacity of the health system for those already infected with HIV and upgrade the laboratory testing capacity and the quality of services the laboratory offers a s means to support the referral system of samples and results. HAI's longstanding commitment to fully integrate HIV/AIDS services into a cohesive health network, provides support along the continuum of care and strengthen the capacity of provincial and district directorates of health to manage the HIV program will continue under COP08. In addition, HAI will provide approximately $500,000 in support of a scholarship program for laboratory technicians, pharmacists, medical technicians, as well as MCH and general nurses, eight classes in all, totaling approximately 240 students. Students will be chosen from districts, offered pre-service training, and returned to their district to work for at least two years in repayment of their scholarship; whilst waiting to be absorbed into the MOH system, HAI will provide salary support. HAI will also construct six facilities (2,500,000), twenty staff houses (800,000) and repair and renovate 18 service outlets (1,580,000). Finally, HAI will continue to work with a number of wrap-arounds including developing sustainable strategies to guarantee food security for PLWHA, the provision of SP to pregnant women, and collaborative work with PMI in the distribution of bed nets as well as TB-CAP to more effectively integrate tuberculosis and HIV care and treatment. Like other partners HAI will continue to foster linkages with the Child at Risk Consult (CCR) as well as treatment services. The referral system between PMTCT, treatment services, and the CCR will be the first line of approach, which has broad Governmental support. However, HAI is already exploring ways to reinforce testing and treatment linkages with vaccination campaigns, well baby visits, and weighing stations.

The activity narrative below from FY2007 has not been updated.

Health Alliance International implements HIV care and treatment activities in Mozambique in Manica and Sofala provinces. This is a continuing activity and is linked to palliative care and TB/HIV activities being implemented by HAI and its sub-grantees. These activities are described elsewhere in this document.

There are four main component to this activity, the first one being support to human resources development. HAI will provide technical and financial support pre and in-service training and mentorship of medical technicians, nurses, doctors, pharmacists and other health staff focusing on HIV care and treatment. This will be through use of existing training materials that have been developed by the MOH with donor and other partner support. Through this activity, HAI will contribute to the training of 216 health personnel in existing 18 sites; 240 trained in additional 30 sites; and 90 medical technicians, nurses, laboratory technicians and pharmacists.

The second component is infrastructure development that will involve, repair (11sites) renovation (11 sites) and construction (7) of health facilities for the provision of ART services. Included in this component is the construction of 2 health centres including two staff houses per health facility for Sofala province as part of the Emergency Plan’s focus on this high HIV burden province. Equipment and supplies such as computers and furniture will be procured and placed in the new sites. In total HAI plans to open 30 new treatment sites, most of which are small satellite sites surrounding larger day hospitals in Sofala and Manica Province at a cost of $550,000. This is addition to the 18 current sites. This support will result in 12, 500 receiving ART including 1250 children.

The third component of this activity is to provide quality supervision and support through mentorship of staff, improvement of the M&E system at site and provincial level by supporting staff training and procurement of computer equipment; in addition to provision of technical assistance and participation in regular planning and program monitoring meetings with the provincial Health Directors office. Maintain ongoing activities in 18 ART treatment sites and open an additional 30 treatment sites through provision of basic equipment and training (rehabilitation in 11 sites in addition to expansion of outpatient department, construction of new health centres and housing for staff.

The last component is to maintain and develop community linkages working with Community based organisations to strengthen adherence support at a cost of $380,000 and disseminate IEC materials related to HIV care and treatment.

Sofala Province is a focus province for emergency plan activities in FY07. HAI will implement the following as part of this focus activity: construct two health centres and 4 staff houses to improve staff retention, collaborate with ITECH and the catholic university in the same province, to provide pre-service training for 90 medical technicians, nurses and pharmacists and recruit technical advisors to work in the Provincial Health authority to support ART program implementation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15869

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15869	5229.08	U.S. Agency for International Development	Health Alliance International	7278	3629.08	USAID-Health Alliance International-GHAI-Local	$18,311,184
9164	5229.07	U.S. Agency for International Development	Health Alliance International	5041	3629.07	USAID-Health Alliance International-GHAI-Local	$9,714,320
5229	5229.06	U.S. Agency for International Development	Health Alliance International	3629	3629.06		$2,750,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3580.09
Mechanism: Track 1 ARV
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 5181.23665.09
Planned Funds: $4,500,000
Activity System ID: 23665

Activity Narrative: This is a continuing activity from FY08 and the narrative replaces the FY08 narrative; it relates to Columbia University's activities that are funded through country funds to supplement Track 1.0, as well as the system strenghthing, PMTCT, pediatrics care and support, laboratory and infrastructure, and strategic information activities funded in FY09.

Columbia University's (CU) scale-up of treatment services is supported by USG and guided by Mozambique's national HIV strategic plan. In collaboration with the Ministry of Health (MOH), CU will continue support to 41 HIV care and treatment facilities at various stages of development and expansion in Maputo City, Gaza Province, Inhambane Province, Nampula Province, and Zambezia Province. SAPR data reported from 13 sites for FY08 showed that 78% of patients were alive and on treatment at 12 months of treatment initiation.
In FY09, CU plans to initiate support at 12 additional facilities to a total of 53 sites in 33 districts and 4 the provinces reaching 60,000 adult patients on ART by the end of the fiscal year. Expansion plans are in accordance with MoH policy and plans. Special emphasis will be maintained on the decentralization and integration of services with a emphasis on urban settings. Major urban treatment facilities will be enabled to down-refer stable patients on ARV treatment and similarly, urban Health Centers will be capacitated to absorb these patients as well as to initiate new patients on antiretroviral therapy. Complicated cases and treatment failures will be managed at bigger health facilities. This is a part of a national process of decentralization and integration of HIV services that, according to the current MoH timeline should be completed by December 2009.

The following activities will be implemented in FY09:
-Finance, train and mentor MOH staff per facility supported
-Provide equipment and supplies to maintain facility operations,
-Improve patient management, drug management and strategic information systems,
-Reinforce follow-up and referral systems,
-Strengthen linkages with organizations providing services for PLWHA, Voluntary Counseling and Testing outlets, TB clinics and pMTCT centers
-Strengthen linkages with services to increase HIV case-finding (including TB, pMTCT, Youth Centers)

Human Resources: Continue financing the salaries of MOH health-care providers to supplement existing staff at health facilities. These providers include, doctors, medical technicians (técnicos de medicina), nurses, counselors, pharmacists, data technicians and administrative staff. This activity will be carried out through sub agreements with Provincial Health Authorities (DPS) in provinces supported by CU. This is part of a sustainability strategy with the final objective being of DPS to incorporate these staff in the MoH system. Supported staff receives salaries in accordance with the national salary grids.

Training and Mentoring: CU will maintain clinical-support teams to work in the field and provide clinical mentoring, technical assistance and logistical support to staff at the HIV care and treatment facilities and districts supported by CU. Mentorship activities and formal training are carried out at site level (with enhanced one on one skills-transfer for clinical, M&E, pharmacy and administration) as well as formal training at site, district and provincial level. The clinical staff travels regularly to CU-supported facilities in the province. Mentoring activities at facility level aim at building the local capacity in order help maintain the activities and services currently offered once a phase out of support is implemented. CU will also work with the USG Mozambique team to establish and standardize criteria and best strategies for site graduation.

Adherence and psychosocial support: Activities aimed at improving adherence to therapy will continue and be reinforced during COP09. Activities will include provincial trainings on adherence and psychosocial support, training of peer educators, initiatives with PLWHA including positive prevention using materials already developed through CDC support, and support for “positive teas”.
Sub-agreement will be established with organizations working in the community to strengthen defaulter tracing, community linkages, and identification of new patients. The proposed sub agreements will work through three complementary technical intervention areas: community mobilization for prevention and care and treatment, improvement of quality of services through strengthening PLWHA support groups and defaulter-tracing systems at HIV care and treatment and PMTCT services, and conducting Home Visits for adherence support and defaulters tracking and return to care and treatment.

Linkages between services: CU will work on a “one partner per district approach” as per USG and MoH guidance. This will include a process of transition of services between partners and will, once the transition is completed, enable better integration between different services at the same site. The transition will result in CU supporting all care and treatment, pMTCT and counseling and testing services within CU supported facilities.

CU will continue to provide technical support at the central level to the Department of Medical Assistance (DNAM). This support is aimed to assist the Government of Mozambique in developing policies and guidelines for managing the national ART expansion effort. Specifically, CU technical staff will provide the following support: guidance to HIV Management and ARV Committees, development and revision of clinical guidelines and HIV service decentralization plan, development and revision of training curricula and materials, development of adherence and psychosocial support materials and guidance to the National Adherence Support Work Group, and refinement and roll-out of the electronic patient-tracking system and paper-based system.

Health System Strengthening:
In line with the USG partner rationalization, CU will be the lead partner in Maputo City, Inhambane Province and Nampula Provinces. In these provinces CU will work particularly closely with the DPS to strengthen the provincial system primarily by hiring three Clinical Advisors to provide technical support to the Provincial Health Directorates in Nampula, Inhambane and Maputo City. The advisors will assist the DPS office in planning, implementation, coordination and monitoring of clinical care and mentoring activities related to HIV/AIDS and Tuberculosis within the province they are assigned to work. As lead partner, CU will also support the DPS to coordinate HIV/AIDS activities at provincial level including organizing and convening

Activity Narrative: monthly/quarterly provincial partners' meetings, taking the lead in supporting expansion of treatment services where there is no partner coverage provided resources permit such expansion.
In addition, CU will shift towards a district focus of support for ARV services and work more closely with the District Health Management Teams for planning, budgeting, coordinating, supervising and monitoring HIV programs within CU supported districts.

Sustainability plan:
CU has been working on a model to transfer knowledge and health management skills to the Mozambican counterparts. In order to reach this objective, CU has been establishing sub agreements with Provincial Health Directorates to create conditions for future absorption of these cadres into the national health system. Beside this strategy, CU has been working and will increase efforts on development of programmatic capacities of Mozambican staff across various intervention areas through participation in quality of care initiatives, in implementation of larger and broader package of care, capacity building and mentoring. Support to pre-service training will help creating additional local capacity. CU is supporting infrastructure development through rehabilitation projects.
By 2012, ICAP will transition to indigenous organizations (governmental or non-governmental) key functions in an organized, incremental and deliberate manner. In addition, ICAP will collaborate with USG funding agencies to identify the domains in which technical support by international or local organizations with expertise in these specific domains may be required to continue to support these indigenous organizations after a successful transition.
Specific activities for this coming year include: 1- Conduct a mapping exercise with the goal of identification of indigenous governmental and non-governmental organizations engaged in HIV-related programming in Mozambique, with a focus on those with activities in the locations where ICAP works.
2- Define the domains of activities provided by ICAP with the goal of developing a listing of activities in various domains that would be candidates for transitioning e.g. support activities, technical inputs.
3- Develop or adapt an assessment tool to identify an organization's capability to manage USG funds and to implement the proposed activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13948

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13948	5181.08	HHS/Centers for Disease Control & Prevention	Columbia University	6665	3580.08	Track 1 ARV	$4,125,000
8837	5181.07	HHS/Centers for Disease Control & Prevention	Columbia University	4765	3580.07	Track 1 ARV	$4,500,000
5181	5181.06	HHS/Centers for Disease Control & Prevention	Columbia University	3580	3580.06	Track 1 ARV	$4,500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $880,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3568.09

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 16276.23683.09

Planned Funds: $5,546,101

Activity System ID: 23683

Activity Narrative: April09 Reprogramming: Increased $1,273,019.

This is a continuing activity: Update to an existing narrative

This activity is a continuation of treatment activities that were initiated in FY04-7 as part of Columbia University Track 1.0 supplemental funding. Funding will be used to continue supporting 30 ART sites (including 3 military facilities and initiate support to 4 new ART facilities), as well as training of health workers, technical assistance to the district and provincial and central level MOH and ensure quality of services provided through continuous program monitoring and evaluation, site supervision and linkage with Community Based Organizations. Funding during FY08 will be used for the recruitment of doctors, counselors and nurses, and to support the provision of a broad range of technical services directly to Provincial and District Health Authorities.

Support will be provided to pediatric treatment scale up at all CU supported ART sites as well as specifically to the pediatric Day Hospitals in Maputo and Nampula Central hospitals. CU will support the logistics required to undertake PCR using DBS at site level, train, mentor and provide supervision for staff in pediatric HIV care and treatment, develop linkages to PMTCT, pediatric Counseling and testing services and general health services for children to increase the number of children receiving HIV care and treatment.

Additional activities that will be included with this funding are:
1) Develop sub- agreements to finance community organizations to implement patient follow up and provide adherence support
2) Support establishment of "moonlight" ART Pilot site(s) to increase access to ARV treatment for vulnerable populations (such as drug users and commercial sex workers), improving access and services for these particular groups at selected sites in Maputo and Nacala (Nampula province).
This activity will be informed by results from a qualitative assessment (I-RARE) conducted in November 2007, providing information about needs and barriers to access for HIV counseling and testing, and ART for HIV-infected high-risk-group populations. Community-based and CT activities that will contribute to increased identification and referal of high-risk group members in need of services are described in other parts of the plan. It will be of crucial importance for ART sites to be prepared and provide services that are open and user-friendly from the perspective of this particular group.
3) Include funding for a Provincial Treatment Coordinator support for Inhambane Province – (includes office costs, vehicle, fuel, maintenance, security, driver and recruitment of a Technical Advisor). This will allow Columbia University/ICAP to provide province-wide support to the ART scale up in Inhambane, ensuring provision of quality ART services as well as program reporting. Inhambane Province currently provides approximately 5% of CU's total number of people enrolled on ART)
4) Follow up military personnel identified as HIV positive during the prevalence study and ensure they are referred and enrolled into HIV/AIDS care and treatment services. This will include training nurses working at military bases on follow up of patients receiving ART (under supervision of Military doctor), management of opportunistic infections and treatment adherence.
5) Pilot a comprehensive HIV care and treatment program in the Civil Prison targeting men, women and their children, guards, and their families. This intervention includes provision of HIV counseling and testing (CT), risk reduction and behavior change interventions, PMTCT services for female inmates, screening and treatment for Sexually Transmitted Diseases (STDs), TB and other Opportunistic Infections (OIs), and ART services for eligible HIV-infected persons identified.
Once released from prison, HIV positive in-mates will be provided with referrals and assigned a case manager to assure that they have been able to access care and treatment within the general community. Funding to support this activity will be used to provide training for doctors, nurses and other health staff working in the two selected pilot sites, as well as to ensure availability of necessary supplies; to support program monitoring, a peer educator program and treatment support groups, disseminate IEC materials for treatment literacy including PwP messages.

FY07:Follow up the military personnel identified as HIV positive during the prevalence study and make sure they are all enrolled in HIV/AIDS treatment sites. Train nurses working at military bases on ART prescription and identification of OIs. These nurses will be responsible to provide CT, collect the drugs for each ART eligible soldier in his unit at the nearest treatment site, and assist them on how to take the drugs. To ensure TB/HIV treatment adherence, they will be trained using already existing treatment adherence materials including those being newly developed by Columbia University. The nurses will report to the military doctor in each location.

Provincial TX Coordinator Support for Inhambane - office costs, vehicle, fuel, maintenance, security, driver and Technical Advisor

New/Continuing Activity: Continuing Activity

Continuing Activity: 16276

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16276	16276.08	HHS/Centers for Disease Control & Prevention	Columbia University	7403	3568.08	Track 1 ARV Moz Supplement	$13,825,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $880,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $100,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 10810.09
Mechanism: Global Health Technical Assistance Project (GH Tech)
Prime Partner: QED Group, LLC
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 15998.25614.09
Planned Funds: $0
Activity System ID: 25614
Activity Narrative: This is a new activity under COP08.

This funding will allow the GH Tech Project of The QED Group to provide technical assistance and general support to the Mission. Tasks may include assessments, evaluations, program design, technical reviews, workshop support, and short/medium term staff assistance. Adult and pediatric treatment specific technical assistance needs could include an overall program assessment across USG partners, pertinent quality improvement approaches to a comprehensive program, exploring strategic wrap arounds that more fully respond to the needs of patients on treatment, and standardizing a comprehensive treatment model, which ensures a continuum of care that is consistent with international and national standards . Particularly pertinent to pediatric treatment is the need for specific technical assistance on how to better recognize and respond to loss to follow up and assisting partners in putting systems in place that address this critical issue.

New/Continuing Activity: Continuing Activity
Continuing Activity: 15998

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15998	15998.08	U.S. Agency for International Development	QED Group, LLC	7238	7238.08	Global Health Technical Assistance Project (GH Tech)	$75,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6903.09
Mechanism: DoD-University of Connecticut-GHAI-HQ
Prime Partner: University of Connecticut
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 14675.21509.09
Planned Funds: $100,000
Activity System ID: 21509

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
Positive prevention activities will continue in order to provide more information about risky behavior and safer sex to HIV positive patients and train peer educators, doctors, and psychologists on new strategies to make their discussions with these patients more productive and educational.This partner will recruit one staff member in order to respond to the expansion of the program.
The funding amount will be used to cover salary of the recruited program manager and travel required to supervise the program. This activity also includes a component of capacity building. Training of doctors, psychologists, nurses and peer educators is the main focus of the Positive Prevention Program because those are the ones that have continuous contact with patients in the clinic or inside the bases. Therefore, all clinical staff (doctors, nurses, psychologists, etc.) working in military day hospitals will be trained in all aspects of positive prevention. A group of most capable peer educators will also be trained to continuously provide the information at the clinics and at the bases to where the program will be expanded.
The Positive Prevention Program started as clinic based program but, the approach for FY09 is to also explore the implementation of the program inside military bases, training the already existing military peer educators to implement the program offering positive prevention messages to all military people interested in the subject. By doing this, the knowledge about positive living and positive prevention will reach more people and even HIV negative people will benefit from the information provided. The HIV positive people without being called to separate meeting will be motivated to participate and will then receive the information that is crucial for their safe sexual lives and of their partners and other people to whom they might eventually sexually relate. The military doctor assigned to this specific military base, will support the and continuously supervise the activity of the peer educators implementing the program. The UConn psychologist will regularly visit the sites providing refresher courses and TA.

Continuing activity from FY06 and FY07. In FY07 the prime partner was changed to U. Conn. from TBD.

FY08 Narrative Update: Expansion of PwP program to other military locations. The expansion should ensure that military personnel at the units are included and involved in the activities. Therefore, we envision the services to be offered at the bases.

New/Continuing Activity: Continuing Activity
Continuing Activity: 14675

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14675	14675.08	Department of Defense	University of Connecticut	6903	6903.08	DoD-University of Connecticut-GHAI-HQ	$150,000

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Family Planning
* Safe Motherhood

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3520.09
Mechanism: DOD-DOD-GHAI-HQ
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 5215.21511.09
Planned Funds: $75,000
Activity System ID: 21511

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS
The HIV/AIDS related courses for military staff (doctors, psychologists, lab technicians and nurses) will now include a pilot south to south training collaboration with Brazil. Partnering with Brazil is a way to take advantage of the language to train military health staff. 4 medical staff from Maputo, Beira and Nampula respectively will be trained. Therefore we expect to train 12 people. We are planning on sending some doctors, psychologists and nurses to the FURJ (Federal University of Rio de Janeiro). Columbia University (ICAP) will facilitate the connection with this potential service provider.
As we were doing in the past, DOD will continue funding HIV/AIDS related international courses (in San Diego (NHRC) and in Uganda) for military health care providers. This activity focuses on developing the capacity of health providers responsible for ARV roll-out at Military Hospitals because, an effective response to the HIV/AIDS epidemic requires expertise, experience, and training in the prevention and management of people infected with HIV. Therefore, part of the Mozambican military medical staff will attend the Military International HIV Training Program (MIHTP) and, the Naval Health Research Center (NHRC) will provide the operational support through the US Department of Defense (DoD) HIV/AIDS Prevention Program (DHAPP). By attending this training, military doctors will be taught about clinical related HIV patient management, epidemiology, and public health. Emphasis is placed on training, consultation, and operational support for prevention and clinical management of HIV and its complications as well as courses in epidemiological surveillance and laboratory diagnosis from a clinical physician perspective.The mission of the Military International HIV Training Program is to provide flexible training in support of prevention of HIV transmission and management of infected persons in military organizations. The training programs and projects are developed in collaboration with each military organization to meet specific needs. A large emphasis is placed on the experiential part of the program to understand the military's policies and procedures regarding service members with HIV/AIDS.

Other medical staff will attend training courses at the Infectious Diseases Institute (IDI) on the campus of Makerere University, Kampala, Uganda.
The primary goals of the training program in Uganda are to:
1. Review the latest HIV/AIDS diagnostic and treatment approaches.
2. Discuss major issues concerning comprehensive HIV/AIDS care.
3. Discuss military-specific issues related to HIV/AIDS care.
4. Enhance the clinical skills of practitioners dealing with patients who are infected with HIV and associated illnesses.

These goals will be accomplished through featured expert speakers on a range of HIV/AIDS topics, interactive assignments, and practical demonstrations. The lectures will be presented by faculty from Makerere University as well as one international trainer from the Infectious Diseases Society of America. The method of instruction will include a combination of lectures, case discussions, journal clubs, and clinical experience. Lectures will be delivered in a classroom setting to the group as a whole, followed by inpatient and outpatient clinical sessions that will include bedside teaching rounds, an overview of systematic HIV/AIDS patient care and management, and exposure to community-based HIV/AIDS care and prevention programs.

Continuing activity. FY08: During 2007 DOD funded a rehabilitation of a military facility to be converted into a new day hospital in Tete province. The FY08 funds will be used to train staff who will provide HIV care and treatment services at this and other DOD supported military facilities.
In addition the funds will be used for the procurement of supplies and equipment for military ART facilities.

Fy07: DOD will fund HIV/AIDS related international courses for military and police health care providers.This activity focuses on developing the capacity of health providers responsible for ARV roll-out at the Military Hospital because, an effective response to the HIV/AIDS epidemic requires expertise, experience, and training in the prevention and management of people infected with HIV. Therefore, part of the mozambican military medical staff will be trained in San Diego – California through the Military International HIV Training Program (MIHTP) is a collaboration of the Naval Medical Center San Diego (NMCSD) and two San Diego, California universities - the University of California, San Diego (UCSD) and San Diego State University (SDSU). The Naval Health Research Center (NHRC) provides operational support through the US Department of Defense (DoD) HIV/AIDS Prevention Program (DHAPP).The MIHTP was established to use the HIV expertise in three closely associated San Diego institutions namely, the Naval Medical Center San Diego (NMCSD), the University of California, San Diego (UCSD) and San Diego State University (SDSU). It provides training of medical military personnel actively caring for HIV-infected patients. Supporting prevention and treatment programs in military forces of countries requesting DOD assistance, we provide clinical training in HIV-related patient management, epidemiology, and public health.The mission of the Military International HIV Training Program is to provide flexible training in support of prevention of HIV transmission and management of infected persons in military organizations. Its top priority is to train key medical personnel (clinicians in practice) both in San Diego and abroad with the goal of transferring appropriate knowledge and technology to each country. The training programs and projects are developed in collaboration with each military organization to meet specific needs. Emphasis is placed on training, consultation, and operational support for prevention and clinical management of HIV and its complications as well as courses in epidemiological surveillance and laboratory diagnosis from a clinical physician perspective. A large emphasis is placed on the experiential part of the program to understand the military's policies and procedures regarding service members with HIV/AIDS.

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The primary goals of the training program in Uganda is to:
1. Review the latest HIV/AIDS diagnostic and treatment approaches.
2. Discuss major issues concerning comprehensive HIV/AIDS care.
3. Discuss military-specific issues related to HIV/AIDS care.
4. Enhance the clinical skills of practitioners dealing with patients who are infected with HIV and associated illnesses.

Activity Narrative: These goals will be accomplished through featured expert speakers on a range of HIV/AIDS topics, interactive assignments, and practical demonstrations. The lectures will be presented by faculty from Makerere University as well as one international trainer from the Infectious Diseases Society of America. The method of instruction will include a combination of lectures, case discussions, journal clubs, and clinical experience. Lectures will be delivered in a classroom setting to the group as a whole, followed by inpatient and outpatient clinical sessions that will include bedside teaching rounds, an overview of systematic HIV/AIDS patient care and
management, and exposure to community-based HIV/AIDS care and prevention programs.

This is a continuing activity from last year's DOD plan which mostly targeted military doctors and nurses from the Maputo Military Hospital, intending to increase knowledge of HIV/AIDS care and treatment of the medical staff selected. This year, responding to the increasing number of uniformed services treatment facilities DOD will select medical staff from the Ministries of Defense and Interior working in treatment health facilities located in other provinces, including Sofala where there are military and police hospitals. More qualified nurses will be able to perform relatively complex tasks without the need of the doctor's presence which will, therefore have more time to look after the most critically ill patients. The military will train 4 doctors and 6 nurses and the police will train 2 doctors and 4 nurses.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12952

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12952	5215.08	Department of Defense	US Department of Defense	6348	3520.08	DOD-DOD-GHAI-HQ	$126,000
8564	5215.07	Department of Defense	US Department of Defense	4882	3520.07	DOD-DOD-GHAI-HQ	$100,000
5215	5215.06	Department of Defense	US Department of Defense	3646	3646.06		$70,000

Emphasis Areas

Health-related Wraparound Programs

* Family Planning

* TB

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3528.09 **Mechanism:** Peace Corps-Peace Corps-GHAI-Local

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 9472.21519.09

Activity System ID: 21519

USG Agency: Peace Corps

Program Area: Treatment: Adult Treatment

Program Budget Code: 09

Planned Funds: $337,500

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This activity relates to Peace Corps activities HVMS 21521, HVAB 21515, HKID 21518, HBHC 21517, and HVOP 21516.

In FY09, Peace Corps/Mozambique (PC/MZ) will continue HTXS activities from the FY '08 COP. As in FY08, PC/MZ will use FY09 funds to place and support five Volunteers with PEPFAR-funded organizations to build their organizational and programmatic capacity, and develop networks and linkages to improve the quality of care and treatment services (e.g. psychosocial and adherence support, patient follow up and treatment literacy). Volunteers will help develop processes that strengthen networks between treatment sites and communities and linkages between government facilities and civil society organizations. Volunteers will work to improve site-level monitoring and evaluation systems; coordination with Provincial and District bodies of the National AIDS Council through development of planning and activity implementation systems; establishment of community linkages to referral systems at district levels; and development of information systems that relate to treatment. PEPFAR-funded Volunteers will be assigned to work with treatment providers, NGOs, CBOs, and FBOs in the Zambezia, Inhambane, Gaza, and Nampula provinces.

PEPFAR resources will be used for special school and community events and projects related to Treatment. In addition, all Volunteers and their counterparts will continue to have access to small grants to fund treatment-related projects.

Peace Corps is continuing the same activities from the FY '07 COP. The amount from '07 has increased to support the growth in the number of Volunteers in FY '08. It will also provide Volunteers with the opportunity to apply for Volunteer Activities Support & Training (VAST) grants used to support small-scale, capacity-building projects among CBOs, FBOs, and/or NGOs that work with or provide services to, local communities to fight HIV/AIDS.

Volunteers will be placed at PEPFAR-funded organizations that already report to PEPFAR.

In FY '08 Peace Corps Mozambique will provide the services of 5 Peace Corps Volunteers to work with USG funded organizations and community organizations in the development of the organizational, human and programmatic capacity and systems necessary to improve quality of care and treatment services, including psychosocial and adherence support, patient follow up and treatment literacy. These Volunteers will be placed in the three Emergency plan focus provinces of Zambezia, Sofala, and Nampula where they will work with the relevant treatment and community based organizations that provide care and treatment service.

Working closely with these organizations both at treatment site and community level, the Peace Corps Volunteers will work to improve program planning and development processes with respect to the following interventions: supporting the delivery of quality care and treatment services, and improving the networking and referral mechanisms between ARV treatment sites and NGOs, Community Based Organizations (CBOs), Faith Based Organizations (FBOs), and government departments/institutions. The Volunteers will also, as needed, assist with improving site level monitoring and evaluation systems; improve coordination with Provincial and District bodies of the National AIDS Council through development of planning and activity implementation systems; establish community linkages to referral systems at district levels; develop/improve information systems that relate to treatment; and assist treatment partners in the organization of community networks.

With this additional Peace Corps support, it is envisaged that 5 ART sites in Zambezia, Sofala and Nampula provinces will have increased support and referral resources and enhanced capacity for monitoring, reporting and evaluation. Additionally, Peace Corps plans to facilitate the training of at least 100 individuals in adherence support and treatment literacy.

In support of the above activities, and those of other Peace Corps Volunteers working in treatment-related areas, the COP '08 proposed budget for Treatment will cover: technical staff, materials, and training activities for pre-service training; costs associated with in-service trainings and planning meetings, including language and technical trainers, and support for Volunteers, counterparts, and community members to participate in and benefit from these training activities; project exchange visits, allowing Volunteers and their counterparts to visit each other's programs and activities to share best practices; support for special community projects, trainings, events, and activities with components intended to improve treatment success; an all-Volunteer conference on HIV-AIDS; materials development, translation, and reproduction, including the development and printing of an organizational development and capacity building toolkit for Health Volunteers and their colleagues; in-field technical support by PC/M staff, including staff and Volunteer travel and associated costs; PC/M staff capacity building through in-service activities, including post exchanges and conferences; and staff and office supplies to facilitate the above activities. Finally, PEPFAR funds will be used for enhancements so that Volunteers can be placed in less-served areas, primarily through the provision of housing where ordinarily, communities and organizations could not afford to house Volunteers according to PC's security standards. PEPFAR resources will also be used for special school or community events and projects related to Treatment.

Per Agency instructions, approximately 15% of the budgeted amount will be directed to PC/HQ to cover overhead costs for supporting PC PEPFAR activities in this program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12959

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12959	9472.08	Peace Corps	US Peace Corps	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	$550,000
9472	9472.07	Peace Corps	US Peace Corps	5198	3528.07	Peace Corps-Peace Corps-GHAI-Local	$448,960

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 6127.09
Mechanism: CDC-Vanderbilt CoAg
Prime Partner: Vanderbilt University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 12270.23622.09
Planned Funds: $3,376,533
Activity System ID: 23622

Activity Narrative: April09 Reprogramming: Increased $149,176.

This is a continuing activity from FY08 and the narrative replaces the FY08 narrative; it is linked to Vanderbilt University's activities that are funded through the system strenghthing, PMTCT, pediatrics care and support, laboratory and infrastructure, and strategic information activities funded in FY09.

Summary and Background:

To date FGH has been supporting HIV Care and Treatment in 6 rural districts of Zambezia Province with ongoing plans to scale-up care and treatment to a total of 24 official ART clinical sites tin 12 districts. In addition, vanderbilt supports 12 outreach sites. FGH support has included direct support to the HIV Care and Treatment programs with clinicians who live and work in the above districts. This approach has allowed us to provide one-on-one supervision, clinical mentoring, and technical assistance to programmatic areas and to focus other activities which include training, logistical support, community development, infrastructure development, monitoring and evaluation, technical assistance to DPS Zambezia, provincial human capacity development and information technology development.

The Mozambique PEPFAR team's partner rationalisation process will result in FGH assuming support responsibilities for 3 districts previously supported by another USG PEPFAR partner and 3 districts NOT previously supported by another USG PEPFAR partner. As well FGH will assume support activities for all facility-based HIV services including HIV Care and Treatment, PMTCT and Counseling and Testing in the districts it supports. This will allow for improved coordination and integration of services offered within the health units as well as a budgetary scale down of the costs to support these services as a result of economy of scale. In coordination with DPS Zambezia approved plans for roll-out of HIV Care and Treatment services, FGH will expand services to include 2 sites in each of the new districts for a total of 36 sites in all districts supported by FGH (24 ART sites and 12 otreach sites).

Program Area: Continue HIV Care and Treatment activities in 6 districts of Zambezia

Activity 1: The first activity will be to continue to support a comprehensive HIV Care and Treatment program in each of the original 6 districts FGH supports. FGH is currently underway with expansion of HIV care and treatment services to a total of 4 sites in each of its original 6 districts (6 ART sites plus 18 satellite sites). FGH clinicians based and working in the districts provide ongoing oganizational management and supervision of HIV clinical services as well as act as a focal point for all FGH related support activities including logistics, human resources, community outreach, monitoring and evaluation and information technology. As the first phase of implementing programs is now well developed in the main district health units of each district, FGH will transition its focus to include:1) Rapidly expanding services to those peripheral health units it supports. Expansion of services has already begun in peripheral health units but have been limited in their functioning as a "satellite clinic" of the district sede. This is mainly due to lack of appropriate infrastructure conditions and lack of human resources. FGH rehabilitation plans have already been implemented and renovations should be completed or started in the very near future. FGH will continue to support the salaries of a portionof the national health workers and continue to recruit sufficient national health workers for the peripheral health units to function independently 2) Elevating quality of services. FGH will continue its program of clinical mentorship targeting all health workers supporting the HIV clinical services as well partner with I-Tech to implements its MISAU approved clinical mentoring program for Tecnicos de Medicina. Due to the partner re-location plans, FGH will focus on efficiency and strengthening of linkages between various services such as TB, PMTCT, CT, and Pediatrics. Funding is included for 1 Provincial Technical advisor (clinical advisor) for the DPS in Zambezia province.
Estimated budget: $1,320,000.00

Program area: Begin to support HIV Care and treatment activities in 6 districts in zambezia

Activity 1: FGH will assume support responsibilities in 3 districts previously supported by another USG PEPFAR partner using the same model as described above. Transition plans are currently being discussed and should be implemented early in the year 2009. In the first year FGH will support a comprehensive HIV Care and Treatment program in the main district capital and one peripheral health unit per district (total 6 sites).
stimate budget. $330,000.00

Activity 2: FGH will begin supporting two districts which were not previosuly supported by a USG PEPFAR partner but which did have support from another international NGO (CIC) to scale-up ART services. FGH will support the work of this NGO through a subcontract providing them funds to continue their services as well as integrate services offered by FGH to ensure a comprehensive package of HIV care and treatment services. As with the above model FGH in partnership with CIC will support two sites in each of these districts (total 4 sites).
Estimated budget: $268,000.00

Activity 3: FGH will initiate its comprehensive package of HIV care and treatment services in one new district not previously supported by any USG PEPFAR partner (Chinde) and expand services as above to include two sites in the district (total 2 sites)
Estimated budget: $135,357.00

Program Area: Strengthen referral, linkages and follow -up activities between the ARV services and PMTCT, TB, and STI services to create a comprehensive package of clinical services.

Activity 1: Continue to expand and support the FGH created electronic medical record system that will be established in collaboration with MISAU and the DPS based on an open source platform, being developed in Zambia and other countries. This will allow individual medical records to be available to selected primary care clinics, including those with maternities and ANC services, TB screening and care, and general STI,

Activity Narrative: malaria and other co-infections relevant for prevention or care of HIV patients. This linkage will facilitate patient follow - up and improve quality of care.
Estimated budget: $100,000.00

Activity 2: This activity will be to continue to reinforce and strengthen activities related to patient adherence to medication and appointments. FGH currently is supporting peer educator programs in its existing sites and will expand this program to all future FGH supported sites. This program consists of 6 peer educators per site (216 total) recruited from local PLWHA groups to participate in case finding, home based visits, and health center educational activities. Using peer educators in this manner FGH has been able to be more proactive in relation to patient case finding and provide a home based visit to patients which targets the first month after initiation of treatment to engage the patient in the system before they are lost to follow-up. Peer educators will be given a monthly stipend, bicycles, and 3 annual trainings
Estimated budget: $250,000.00

Activity 3: FGH will establish a case management system in each district by contracting one national Psychologist/Anthropologist/Social scientist per district ($15,000/yr) to reinforce FGH community outreach activities aimed at improving adherence and treatment literacy at the district level. This person will become a focal point for all patients entering treatment to ensure coordination and access to all HIV related services offered in the district such as nutritional support, home based care, transportation support etc. This person will coordinate services within the health unit related to linkages with other clinical services and coordinate those activities of the social assistants and peer educators to ensure an efficient and functioning home based visit and busca activa program, thus diminishing time patients are lost to follow-up and easily incorporating them back into the system if lost. Costs include $180,000 in salary support, $60,000 in trainings, and $5000 per district for equipment, supplies, and logistical costs to run the program)
Estimated budget: $300,000.00

Program Area: Expansion of HIVQUAL quality measurement and improvement system

Activity 1: FGH will continue to provide assistance and support for the implementation of HIVQUAL in all sites supported by FGH.
Estimated budget: $24,000.00

Program Area: Creation of and support to Groups/Associations of PLWHA´s for purpose of social support and economic strengthening

Activity 1: Through Community Outreach activities FGH is currently assisting with the creation of associations of persons living with HIV/AIDS (PLWHA) in each of the districts it supports to provide social support and the opportunity as a group to develop economic strengthening microfinance activities. FGH supports these activities through trainings and assistance with legalization/organization. These training also include increasing knowledge and assistance related to inheritance laws.
Estimated budget: $360,000.00

Program Area: Integrated Food and Nutritional Support

Activity 1: As a part of the comprehensive package of services offered to HIV+ patients identified as severely malnurished, FGH will support the implementation of an integrated food and nutritional support program. This service will begin with a nutritional status assessment of all patients who test HIV+ in FGH supported sites. This service will be offered and implemented for all patients entering the various HIV clinical services (Care and treatment, Pediatrics and PMTCT). FGH will provide training to an average of 20 health care workers per district on nutritional health activities and support the salary of an additional mid-level Tecnico de Nutrição in every district. FGH currently supports educational cooking demonstrations for mothers waiting to have their children seen in the CCR (child at risk clinic) and will expand these courses to include mothers waiting to be seen in the PMTCT clinic.
Estimated budget: $0.00 (please see FGH PMTCT Activity Sheet)

Activity 2: The second activity will be the implementation of a targeted food support program for HIV+ patients based on the “Food by Prescription” model. Based on preliminary data collected by FGH in its HIV Care and Treatment program, approximately 10% of HIV+ patients are severely malnourished with a BMI < 16kg/m2 and will be eligible for targeted food support. For those patients determined eligible, FGH is proposing to provide targeted food support using Fortified Blended Foods (FBF), Ready to Use Therapeutic Foods (RUTF), and/or Corn Soya Blends (CSB) (depending on availability in country) for a minimum of 1300 Kcal per day (approximately 50% of the energy requirement for symptomatic HIV-infected adults). Based on results from Kenya, after 4-6 months patients no longer required targeted food support due to an elevation in their BMI. We estimate that 10% of our HIV+ patients will equal approximately 750 adults and that purchase of food commodities will cost approximately $1.00 per day per patient or $120.00 per patient for a 4 month period.
Estimated budget: $90,000

Activity 3: To support the above mentioned Food by Prescription Program we estimate upfront starting costs in year one to create the capacity in province to support the logistics of this program. This program will require support of a supply chain system for procurement, shipping and distribution into the province and districts as well as increased warehousing capacity at the district level. Included in this estimate is the salary of a dedicated position related to food logistics.
Estimated budget: $0.00 (please see FGH PMTCT Activity Sheet)

Program Area: Integration and Support for Peace Corps Volunteers

Activity 1: FGH currently supports housing and project activites for four Peace Corps Volunteers. These four volunteers will be entering their second year in FY09. As well, this year FGH will be assigned 3 new PCV´s. FGH will continue to provide guidance and support for these 7 volunteers in projects thats directly

Activity Narrative: support HIV Care and Treatment programs. FGH will continue to support their housing needs and average $5000 per volunteer for program activites.
Estimated Budget: $50,000.00

New/Continuing Activity: Continuing Activity

Continuing Activity: 13215

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13215	12270.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	6415	6127.08	CDC-Vanderbilt CoAg	$7,022,000
12270	12270.07	HHS/Centers for Disease Control & Prevention	Vanderbilt University	6127	6127.07		$195,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $1,800,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $90,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening $360,000

Education

Estimated amount of funding that is planned for Education $600,000

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3583.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 8806.23224.09

Planned Funds: $0

Activity System ID: 23224

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 - NO NEW FUNDING IN FY09

Summary:
I-TECH has been committed to providing technical assistance to the Ministry of Health in support of their ambitious HIV program expansion plans. ($1,686,000)

In 2008, in partnership with MISAU, I-TECH will establish a training center in one of the MISAU / PEPFAR focal provinces (Sofala, Zambezia or Nampula, TBD), linked with one of the Ministry's pre-service training centers. The new training center will offer a range of training support services to the Mozambique and will establish a link between pre- and in-service trainings.

In COP 08, I-TECH will continue its support to MISAU through the provision of technical assistance and training to conduct a number of critical HIV-related initiatives, including the rollout of a Pediatric ART course, country-wide; validation research related to opportunistic infections; and the development of a pre-service curriculum for TdM, including, for the first time, HIV-related topics in the course.

I-TECH's COP 08 objectives are as follows:
Objective 1: Provide training and support to mid-level health workers in the provision of ART and PMTCT services
Objective 2: Increase the capacity of mid-level practitioners to provide pediatric ART services
Objective 3: Provide support for OI validation research
Objective 4: Provide technical support to MISAU in the development of the TdM pre-service curriculum

Objective 1: Provide training and support to mid-level health workers in the provision of ART and PMTCT services. In 08, I-TECH will establish a training center in one of the priority provinces (Sofala, Zambezia or Nampula) in order to better support a range of training services in the region.

Activity 1.1. In a selected province, work with the training institute, provincial training unit, NGO partners, clinics and hospitals to establish a training center with a regional focus, which would offer a range of training services, for example, refresher courses for clinicians; trainings for trainers and mentors on a range of HIV-related topics; and workshops on curriculum development and training methodology. The center would link pre-service and in-service activities, and didactic and hands-on training.

Activity 1.2. Provide individualized capacity building assistance to training partners in assessing, planning, organizing, implementing and evaluating HIV-related training activities through assistance from specialists based at the center.

Objective 2: Increase the capacity of mid-level practitioners to provide pediatric ART services. In 2008, I-TECH will assist MISAU in rolling out the pediatric ART in-service course for mid-level providers country-wide.

Activity 2.1. Revise the pediatric ART curriculum and training materials based on the pilot course evaluation.

Activity 2.2. Plan, coordinate and facilitate the national roll-out of the Pediatric ART training: conduct two national Training of Facilitators courses for MISAU trainers (2 facilitators per province); facilitate one training per province (x 11 provinces) with MISAU trainers. Conduct training evaluations; adapt materials as appropriate.

Objective 3: Provide support for OI validation research through the development of a validation proposal, and pilot of the OI component of the Basic Course on HIV.

Activity 3.1. Serve a supportive role (TBD) in the implementation of 07 proposal for validation research related to the opportunistic infection (OI) guidelines.

Objective 4: Provide technical support to MISAU in the development of the TdM pre-service curriculum. In 2008, I-TECH will provide technical assistance to MISAU to support them in the management of the phased development of the TdM pre-service curriculum, envisioned to be a multi-year project.

Activity 1: I-TECH will assist MISAU's Training Unit and Technical Working Group to lead and manage a phased approach to expanding the course outline by developing the content of the TdM pre-service course, first prioritizing prerequisites needed for HIV and related courses. I-TECH will collaborate and/or subcontract with international or regional training institutions to develop the course content. The amount of course material able to be developed will depend on depth/complexity of a standard module (TBD). Funding may include related costs of the working group.
.
This activity sheet also proposes funding ($50,000) for the following activities: The MoH currently provides its workers with free ARV treatment and, according to the MoH, as of May, 2007 ARVs were available in 146 sites covering all 128 districts of Mozambique (and all ARV service sites are integrated with counseling and testing services). As with accessing other HIV-related services, however, it is unclear that among HIV-infected and eligible health workers uptake of, and adherence to, ARVs is at an optimal level and what could be done to improve this situation. According to anecdotal information, concerns around confidentiality of information and fears of discrimination within one's work environment are concerns of health care workers when considering whether to access treatment. These concerns present significant barriers for health workers to accessing ARVs but it is unlikely that increased access to ARV services can occur without both a clearer understanding of service-seeking behavior and subsequent efforts to address informational and behavioral gaps. This understanding will be based on the quantitative and the qualitative health workers studies currently being undertaken and supported through FY06/07 funds. FY08 funds are being requested to support the University of Washington and its partner Global Health Communications (GHC) with experience in the successful development and evaluation of Behavior Change Communication (BCC) interventions in the African context. Activities that this partner will support in Mozambique include:

Activity Narrative: (a) Providing technical assistance to MoH in applying quantitative and qualitative assessments to the task of BCC intervention design with the goals of improving access to ARVs, facilitating uptake of ARV services, and promoting adherence to ARV regimes;(b) Guiding the development and piloting behavioral and educational interventions focused on issues of ARV access and adherence; and (c) Assisting MoH in evaluating pilot interventions relating to ARV access and adherence.

(b) Guiding the development and piloting behavioral and educational interventions focused on issues of ARV access and adherence; and

(c) Assisting MoH in evaluating pilot interventions relating to ARV access and adherence

New/Continuing Activity: Continuing Activity

Continuing Activity: 13218

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13218	8806.08	HHS/Health Resources Services Administration	University of Washington	6417	3583.08	I-TECH	$1,736,000
8806	8806.07	HHS/Health Resources Services Administration	University of Washington	4941	3583.07	I-TECH	$680,000

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3720.09

Mechanism: Twinning_AIHA

Prime Partner: American International Health Alliance

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 8799.23402.09

Planned Funds: $0

Activity System ID: 23402

Activity Narrative: April09 Reprogramming: Decreased $757,520.

ACTIVITY UNCHANGED FROM FY2008:
AIHA through its technical partner UCSF, will continue to implement Positive Prevention (PP) programs in the Maputo, Sofala and Zambezia Provinces in Mozambique. In 2006, AIHA developed and initiated a partnership between the University of California, San Francisco and two HIV/AIDS service sites in the Maputo Province: Namaacha Health Center and Esperanca-Beluluane VCT Center. Since 2006, partners have joined efforts to conduct and develop programs and interventions, specifically targeting the clientele at each site. Working under the assumption that the patient-provider relationship contains vast opportunities to carry-out HIV transmission interventions, partners developed provider and patient specific goals and objectives to track behavior changes in both populations. The goals of the intervention are the same: both the health care providers from Namaacha Health Center, and community based workers and PLWHA support group members from
Beluluane-Esperanca VCT Center develop skills to address the prevention needs of HIV-infected individuals accessing their services or participating in PLWHA support group activities. This includes discussions about:

HIV risk behavior (risk reduction techniques)
Encourage partner testing
Counseling and support
How to disclose HIV to partners and family members
How to produce or maintain healthy families
Individualized prevention plans and risk reduction techniques

Currently this program is in the scale up phase to provide healthcare workers at the facilty-based sites and PLWHA and counselors at the community-based sites with competencies, comfort, and skills to discuss risk behavior, risk reduction techniques and prevention needs, thereby decreasing HIV transmission, and encourage HIV testing (including partner testing). During FY07, in collaboration with MOH, Provincial Health Directorate, and other stakeholders, CDC and UCSF staff identified additional sites to expand the intervention to two provinces with high prevalence, Sofala and Zambezia.

In FY08, the partnership focused on the completion (including piloting) of training materials and developing an intervention package (including a toolkit) designed and developed through the work at the above sites, to make these materials available for other sites and partners in Mozambique to develop PP programs. During FY08 the technical partner organized a pilot training using PP curriculum developed to be used by the partners to train various providers and counselors to develop their own individual PP programs and prevention messages tailored to the specific site. In addition, project implementers developed partner opportunities with the International organization, "Women Organized to Respond to Life-Threatening Diseases" (WORLD) and a TBD Mozambican Women Association to create prevention projects targeting women and women empowerment opportunities. Partners explored the collaboration opportunities with a nascent Mozambican treatment literacy organization (MATRAM) to incorporate PP messages into their activities. This initial exploration is expected to lead to strengthening of partnership in the subsequent year (FY09).

In FY09, as a continuation of activities, additional PP activities will include disseminations of the PP curriculum, train master trainers, conduct ToTs for facility based care and treatment program managers and staff including the provision of PP toolkits to staff and participating organizations; a PP ToT for community based care and treatment program managers and staff targeting national NGOs and CBOs -1 Training for 18 staff from Clinical Care & Treatment partners (3 staff/agency) and 1 Training for 18 staff from HBC/community care partners (10 ANEMO trainers, 3 Ministry trainers, 5 staff from bigger international Home Based Care Partners); and an exchange study tour for PP implementers in-country to visit other PP sites to establish close collaboration among all sites. Partners will continue to support existing PLWHA groups through either small sub-grants and/or procurement of items needed by the group (e.g. seeds, T-shirts, transport funds for treatment follow up, etc).

Partners will continue the collaboration and supporting opportunities with the Mozambican treatment literacy organization (MATRAM) to incorporate PP messages into their activities at the community level.

Measurable project outcomes consist in tracking behavior changes in PLWHA and direct service providers and
implementing and managing M&E systems and tools to monitor outcomes. It is anticipated that 195 individuals (both service providers and individuals) will receive prevention with positives training.

Goals

Although continued specific partnership objectives are jointly developed by both partners with input from MOH, and CDC Mozambique initial focus areas, based on the technical partner (UCSF) experience so far, will include the following: (a)To increase the knowledge and skills of healthcare workers, counselors and PLWHA peer educators to address prevention counseling, adherence counseling, disclosure of HIV status, partner notification and risk reduction techniques among PLWHA; (b)To increase the capacity of staff and PLWHA peer educators at the PP program sites to monitor and evaluate PP activities; and (c) To increase the level of PLWHA patient monitoring/surveillance in conjunction with PP activities.

Project Management

Twinning Center staff in Washington DC will continue to support this partnership by assisting partners to develop a workplan including goals and objectives, partnership communication plan, and monitoring and evaluation plan. Both partners have identified partnership coordinators who work with Twinning Center staff to monitor the partnerships' progress and to help identify areas where technical assistance might be required. The Twinning Center will also be responsible for day-to-day project administration including

Activity Narrative: budget monitoring and logistical support. The Twinning Center can also provide training to the individual organizations on financial administration and subgrant management.

Monitoring and Evaluation

AIHA Twinning Center staff and UCSF technical and PP experts have assisted partners to develop a monitoring and evaluation system for the partnership. AIHA and UCSF will continue to assist the partners in implementing this system and developing training-specific monitoring tools. In collaboration with USG stakeholders, AIHA and partners will continue to select the appropriate PEPFAR indicators and other relevant indicators based on planned activities in the workplan. AIHA and UCSF continue to assist partners to develop the appropriate tools and systems necessary to collect and report relevant data and provide technical assistance when necessary. AIHA reports these data to USG teams quarterly and will further evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the workplan period.

Twinning Partnership Philosophy

In keeping with its mission to advance global health through partnerships that mobilize professionals, institutions, and communities to better address delivery and quality of health care, the American International Health Alliance established the Twinning Centre to help integrate and improve HIV/AIDS prevention, care and treatment in the countries most affected by the global AIDS pandemic. Operating under a cooperative agreement with the Health Resources and Services Administration (HRSA), and in collaboration with the various USG agencies coordinating the President's Emergency Plan for AIDS Relief (PEPFAR), the Twinning Centre establishes and manages both north- south and south-south partnerships which focus on strengthening institutional capacity to create a sustainable response to the HIV pandemic. The partnerships focus on a peer-peer methodology and leverage resources through volunteerism and in-kind
contributions. Most twinning partnerships are able to leverage substantial resources to greatly increase the value of the partnership.

In FY09, continuation of support and activities for the selected sites in Maputo, Sofala and Zambezia Provinces including support for the PLWHA support groups, through either small subgrants and/or procurement of items needed and identified by the groups (seeds, T-shirts, transport funds to the ARV Treatment Centers). In FY09 continuation and scale up of PP ToT trainings for the clinical care partners staff, home based care and community care partners, Mozambican PLWHA organizations or groups;

Measurable project outcomes consist in tracking behavior changes in PLWHA and direct service providers and implementing and managing M&E systems and tools to monitor outcomes. It is anticipated that 130 individuals (both service providers and individuals) will receive PP training.

Deliverables and Products
Number of sites supported and activities developed in the demonstration sites (Maputo, Zambézia and Sofala Provinces) and number of existing PLWHA groups supported
Number of staff trained from Clinical Care & Treatment partners
Number of staff from HBC/community Care partners (ANEMO trainers, MOH trainers, staff from bigger international HBC partners)
Number of staff from Mozambican PLWHA Organizations or groups trained and received some mentorship on PP with these organizations
M&E for scale –up of PP activities: (1) Routine monitoring of basic process indicators (e.g. # partners involved, # sites, # staff trained); (2) Program evaluations (TBD, possibly annually)
Collaboration with MATRAM, by integrating PP messages in the treatment education/literacy activities
Number of exchange visits between PP sites in Mozambique

New/Continuing Activity: Continuing Activity

Continuing Activity: 13203

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13203	8799.08	HHS/Health Resources Services Administration	American International Health Alliance	6411	3720.08	Twinning	$1,028,200
8799	8799.07	HHS/Health Resources Services Administration	American International Health Alliance	4940	3720.07	Twinning	$400,000

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: $939,237

Program Area Narrative:

In Mozambique, there are an estimated 1.6 million people living with HIV/AIDS; of these, about 141,800 are children under 15 years and 44,700 of these were estimated to meet the criteria for ART eligibility in 2008. ARV treatment given to HIV-infected children improves the quality of life and reduces morbidity and mortality. Recent studies have shown improved survival when treatment is initiated early during infancy, preferably during the first six months of age.

Pediatric HIV care and treatment was mentioned, but not fully addressed, in the 2004-2008 national strategic plan of the health sector (PEN Saúde). At the time pediatric HIV needs were viewed as “not urgent” and no targets were defined. It became a program area under the Ministry of Health (MOH) in 2005, however, when it was included in the HIV/AIDS Program and in the 2006-2009 Poverty Reduction Strategy (PARPA II) of Mozambique. In 2006, the MOH developed a detailed plan to scale-up pediatric HIV care and treatment services.
Scale up of treatment: ARV treatment became available for children starting in 2003 in a few selected sites. The number of sites providing pediatric ART has expanded from 22 sites in 2005 to 70 sites in 2006 and 148 sites in September 2007. This represented 71% of all ART sites in the country. There are currently three high volume pediatric HIV Day Hospitals in the three major referral hospitals in Mozambique: the Maputo Central Hospital clinic in the south, has been providing services to HIV-exposed and infected children since 1994; the Beira Central Hospital located in the central region of the country, initiated pediatric HIV services in 2006; and the Nampula Central Hospital initiated pediatric HIV clinical services in 2007. These centers specialize in pediatric HIV care and serve as training, demonstration and referral sites with the staff providing supervisory support to other ART treatment sites in their respective regions. Overall, the MOH provides oversight and supervision for pediatric HIV treatment at a national level.
The USG has been a major contributor to national pediatric ARV treatment services in Mozambique and supports delivery of these services at all referral hospitals. As reported in the SAPR 2008, the USG supports 119 out of 216 sites providing ARV treatment services; 177 of all ART sites in Mozambique provide ART for children, and of these (49%) are supported with PEPFAR funds. Of the 119 USG ART sites, 87% (103) provide ART for children. PMTCT services are provided at all USG sites where adult and pediatric treatment services are co-located.
Based on data from the Ministry of Health, the number of children currently benefiting from ARV treatment has been increasing yearly, from 677 in 2004 to 7,845 in July 2008. However, the proportion of children on ART continues to be low compared to the estimates of those in need of ARV treatment (estimated to be 44,700) in the country and also in relation to the total number of persons on ART. Of the 112,256 persons on ARV treatment, only 6.9% are children under 15 years of age. Based on 2008 SAPR data, the USG was providing treatment services to 63% (4,436) of all children receiving treatment in Mozambique at that time (MOH estimate of 7,049). Approximately 8% of all patients (54,838) receiving treatment at USG funded sites were children under 15 years of age (SAPR08).
The current MOH reporting system does not include cohort information on retention in care and treatment for adults and children. Additionally, pediatric treatment data at present is not disaggregated by age group such that information regarding children below two years of age is not routinely available. Consequently it has not been possible to report on these indicators for Mozambique. The USG will support MOH in the establishment of a national patient monitoring system which will help to improve collection of this information.
Plans for FY09: The MOH plans to appoint a National Pediatric HIV Coordinator to manage the program by working closely with the two regional coordinators based in the central and northern regions of the country. The 2005 HIV/AIDS treatment manual for children is currently being updated to incorporate changes in recommendations for treatment initiation for infants based on recent WHO guidelines. In addition, HIV-infected infants who were exposed to Nevirapine for PMTCT prophylaxis or maternal treatment will be offered a first line combination regimen that includes a protease inhibitor (ritonavir/lopinavir) in accordance with WHO recommendations. Furthermore, specific training modules on pediatric ART for clinical officers (técnicos de medicina) and psycho -social training tools to support children and adolescents living with HIV/AIDS are also being developed.

The MOH, supported by USG agencies and partners, will continue to scale-up quality pediatric HIV treatment services. One of the main objectives for FY09 is the implementation of early infant diagnosis and treatment of all children under one year of age regardless of clinical and immunological conditions, as recommended by WHO. The key interventions will focus on:
a) Training of health workers on pediatric ARV treatment service provision. This will be accomplished via different education modalities such as reproduction and dissemination of updated Pediatric HIV guidelines and job aids; mentoring, on-the-job training, and supervision to update providers on new ARV treatment guidelines for children to ensure quality of ARV treatment provided. Through USG support, the MOH has planned training of clinical officers starting in early in the calendar year 2009 in order to enable scale-up of ART treatment in remote areas.
b) Strengthening the linkages between PMTCT and other child health services to reduce drop outs and missed opportunities. The new flow chart and algorithm being developed by the National PMTCT and Child Health technical working groups will play an important role in linking the HIV exposed and infected infant into care and treatment through referral from PMTCT, immunizations and Well Child clinic.
c) Counseling and testing materials for children and adolescents are being developed. Provider initiated counseling and testing (PICT) will be promoted for all at-risk children to improve access for HIV infected children into ARV treatment. Psychosocial support for children and their families along with support for retention and adherence on ART will be provided by psychologists, when available, lay counselors or trained health workers. Psychosocial materials are also being developed to support this activity.
For monitoring and evaluation, the MOH, through USG support, will implement a national pediatric HIV program evaluation that will contribute to improving the quality of pediatric ART services provided, as well as identify key indicators for routine care and

treatment assessment. The USG has been working on the protocol for this program evaluation along with MOH counterparts since 2007. Local administrative issues that delayed start up have been resolved and the activity will start early in the calendar year 2009.

In FY08 the USG funded six clinical services partners implementing HIV treatment programs in Mozambique. USG implementing partners were charged with the responsibility to provide comprehensive care and treatment services, as well as technical assistance, training support, program monitoring, supportive supervision, quality assurance and local system strengthening. USG partners currently support treatment services in all the provinces in the country.
In FY09, USG partners will increase service delivery in seven new districts and increase the number of sites providing care and treatment services from 119 to 182. All USG partners will be funded to provide pediatric ART services at all existing USG supported sites currently providing adult treatment services. The USG will focus on improving and evaluating the quality of treatment services being provided, following MOH goals.

Partners will continue to emphasize patient monitoring to assure adequate follow-up and retention of children on ART. They will continue program monitoring, supervision visits, mentoring, on-the-job training and maximizing the electronic tracking system of patients, ensuring data quality in reproduction and dissemination of ARV treatment reports. In addition, partners will coordinate activities with local organizations to provide psychosocial support, nutritional support, and assessment and linkage with care services when needed.

The Supply Chain Management System, through USG support, has been strengthening the national logistics system to better ensure timely procurement and distribution of necessary commodities, including ARV and drugs to treat opportunistic infections. This has been described in more detail in the ARV drugs program narrative and relevant activity sheets. In FY09, the USG will provide support for ARV treatment to 11,874 children at 182 sites and training for 1,524 health workers in pediatric and adult HIV care and treatment.

Pediatric HIV care and support: Care services for HIV-infected children are provided at the national level, including the health facilities not yet providing ARV treatment. According to SAPR08 data, 230,828 individuals, including children less than 15 years, are receiving care services. The quality of data collected needs to be improved in order to more accurately document what proportion of children are on care, what proportion of children on care are receiving cotrimoxazole prophylaxis and what proportion of children in the care program are being lost to follow up. HIV exposed infants are followed up with at the Child at Risk Consultation Clinics (CCR). The CCRs provide care services for all high risk children (very low weight, twins, in treatment for TB, etc) including HIV exposed children. The care services include provision of PlumpyNut for HIV infected children who have weight for height ratio < 80% of the median and provision of cotrimoxazole for all HIV exposed and infected children following the national guidelines.

In FY09, partners will continue to support provision of the preventive care package at all USG sites. The package includes: clinical monitoring; access to early infant diagnosis (EID); cotrimoxazole prophylaxis; prevention, diagnosis and treatment of opportunistic infections (OIs); infant feeding counseling and support; pain management at facility level through on the job training and supportive supervisions; safe water kits; nutritional support by linking community based organizations and OVC programs; and coordination with the President's Malaria Initiative (PMI) for the distribution of treated bed nets distribution. Ongoing activities to improve pediatric care and support services include:
a) Universal use of the updated childhood growth and immunization card that now includes information on PMTCT (mother's HIV status, ARV prophylaxis or ART) and b) Finalization and implementation of flow charts and algorithms linking HIV programs with PMTCT, immunizations and Well Child clinics in order to improve identification of HIV exposed children and link them with care services.

In FY08, efforts were made to scale up early infant diagnosis of HIV. This service became available in Maputo City and more recently in Nampula central hospital lab. Through USG and other donor support, the MOH is working to strengthen the laboratory services needed to support EID. Efforts are now underway to establish a third laboratory in the central region with capacity to perform DNA PCR testing using dried blood spots (DBS) for EID. Training of nurses and other heath workers on EID is needed to ensure expansion of this service in the more remote areas. A focal person will be identified at each province to coordinate this activity with the USG partners. This is expected to improve the turn-around time of test results to the mothers, currently taking more than three or four months. In order to improve the DNA PCR DBS logistics, the USG agencies and partners will work with the MOH to advocate for the increased involvement of provincial and district health personnel in the collection, processing, and transportation of samples and the reporting of results.

Program Evaluation: The MOH and USG will conduct a program assessment of the current practices of selected CCRs providing pediatric care services for HIV exposed infants. The assessment will analyze how pediatric care services are provided at the CCR with respect to provision of cotrimoxazole prophylaxis, the cycle involved in DNA PCR DBS testing, referral processes and retention in care of exposed and infected children, and assess how linkages of HIV services with PMTCT and other child health programs (immunization clinics, regular child follow-up clinics) are working.

Linkages: The USG will improve linkages of OVC programs and clinical care services by improving referral systems to assure continuation of care at the community level.
Through technical assistance in planning, coordinating and monitoring, the national Maternal and Child Health program will establish adequate linkages between HIV care and treatment services and pediatric HIV care, treatment and follow-up.

Challenges: Currently, HIV exposed infants are referred from PMTCT services. Referral mechanisms are still weak and there is no well documented data on how pediatric care services are provided at CCR and how these services are linked with ARV services. There is no standardized system for identifying HIV-exposure or infection status of children coming for immunization or curative outpatient services.

Obstacles for assuring quality services with adequate follow up include: lack of trained and skilled staff to provide quality pediatric care services; weak linkages with PMTCT and other programs that provide services to children; non-standardized entry points for care and treatment; a weak system of identification and follow-up of HIV exposed and infected children; lack of national coverage of early infant diagnosis using dry-blood spot/DNA PCR testing; inadequate health staff supervision; a need to revise and update the national strategy for pediatric care and treatment services.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	6127.09	**Mechanism:**	CDC-Vanderbilt CoAg
Prime Partner:	Vanderbilt University	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	12265.23620.09	**Planned Funds:**	$97,151
Activity System ID:	23620		

Activity Narrative: Prior to November 2007, pediatric HIV care and treatment was limited in Zambezia Province due to lack of trained personnel, lack of diagnostic options for HIV in children less than 18 months of age, poor coordination of supply chain mangement with regards to infant ART formulations, and poorly coordinated services amongst DPS and USG partners supporting PMTCT and pediatric care. With the roll-out plans for EID, priorities shifted within the province to focus on increasing the number of children in pediatric care and treatment. In collaboration with DPS and all USG partners providing treatment support and PMTCT, FGH led the development of a provincial pediatric working group to evaluate weakness´ in the program and recommendations for moving forward. A series of trainings were implemented to strengthen the linkages between PMTCT and CCR clinics, provide updates to health care workers on pediatric mangement in general and flow of patients through the various services, and trainings of health care workers on PCR and pediatric ART. Currently in the sites FGH supports, direct salary support has been given to provide a dedicated nurse specifically for the CCR clinic followed by direct clinical mentoring and supervision from FGH clinicians living and working in the sites. FGH has provided technical assistance and resources for the organization of these clinics by improving dedicated space and appropriate medical equipment for pediatric care, incorporation of the CCR registries into an electronic database which is shared with DPS to facilitate national and provincial data collection, strengthened linkages between PMTCT and the CCR clinic for both mother and child by focusing on the first month post delivery for home based visits to assist with education for appropriately taking medicines, reminders of upcoming appointments, and education regarding exclusive breast feeding and weening practices. PCR is currently offered in every district of Zambezia province, however the system is still weak due to logistical issues of sample transport and an overburdened national laboratory for sample processing. Currently, results are averaging 8-10 weeks for return to the site. In the upcoming months, FGH has plans to support a interprovincial transport system of DBS for PCR to diminish logistical transport time and this month a new PCR machine in Nampula province will begin processing samples from Zambezia which will hopefully decrease turn around time of sample results.

Program Area: Support the organization and infrastructure to CCR clinics in 12 districts supported by FGH

FGH will continue to support the CCR clinics in each FGH supported district to provide a minimum package of services in all sites. This includes temporary salary (will become MoH responsability) support for a dedicated national nurse to staff and run the CCR clinic. Using FGH´s already established network of clinicians which live and work in the districts, FGH will continue to provide direct clinical mentoring to health workers staffing the CCR clinic to provide on the job training and ensure a high quality of care which is delivered. These clinicians will also provide technical assistance for program management which will ensure appropriate referrals are made from all pediatric entry points into the health center (PMTCT, healthy child, pediatric triage, and inpatient, etc) and oversee the testing of children in the sites based on the MISAU directed "opt-out" strategy. Follow-up services for children in the CCR clinic will include appropriate clinical assessments, nutritional evaluations, monitoring of growth and development,management of OIs and appropriate testing for HIV using PCR or rapid tests depending on the age of the child. Mothers will receive nutritional education regarding exclusive breastfeeding and safe weaning after 6 months where applicable. All children followed in the CCR will receive co-trimoxazole prophylaxis per MISAU protocols. FGH will continue to provide technical assistance for staff in the CCR clinic to provide on-site nutritional education for mothers. Children identified with nutritional deficiencies will be appropriately referred for a more thorough nutritional assessment and linked with MISAU programs for provisions of targeted food support such as "Plumpy Nut".
Using FGH´s Social Assistants in the community, FGH will strengthen linkages with CBO programs working with OVC´s to coordinate activities including HIV counseling and testing and referrals if necessary into care and treatment.
Efforts will also be done to asure provision of ITN, safe water and food support, through linkages with community based organizations and other PEPFAR partners.

Peer educators will provide psychosocial support, counseling on medication adherence, and reminders of appointments for both mother and child.

For monitoring and evaluation:
FGH will continue to link these patients into its electronic database to ensure appropriate follow-up and monitoring of clinical status. These data will be integrated with DPS- Zambezia databases to ensure quality and efficiency of data collected. Using these data, FGH will be able to rapidly identify children who have missed appointments or are lost-to-follow-up and refer quickly to the pre-established FGH system for busca-activa (active search). As well FGH will proactively seek to keep children in care by integrating all children born into the PMTCT program into it´s peer educator referral system. This system focuses on the first month following birth and ensures at least one home visit by a peer educator during this month.
Estimated budget: $97,151.00

New/Continuing Activity: Continuing Activity

Continuing Activity: 13214

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13214	12265.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	6415	6127.08	CDC-Vanderbilt CoAg	$894,920
12265	12265.07	HHS/Centers for Disease Control & Prevention	Vanderbilt University	6127	6127.07		$915,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $97,151

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3629.09
Mechanism: USAID-Health Alliance International-GHAI-Local
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: Pediatric Care and Support
Budget Code: PDCS
Program Budget Code: 10
Activity ID: 5146.24053.09
Planned Funds: $125,659
Activity System ID: 24053

Activity Narrative: April09 Reprogramming: Increased $125,659.

This is a continuing activity under COP08.

HAI will continue to invest in the improvement of the quality of HBC services and community mobilization activities by strengthening the capacity of community based organizations (CBOs) and other relevant community structures as well as strengthening individual and social palliative care services and the linkages between the community and the health system, home-based care activities totalling approximately $2,000,000 administered through sub-grants to national and international NGOs. By more pro-actively engaging the community and clinical staff and structures, community participation will be strengthened, which should improve the linkages within the health system and facilitate the development of prevention strategies and the promotion of available services at both the community and clinical level. HAI will work towards strengthening the monitoring and evaluation capacities of the system, as well as improve the capacity of the program to adapt to the needs of the population. HAI will also expand to a few sites in Tete province where they will be expanding their treatment activities as well.

Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners including PSI, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

Per 07/07 reporgramming;
Health Alliance International will reach an additional 5,000 people with home-based health care services and train an additional 90 activists to provide care within communities. The additional resources will also allow HAI more staff to properly oversee home-based care activities as well as provide increased oversight through joint supervision with the Provincial Delegate of Health and strategically improve the quality of care clients receive from HAI's partners.

This activity is related to HVCT 9113, HVTB 9128, HBHC 9131, MTCT 9140,HTXS 9164, HTXD 9160, and HLAB 9253.

In addition to HAI's provision of treatment activities, HAI also supports the provision of palliative care through HBC services through 10 local CBOs and clinical services HIV positive patients, who are officially registered at day hospitals. All patients on ART are assigned to a community based care volunteer for follow -up and referral.

In FY07, HAI will continue to provide technical support and sub-grants to fifteen national CBOs delivering palliative care in home-based care setting in 15 districts. This will be expanded to 41 organizations linked to 47 ARV treatment sites. These sub-partners offer logistical support and care to HIV+ clients who have been referred through the "day hospital" clinical services or through other health services. This is a continuation of services started in FY2004-FY2006 and includes an expansion to reach a total of 12,800 persons with home-based palliative care. Additional home-based care volunteers will be trained by MOH-accredited trainers. They will work hand-in-hand with clinical service providers and conduct follow-up visits to clients on ART to support adherence and provide palliative care. The trained volunteers will encourage and set up community-level safety net programs for PLWHA as need. Clinical HIV services supported by HAI will serve an estimated 63,000 seropositive patients presenting with OIs and/or STIs.

HAI will continue the expansion of capacity building for community-based groups. Training for 120 people from home-based care organizations will be provided in the areas of institutional capacity building, monitoring and evaluation, and quality assurance (linked with HBHC 9131). In addition, HAI will take advantage of their extensive network of CBOs, and will work with over 100 organizations to increase mobilization efforts for stigma reduction, prevention, care and treatment. These activities will improve HIV information available in the communities and reinforce the network of HIV services.

Under COP07, mechanisms will be put in place to improve linkages to clinics. Although, NGOs were encouraged to liaise with local clinics, many volunteers were comfortable working at the community level only. In FY07, volunteers will be required to work along with clinics in caring for PLWHA on ART, with TB patients, patients with OIs, STIs and other conditions. At least 50% of all HBC clients will need to have a clinic record. Treatment adherence also will be supported by a related USG activity to ensure TB and HIV patients are taking their medicines and not experiencing any overt reactions. In addition, volunteers will be trained to further recognize probable diseases and to refer clients to the clinic for proper follow-up. Coupons for transport or use of bicycle ambulances will be used to ensure clients attendance. Further training will be held to ensure that HBC supervisors, and volunteers have the necessary skills to handle these new activities.

HAI will also increase interventions that improve health workers skills and ability for diagnosis, prevention, and treatment of opportunistic infections amongst patients seen at HAI supported treatment facilities including HBC programs through: 1)Training of health staff in the diagnosis and clinical management of important OIs including cryptococcal meningitis, Oesophageal candidisis and Pneumocystis pneumonia (PCP);
2) Provision of cotrimoxazole prophylaxis to stage 3 and 4 HIV patients including those diagnosed with TB and HIV; 3) Development and implementation of registers and monitoring tools that keep track of OIs being

Activity Narrative: treated at treatment facilities; 4) Referral of HIV infected patients to HBC programs for continuing care; and 5) Follow up of patients regularly for CD4 monitoring and clinical staging to assess when eligible to initiate ART.

HAI will be funded to support the MOH procurement system by maintaining a buffer stock of OI medicines to avoid complete stock-out of these commodities. As a result of this activity, 240 clinical staff will be trained in OI management, supervision and maintenance of simple pharmacy management systems.

General Information about HBC in Mozambique:
Home-based Palliative Care is heavily regulated by MOH policy, guidelines and directives. USG has supported the MOH Home-Based Palliative Care program since 2004 and will continue with the same basic program structure including continued attempts of strengthening quality of services to chronically ill clients affected by HIV/AIDS. In FY02, the MOH developed standards for home based care and a training curriculum which includes a practicum session. Trainers/supervisors receive this 12 day training and are then certified as trainers during their first 12 day training of volunteers. A Master Trainer monitors this first training and provides advice and assistance to improve the trainers' skills and certifies the trainer when skill level is at an approved level. All volunteers that work in HBC must have this initial 12 training by a certified trainer and will also receive up-dated training on a regular basis. The first certified Master Trainers were MOH personnel. Then ANEMO, a professional nursing association, trained a cadre of 7 Master Trainers who are now training Certified Trainers, most of whom are NGO staff who provide HBC services in the community. In the next two years, ANEMO will train and supervise 84 accredited trainers who will train 7,200 volunteers, creating the capacity to reach over 72,000 PLWHA.

In addition, the MOH designed 4 levels of "kits" one of which is used by volunteers to provide direct services to ill clients, one is left with the family to care for the ill family member, one is used by the assigned nurse which holds cotrimoxazole and paracetamol and the 4th kit contains opiates for pain management which only can be prescribed by trained doctors. The kits are an expensive, but necessary in Mozambique where even basic items, such as soap, plastic sheets, ointment, and gentian violet are not found in homes. USG has costed the kits and regular replacement of items at $90 per person per year; NGOs are responsible for initial purchased of the kits and the replacement of items once they are used up except for the prescription medicine, which is filled at the clinics for the nurses' kits. An additional $38 per client per year is provided to implementing NGOs to fund all other activities in HBC, e.g. staff, training, transport, office costs, etc.

MOH also developed monitoring and evaluation tools that include a pictorial form for use by all volunteers, many of whom are illiterate. Information is sent monthly to the district coordinator to collate and send to provincial health departments who then send them on to the MOH. This system allows for monthly information to be accessible for program and funding decisions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15866

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15866	5146.08	U.S. Agency for International Development	Health Alliance International	7278	3629.08	USAID-Health Alliance International-GHAI-Local	$3,150,000
9133	5146.07	U.S. Agency for International Development	Health Alliance International	5041	3629.07	USAID-Health Alliance International-GHAI-Local	$1,399,816
5146	5146.06	U.S. Agency for International Development	Health Alliance International	3629	3629.06		$1,070,000

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3568.09 **Mechanism:** Track 1 ARV Moz Supplement

Prime Partner: Columbia University **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Care: Pediatric Care and Support

Budget Code: PDCS **Program Budget Code:** 10

Activity ID: 5198.23680.09 **Planned Funds:** $259,104

Activity System ID: 23680

Activity Narrative: ICAP-MZ-Mozambique is committed to full and equitable access for HIV infected and exposed children into HIV care and treatment services. Four main areas of specific pediatric focus have been identified for the next year activities: 1) early identification of infected infants/children, 2) early initiation of treatment, 3) quality of care delivery to children in care and 4) retention of patients into care and treatment.

At the end of June 2008 (PEPFAR report) ICAP supported Pediatric care and treatment at 40 sites in Maputo City, Gaza Province, Inhambane Province, Nampula Province, and Zambezia Province including two referral Hospitals for HIV infected children in Maputo and Nampula. Approximately 12,200 children were enrolled in care and 3,000 are on ARVs (879- 30% in the age group 0-1y; 958-32% in the age group 2-4y; 1125- 38% in the age group 5-14y).

Of all patients enrolled at sites supported by ICAP-MZ approximately 8% are children. The target for next year is to reach a proportion of 10% of children enrolled in care.

To achieve the target described above CU will continue to support HIV care and treatment services at the two Pediatric ART reference Hospitals at Maputo and Nampula and at the other existing sites and will expand pediatric services to 12 new more sites.
This support includes procurement of equipment, supplies and medication, support for strategic information and local staff mentoring in management of pediatric HIV care and treatment by regular Clinical officer visits and activities planned together with the Provincial directorate (DPS) in order to build capacity of the on site Multidisciplinary team.
Training will also target Medical assistants according to MOH "task shifting" recommendations in order to expand pediatric care to rural areas and health centres. Clinicians will offer regular mentoring of medical assistants at sites and support the Provincial and District Health Directorate (DPS and DDS) to build capacity in managing, planning and supervising the HIV Pediatric program linking HIV pediatric care to the Mother and Child Health Provincial Program.
A Pediatric HIV Advisor will coordinate CU pediatric support for all CU-supported sites; two pediatricians will support two focal provinces (Zambezia and Nampula) and four nurses will strengthen the link with the PMTCT and MCH programs at provincial level.
Identification of infected children will be strengthened by implementation of routine Provider Initiated Testing and Counseling offered to all children admitted in the Pediatric ward and accessing Pediatric care at any entry point in 50% of the services CU is supporting (all central, provincial and rural hospital) according to the MOH recommendations.
CU is also supporting Early Infant Diagnosis (EID) though PCR DBS in 16 PMTCT sites (Maputo city, Inhambane, Nampula) and 20 HIV Clinic and infants follow up offering a minimum package of care (growth and neurological development monitoring, CTX prophylaxis, OIs treatment, infant feeding counseling and support,confirmatory test at 9-18 months).
EID program will be also supported by strengthening Lab capacity in managing PCR DBS samples/results, supplies chain and distribution. Support to the Central Immunology Laboratory by a laboratory nurse supporting the National EID logistics throughout the Country will continue and support to Provincial Laboratories (Gaza, Inhambane, Nampula) will start. At provincial level, close supervision will be provided by the lab advisor and cooperation between laboratory advisor, the provincial laboratory technician and the provincial clinical advisor will be encouraged. A Lab M&E system, including computer supply, development and training of an M&E package, will be implemented and continuously supervised by the Lab Advisor and M&E advisor.
Retention of children into care and treatment services will be another main goal for year 2009, with a particular focus on children not yet started on ARV treatment.

Activities to optimize adherence/retention in care include enhancing patient support by training MCH staff in skills & quality of care with a focus on adherence monitoring & counseling, group management skills & psychosocial support.
Follow up of children in care and on ARV will also be improve by strengthening Home based care activities by creating partnership with local and international NGOs that are supporting peers-educators and home based care activities.

CU will strengthen linkages between existing OVC care and support programs and clinical care.Working through community-based organizations and other partners with programs targeting OVC and their families, CU will ensure that OVC have access not only to HIV care and treatment as needed, but are also referred to psychosocial support and food and economic assistance, where possible.

Efforts will also be done to asure provision of ITN, safe water and food support, through linkages with comunity based organizations and other PEPFAR partners.

Advocacy at MOH level to focus on the children and adolescent age groups for the psychosocial component of the HIV National program will continue and support in developing training curriculum and material on pediatric/adolescent testing and counseling and disclosure will be provided.

Quality of care delivered to exposed infants followed up at CCR consultation will be supported by strengthening the ongoing comprehensive strategy of linking PMTCT program and CCR services at the 36 existing sites (Maputo, Inhambane, Nampula) and at new 13 PMTCT/CCR sites (Zambezia and Gaza Province).
Capacity building of existing staff and enrollment of new MCH nurses will be CU focus.
Strong linkages between CCR consultation and Pediatric HIV care & treatment services is critical to provide more effective interventions for early diagnosed infants and start them on ARVs. CU will continue to emphasize this comprehensive approach, building on MCH and PMTCT services, focusing on follow up of exposed infants, offering care, early diagnosis tests and prompt referral to HIV Clinic.

Regular monitoring of quality of care delivery for children in care and on ARVs have been done for the main Provincial and General Hospital supported by CU (Mavalane GH, Jose'Macamo GH, Military H, Inhambane PH, Quelimane PH, Mocuba RH, Marrere GH, Xai Xai PH) implementing a Quality control tool, called

Activity Narrative: Pediatric Standard of Care (Ped SOC) adapted and adopted by the MOH. The regular implementation of the tool together with MDT discussion of results, identification of obstacles and problem solving showed an increase in quality care delivered to children and their families by that service. The plan for year 2009 is to continue using the PED SOC at sites where is already well established and expand to 6 more sites (Gaza, Zambezia, Inhambane) as a routine monitoring of the performance of the site in offering quality care to children.
CU will continue to support monitoring and evaluation activities at sites and capacity will be created at DPS and DDS level to monitor ongoing activities and results for the pediatric component of the program, including regular evaluation of quality of service delivery (pediatric Standard Of Care and Pediatric HIV QUAL).

New/Continuing Activity: Continuing Activity

Continuing Activity: 16283

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16283	5198.08	HHS/Centers for Disease Control & Prevention	Columbia University	7403	3568.08	Track 1 ARV Moz Supplement	$640,000
8566	5198.07	HHS/Centers for Disease Control & Prevention	Columbia University	4859	3567.07	UTAP	$680,000
5198	5198.06	HHS/Centers for Disease Control & Prevention	Columbia University	3567	3567.06	UTAP	$380,000

Emphasis Areas

Construction/Renovation

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* Safe Motherhood
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $30,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $15,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water $6,000

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 6124.09

Mechanism: CDC CARE INTL

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 15786.23650.09

Planned Funds: $32,388

Activity System ID: 23650

Activity Narrative: CARE currently provides pediatric HIV care services in 3 sites with 2 mobile clinics in north of Inhambane province. During FY09 Care International will continue to support care and support services, and has plaaned expansion to Govuro. Currentely 330 children were enrolled in care services. From these 100 initiated ART.
In an effort to improve the management of service delivery and improve efficiency and sustainability, CAREF will work closely with the provincial and district level health authorities to develop workplans and budgets based on identified gaps and needs and provide adeqaute resources and technical assistance to achieve results, particularly preventing new pediatric HIV infections and increasing enrollment of pediatric patients into care services and support.

Increasing access to care for HIV exposed and infected infants is inextricably tied to the optimal functioning of PMTCT, CCR and basic child health services. CARE supervisors will work closely with the Diastrist health providers to maximixe the entry points of HIV exposed infants(PMTCT, immunizations, well child clinic), and link them with care and treatment. Efforts will be made to implement provider-initiated counseling and testing (PITC) in pediatric wards and at other points of entry into the health facility to increased the number of HIV-positive children identified. Once identified, these children are enrolled in care.

Clinical monitoring, management of opportunistic infections including cotrimoxazol prophylaxis, infant feeding counseling and support, psychosocial support are integral components of a comprehensive approach to caring for HIV-infected children. To ensure that health staff is well-equipped to provide quality palliative care to children, CARE will support formal refresher trainings, on job training and supervisions and ensure that children promptly initiate ART. Further training on IMCI/HIV/AIDS, early infant diagnosis and DNA-PCR will be provided.

Loss to follow-up, particularly of HIV exposed children continues to be a major challenge to ensuring children living with HIV are enrolled in and retained in care. To address this, CARE will identify and train at least one lay counselor and peer educator based at each health facility to focus on the counseling, psychosocial support and active tracing of children and their caregivers who have abandoned care and/or treatment.

CARE will support linkages between existing OVC care and support programs, working through community -based organizations and other partners with programs targeting OVC and their families. Efforts to ensure that OVC have access not only to HIV care and treatment as needed, but are also referred to psychosocial support and food and economic assistance, where possible. In addition, collaboration with local organizations and other PEPFAR partners to ensure access to LLIN and Certeza for children enrolled in HIV care and treatment as well as food support.

Monitoring and evaluation:
The computer based patient tracking system (PTS) will be expanded to the 4 districts. This PTS facilitates the monitoring of quality of care provided to patients, including children, in care and on ART, and provides important information regarding the monitoring and retention of children in care, treatment adherence, and occurrences of OIs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15786

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15786	15786.08	HHS/Centers for Disease Control & Prevention	CARE International	6414	6124.08	CDC CARE INTL	$265,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$11,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$5,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water	
Estimated amount of funding that is planned for Water	$500

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3526.09
Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: Pediatric Care and Support
Budget Code: PDCS
Program Budget Code: 10
Activity ID: 24466.09
Planned Funds: $0
Activity System ID: 24466
Activity Narrative: ACTIVITY UNCHANGED FROM FY2008
No new funding in FY09

This PHE activity, “Evaluation of HIV Viral Load and Prevalence of HIV Drug Resistance in HIV-infected Children Receiving ART in Mozambique”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.07.0197. This PHE was proposed and approved during the plus-up cycle in FY07, but there was no activity created for it in COP 08. Its PHE tracking number was assigned later. Therefore, it is labeled as a "new" activity, but in reality it is continuing from FY07.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 3574.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 8595.23760.09

Planned Funds: $251,005

Activity System ID: 23760

Activity Narrative: Since 2006, a total of 2,011 children were enrolled in in care and treatment services in 22 districts with 25 service outlets supported by EGPAF. Of those children, 629 had initiated ART. EGPAF will continue to support pediatric care and support services in 59 sites in 34 districts in 4 provinces. EGPAF expects to enroll a total of 4,834 children into HIV care and train 80 health staff.

With PEPFAR funds, EGPAF will change its implementation approach from direct technical and financial support based on specific requests to providing funding to the national health system at the provincial and district levels through subagreements. EGPAF believes provincial and district level health authorities are equal partners in the planning, implementation, and evaluation of service delivery. To strengthen overall functioning of the health system, it is imperative that MOH counterparts are fully engaged and empowered to identify needs and resources to improve quality of care and health outcomes. In an effort to improve the management of service delivery and improve efficiency and sustainability, EGPAF will work closely with the provincial and district level health authorities to develop workplans and budgets based on identified gaps and needs and provide adeqaute resources and technical assistance to achieve results, particularly preventing new pediatric HIV infections and increasing enrollment of pediatric patients in treatment. Therefore,the majority of pediatric care activities will be implemented through subagreements with the DPS and/or DDSMAS.

Increasing access to care for HIV exposed and infected infants is inextricably tied to the optimal functioning of PMTCT, CCR and basic child health services. Pregnant women are routinely counseled and tested for HIV in ANC and labor and delivery and HIV exposed children receive follow up care in post natal care and are referred to CCR. Efforts are being made to implement provider-initiated counseling and testing (PITC) in pediatric wards and at other points of entry into the health facility which has resulted in an increased number of HIV-positive children identified. Once identified, these children are enrolled in care. Efforts are then made to ensure the children are screened and staged, and that eligible children are promptly initiated on ART, following national guidelines.

According to the new pediatric treatment guidelines, each child below 1 year of age with confirmed HIV infection will initiate ART regardless of CD4 count. This provides an opportunity for MCH nurses to provide pre-ART counseling and communicate PCR results during post-natal care and CCR. Given that treatment will be initiated early, through support to both PMTCT and ART programs, EGPAF will strengthen linkages between services to ensure children receive adequate follow up care. Specifically, EGPAF will designate one lay counselor per site to provide counseling of children/caregivers and to reinforce linkages along the continuum of care from point of entry to treatment. Currently, the average turnaround time for PCR results is 8-10 weeks. EGPAF will continue to actively participate in the PCR working group which is tasked with revising the PCR manual to improve the logistic component of PCR sample/results and to adapt the counseling for caregivers accordingly. In addition, EGPAF will continue to provide transport support for the collection and return of DBS-PCR and CD4 count samples.

Management of opportunistic infections, counseling and psychosocial support are integral components of a comprehensive approach to caring for HIV-infected children. To ensure that health staff is well-equipped to provide quality palliative care to children, EGPAF will support formal refresher trainings in OI prevention, diagnosis and treatment for health staff and ensure that children promptly initiate ART. Further training on IMCI/HIV/AIDS, early infant diagnosis and DNA-PCR will be provided. Classroom trainings will be reinforced through regular on the job training, supervision and mentoring. At the provincial, district and facility level, EGPAF will place strong emphasis on building capacity of health staff in the treatment of malnutrition in children and TB screening in pediatric patients at each entry point. While pediatric ART services are only available at the district level, EGPAF will support the decentralization of certain aspects of care, including management of severe malnutrition, prevention and diagnosis of OIs and IMCI to peripheral sites through training of health facility staff, strengthening of referral networks and ongoing supervision.

Enhancing the family's coping strategies in dealing with the child's illness including, increasing knowledge of HIV and adherence and disclosure of the child's status to other family members, are important aspects of pediatric care and support. However, often children and families do not have access to support that is tailored to their developmental needs. In an effort to create the physical and emotional space conducive to providing adequate care for children, EGPAF will provide support to districts to establish child friendly corners in health facilities where children can engage with their families and other children. To address the specific psychosocial needs of children, EGPAF will facilitate the creation of child support groups at each health facility and organize ARIEL camps for HIV infected children and their caregivers. Through the camps and support groups children receive HIV, adherence and positive living education tailored to their developmental stage, individual and groups counseling and participate in recreational activities designed to foster communication, self-expression and sharing of strategies for living with a chronic illness .

Loss to follow-up, particularly of HIV exposed children continues to be a major challenge to ensuring children living with HIV are enrolled in and retained in care. To address this, EGPAF will identify and train at least one lay counselor and peer educator based at each health facility to focus exclusively on the counseling and active tracing of children and their caregivers who have abandoned care and/or treatment.

EGPAF will strengthen linkages between existing OVC care and support programs and clinical care, particularly in Gaza Province. Working through community-based organizations and other partners with programs targeting OVC and their families, EGPAF will ensure that OVC have access not only to HIV care and treatment as needed, but are also referred to psychosocial support and food and economic assistance, where possible.

At the national level, in collaboration with the MOH and other partners, EGPAF will support the pediatric psycho-social support workshop to share lessons learned and provide updates on achievements and challenges in the implementation of the national curriculum on pediatric counseling and adherence. EGPAF will also continue to participate in different MOH level working groups focus on pediatric HIV care and treatment. Specifically staff will contribute to the working group and roll out of EID, the working group on pediatric TB.

Activity Narrative: In PY4, EGPAF collaborated with PSI to ensure access to LLIN and Certeza for children enrolled in HIV care and treatment. EGPAF will seek continued collaboration with this PEPFAR partner to be able to continue to provide these measures to prevent malaria and diarrhea in HIV infected children and expand access into other provinces if possible.

Monitoring and evaluation:
The computer based patient tracking system (PTS) will be expanded to 17 districts. This PTS facilitates the monitoring of quality of care provided to patients, including children, in care and on ART, and provides important information regarding the monitoring and retention of children in care, treatment adherence, and occurrences of OIs.

In the EGPAF supported QA program indicators related to quality of pediatric care, including TB-screening of HIV-infected children and the provision of OI prophylaxis, will be included. EGPAF staff will work with health staff to identify and address barriers to providing quality care services and reduce the number of HIV exposed and infected children in care lost to follow up.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12964

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12964	8595.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6352	3574.08	Track 1 ARV Moz Supplement	$350,000
8595	8595.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4869	3574.07	Track 1 ARV Moz Supplement	$1,004,591

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $73,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $10,641

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 10419.09 **Mechanism:** USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 29838.09

Planned Funds: $46,188

Activity System ID: 29838

Activity Narrative: NEW ACTIVITY

This new activity will allow FHI to provide support in the following areas: exposed infant follow-up and care and support of HIV-infected children.

Integration of exposed infant follow-up and timely identification of HIV-infected infants:

The timely initiation of ART in HIV-infected children, preferably before six months of age, has clearly been demonstrated to improve quality of life and to reduce morbidity and mortality. The national treatment guidelines for children are currently being revised in accordance with WHO recommendations to incorporate the initiation of ART for all HIV+ children under one year of age and for children exposed to nevirapine through PMTCT or maternal treatment.

In Mozambique, HIV-exposed infants are followed at high risk consultation clinics (CCR). The CCR provides care services for all high risk children (very low weight children, in treatment for TB, etc), including HIV exposed children. The care services include growth and development monitoring, provision of PlumpyNut for HIV infected children who have weight for height ratio < 80% of the median and provision of cotrimoxazole for all HIV exposed and infected children following national guidelines.

These clinics are critical points of entry for early identification of HIV in infants through routine clinical and growth and development monitoring and HIV testing for HIV exposed infants. HIV exposed infants are referred from PMTCT services to CCRs. The referral is still weak and there is limited data on how pediatric care services are provided at CCR and how they are linked with ARV services. There is currently no standardized system for identifying HIV-exposure or infection status of children coming for immunization or for curative outpatient services. This, combined with slow implementation and expansion of early infant diagnosis (EID) through PCR dry blood spots (DBS), due in part to a complex and challenging logistics system and low human resource capacity, has hindered timely identification of HIV infected infants and their referral for treatment.

FHI in partnership with local health authorities (i.e. DPS/DDS), will support health facilities to strengthen the quality of HIV-exposed infant follow-up at CCRs, as well as to integrate identification and follow-up of HIV-exposed infants in all pediatric settings, including immunization/well-baby clinics, nutritional centers, outpatient and inpatient settings, and other points of entry for identification of exposed infants. FHI will support the DPS and DDS to implement universal use of the updated childhood growth and immunization card that now includes PMTCT information (mother HIV status, ARV prophylaxis or ART). This will facilitate health providers in different settings to identify HIV exposure among infants and to provide appropriate services and referrals. In addition, FHI will work with the DDS and MISAU to orient health staff and to implement the new flow chart and algorithm currently being developed by the National PMTCT and Child Health technical working groups. This tool helps to link the HIV exposed and infected infant into care and treatment through referral from PMTCT, immunizations and well child clinic.

Early Infant Diagnosis (EID) is a priority for the Ministry of Health. In order to improve the DNA PCR DBS logistics the partner will support the DPS and DDS to establish a functional logistics system for the process of samples collection, transportation and returning of results and also support a focal person for the province to coordinate the logistics for these samples to be processed in a timely manner. In addition, it will ensure orientation and implementation on all nationally-developed EID tools, including training tools, consumption tracking tools and other tools for tracking EID testing that are developed during FY 08.

Support the DPS and DDS to provide enhanced training in line with national training protocols on exposed infant follow-up and pediatric care, including growth and development monitoring and provision of cotrimoxazole preventive therapy for HIV-exposed infants, referrals and linkages with ART clinics and community-based social support services, HIV testing of suspected infants and children, and family based testing of children, and management of opportunistic infections among children and infants infected with HIV.

In addition to identification of exposed infants through different entry points, the partner will provide support to facilities and districts to strengthen clinical diagnostic testing of children and infants and to integrate a family based approach of HIV testing into care and treatment settings.

Almost 100% of pediatric cotrimoxazole needs and a portion of the priority OI drugs for pediatrics are being donated by the Clinton Foundation/CHAI through UNITAID. SCMS will support other OI drug needs. FHI will coordinate with the provincial pharmaceutical logistics and the laboratory advisors in the province to ensure a continuous supply of basic commodities, in particular cotrimoxazole, at district and facility levels.

Provide significant support and TA to the DPS and DDS for implementation of activities, with eventual graduation of sites to full DDS support. Will also subcontract and support the DDS/DPS to conduct integrated supervision of clinical services and the network model; monitoring and evaluation, in particular analysis of facility level data for monitoring performance of individual sites, districts and provinces; financial planning and budgeting; and annual workplanning and quarterly monitoring of implementation of activities. Work with the DPS to strengthen existing supervision tools to ensure the most recent technical updates of the national program have been incorporated. This will be done in a harmonized fashion with support from the MOH to ensure the use of standardized tools for supervision. The contracting mechanisms will include key indicators for performance monitoring of DPS and DDS activities.

In addition, FHI will work with provincial clinical mentor advisors to ensure that PMTCT services are integrated into clinical mentoring activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 10811.09

Mechanism: TBD RFA Sofala, Manica, Tete, Niassa Community & Clinical Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 26519.09

Planned Funds: [redacted]

Activity System ID: 26519

Activity Narrative: NEW ACTIVITY

The Sofala, Manica, Tete & Niassa Community and Clinical Services RFA will support the USG and the Ministry of Health's prioritization of pediatric HIV care and treatment services in FY09. Partner(s) awarded through this RFA will strengthen health systems to decrease HIV-related morbidity and mortality and improve overall child well-being in the four targeted provinces.

RFA partners will support the provision of a preventive care package at all ART sites in 4 provinces (96 sites) and 195 PMTCT sites. This includes clinical monitoring; access to early infant diagnosis; cotrimoxazole prophylaxis; prevention, diagnosis and treatment of OIs; infant feeding counseling and support; pain management at facility level through on-the-job training and supportive supervision. Treated bed net distribution (LLINs), chemicals for water treatment and food support will be provided at community level through CBOs working on OVC programs. LLINs will be provided through coordination with the PMI program and Global Fund.

The activities below are described in two components: exposed infant follow-up and care and support of HIV-infected children.

Integration of exposed infant follow-up and timely identification of HIV-infected infants:

The timely initiation of ART in HIV-infected children, preferably before six months of age, has clearly been demonstrated to improve quality of life and to reduce morbidity and mortality. The national treatment guidelines for children are currently be revised in accordance with WHO recommendations to incorporate the initiation of ART for all HIV+ children under one year of age and for children exposed to nevirapine through PMTCT or maternal treatment.

In Mozambique, HIV-exposed infants are followed at high risk consultation clinics (CCR). The CCR provides care services for all high risk children (very low weight children, in treatment for TB, etc), including HIV exposed children. The care services include growth and development monitoring, provision of PlumpyNut for HIV infected children who have weight for height ratio < 80% of the median and provision of cotrimoxazole for all HIV exposed and infected children following national guidelines.

These clinics are critical points of entry for early identification of HIV in infants through routine clinical and growth and development monitoring and HIV testing for HIV exposed infants. HIV exposed infants are referred from PMTCT services to CCRs. The referral is still weak and there is limited data on how pediatric care services are provided at CCR and how they are linked with ARV services. There is currently no standardized system for identifying HIV-exposure or infection status of children coming for immunization or for curative outpatient services. This, combined with slow implementation and expansion of early infant diagnosis (EID) through PCR dry blood spots (DBS), due in part to a complex and challenging logistics system and low human resource capacity, has hindered timely identification of HIV infected infants and their referral for treatment.

Selected partner(s), in partnership with local health authorities (i.e. DPS/DDS), will support health facilities to strengthen the quality of HIV-exposed infant follow-up at CCRs, as well as to integrate identification and follow-up of HIV-exposed infants in all pediatric settings, including immunization/well-baby clinics, nutritional centers, outpatient and inpatient settings, and other points of entry for identification of exposed infants. Partners will support the DPS and DDS to implement universal use of the updated childhood growth and immunization card that now includes PMTCT information (mother HIV status, ARV prophylaxis or ART). This will facilitate health providers in different settings to identify HIV exposure among infants and to provide appropriate services and referrals. In addition, RFA partners will work with the DDS and MISAU to orient health staff and to implement the new flow chart and algorithm currently being developed by the National PMTCT and Child Health technical working groups. This tool helps to link the HIV exposed and infected infant into care and treatment through referral from PMTCT, immunizations and well child clinic.

Early Infant Diagnosis (EID) is a priority for the Ministry of Health. In order to improve the DNA PCR DBS logistics the RFA partners will support the DPS and DDS to establish a functional logistics system for the process of samples collection, transportation and returning of results. Selected partner(s) will support a focal person for each province to coordinate the logistics for these samples to be processed in a timely manner. In addition, RFA partners will ensure orientation and implementation on all nationally-developed EID tools, including training tools, consumption tracking tools and other tools for tracking EID testing that are developed during FY 08.

RFA partners will support the DPS and DDS to provide enhanced training in line with national training protocols on exposed infant follow-up and pediatric care, including growth and development monitoring and provision of cotrimoxazole preventive therapy for HIV-exposed infants, referrals and linkages with ART clinics and community-based social support services, HIV testing of suspected infants and children, and family based testing of children, and management of opportunistic infections among children and infants infected with HIV.

In addition to identification of exposed infants through different entry points, RFA Partners will provide support to facilities and districts to strengthen clinical diagnostic testing of children and infants, and to integrate a family based approach of HIV testing into care and treatment settings.

Almost 100% of pediatric cotrimoxazole needs and a portion of the priority OI drugs for pediatrics are being donated by the Clinton Foundation/CHAI through UNITAID. SCMS will support other OI drug needs. RFA partners will coordinate with the provincial pharmaceutical logistics and the laboratory advisors in their provinces to ensure a continuous supply of basic commodities, in particular cotrimoxazole, at district and facility levels.

During FY 09, USG is increasing its efforts in overall systems strengthening, supporting decentralization of

Activity Narrative: activities, and sustainability planning. RFA partners will provide significant support and TA to the DPS and DDS for implementation of activities, with eventual graduation of sites to full DDS support. RFA partners will subcontract and support the DDS/DPS to conduct integrated supervision of clinical services and the network model; monitoring and evaluation, in particular analysis of facility level data for monitoring performance of individual sites, districts and provinces; financial planning and budgeting; and annual workplanning and quarterly monitoring of implementation of activities. RFA partners will work with the DPS to strengthen existing supervision tools to ensure the most recent technical updates of the national program have been incorporated. This will be done in a harmonized fashion with support from the MOH to ensure the use of standardized tools for supervision. The contracting mechanisms will include key indicators for performance monitoring of DPS and DDS activities.
In addition, RFA partners will work with provincial clinical mentor advisors to ensure that PMTCT services are integrated into clinical mentoring activities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: $7,486,036

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 10811.09
Mechanism: TBD RFA Sofala, Manica, Tete, Niassa Community & Clinical Services
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 26523.09
Planned Funds: [redacted]
Activity System ID: 26523

Activity Narrative: NEW ACTIVITY
The Sofala, Manica, Tete & Niassa Community and Clinical Services RFA will support the USG and the Ministry of Health's prioritization of pediatric HIV care and treatment services in FY09. Partner(s) awarded through this RFA will strengthen health systems to decrease HIV-related morbidity and mortality and improve overall child well-being in the four targeted provinces. These partners will extend pediatric ART to all existing USG-supported sites currently providing ART in the four provinces (i.e. 96 sites), with the objective of having 10% of all current ART patients being under the age of 15 (i.e. 4,757 children on ART) by the end of FY09. This scale-up of pediatric ART will be reinforced through concomitant improvements in the quality of pediatric HIV service delivery.

The timely initiation of ART in HIV-infected children, preferably before six months of age, has clearly been demonstrated to improve quality of life and to reduce morbidity and mortality. The national treatment guidelines for children are currently be revised in accordance with WHO recommendations to incorporate the initiation of ART for all HIV+ children under one year of age and for children exposed to nevirapine through PMTCT or maternal treatment. Selected partner(s), in partnership with local health authorities (i.e. DPS/DDS), will support local clinicians to implement these guidelines through dissemination of revised guidelines, trainings, on-site mentoring, and supportive supervision. Selected partner(s) will also support local healthcare providers to establish identification systems for exposed and infected children, including through the use of the IMCI algorithm. The introduction of early infant diagnosis through blood spot/DNA PCR technology in Beira will also promote timely initiation of ART. Selected partner(s) will support a focal person for each province to coordinate the logistics for these samples to be processed in a timely manner. Other laboratory services to support pediatric ART clients will be strengthened through the provision of equipment and the training of staff.

Selected partner(s) will also support psychosocial and adherence services specifically tailored to this target group. Parents of younger children on ART will be supported through counseling and the production of low-literacy materials to administer ART, particularly the more complicated syrups. Older ART patients will be assisted to accept and disclose their status. Likewise, adolescents will receive Positive Prevention (PP) messages specifically targeted for their age group.

Selected partner(s) will support patient tracking systems to ensure pediatric patient follow-up and retention of children on ART. These systems will also assist the identification of children of adults enrolled in HIV care and treatment to come forward for testing and care. These partner(s) will also participate in the national pediatric HIV program evaluation to help identify best practices and key indicators for pediatric ART.

Partner(s) awarded through this RFA will work with the DPS/DDS to link pediatric ART services to other HIV and child welfare services. Linkages with PMTCT services, EPI services and well-child clinics will be strengthened to reduce drop outs and missed opportunities. RFA awardee(s) will support government partners to strengthen the links with maternal and child health programs and the child at risk clinics (CCR) through staff training and the introduction of job aides/algorithms. Linkages between pediatric ART sites will also be strengthened with community partners providing relevant child support services including educational support, housing, HBC and legal support (e.g. obtaining birth certificates). Lastly, children enrolled in ART will benefit from a minimum package of health services including insecticide treated nets (ITN), sprinkles for water purification and nutritional support.

As with all aspects of this RFA, the primary emphasis of partner intervention will be placed on building the capacity of provincial and district health authorities to support the integration of pediatric ART into the district model of care. Selected partner(s) will build the capacity of local clinicians in pediatric ART through the dissemination of guidelines, on-site mentoring, formative supervision, and the development of relevant job aides and IEC materials. Selected partner(s) will provide specific training modules on pediatric ART for lower level clinicians such as Tecnicos de Medicina. Activistas (HIV+ community support personnel attached to health facilities) will also be supported to provide basic care to pediatric ART patients and to educate parents on the importance of their children's treatment. Technical support will also be provided to DPS and DDS to reinforce pediatric-specific aspects of care including the laboratory, pharmacy and commodity management.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3650.09
Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 26535.09
Planned Funds: $100,000
Activity System ID: 26535
Activity Narrative: NEW ACTIVITY

Pediatric care and treatment is a major focus area of the Government of Mozambique, including expansion of pediatric HIV diagnostic testing such as EID, CD4 testing for HIV-infected infants and other pediatric services.

Since FY 07, SCMS has been the lead procurement agent for the majority of HIV-related commodities for USG and USG partners, including ARVs, rapid test kits (RTKs), and OI and other palliative care medicines. Procurement of lab reagents and equipment was transferred to SCMS's responsibility from APHL in FY 08.

FY 09 funds will be used to procure EID DBS PCR testing equipment and other laboratory consumables specific for pediatric uses such as pipettes, EDTA tubes and other blood collection tubes. DBS PCR reagents are 100% supported by Clinton Foundation/CHAI.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 12245.09
Mechanism: MCHIP Follow-on
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 29837.09
Planned Funds: [redacted]
Activity System ID: 29837

Activity Narrative: Integration of HIV/AIDS services in maternal child health program. This activity was planned for TB/BASIC3 and will be implemented as a follow-on MCHIP as a central activity to provide TA to MISAU.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 10419.09

Mechanism: USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 29839.09

Planned Funds: $337,951

Activity System ID: 29839

Activity Narrative: NEW ACTIVITY

This new activity will allow FHI to support the USG and the Ministry of Health's prioritization of pediatric HIV care and treatment services in FY09. Partner will strengthen health systems to decrease HIV-related morbidity and mortality and improve overall child well-being in the four targeted provinces. FHI will extend pediatric ART to all existing USG-supported sites currently providing ART in province of Niassa, with the objective of having 10% of all current ART patients being under the age of 15 (i.e. 4,757 children on ART) by the end of FY09. This scale-up of pediatric ART will be reinforced through concomitant improvements in the quality of pediatric HIV service delivery.

The timely initiation of ART in HIV-infected children, preferably before six months of age, has clearly been demonstrated to improve quality of life and to reduce morbidity and mortality. The national treatment guidelines for children are currently be revised in accordance with WHO recommendations to incorporate the initiation of ART for all HIV+ children under one year of age and for children exposed to nevirapine through PMTCT or maternal treatment. The partner in partnership with local health authorities (i.e. DPS/DDS), will support local clinicians to implement these guidelines through dissemination of revised guidelines, trainings, on-site mentoring, and supportive supervision. This partner will also support local healthcare providers to establish identification systems for exposed and infected children, including through the use of the IMCI algorithm. IT will also support a focal person in the province to coordinate the logistics for these samples to be processed in a timely manner. Other laboratory services to support pediatric ART clients will be strengthened through the provision of equipment and the training of staff.

Support psychosocial and adherence services specifically tailored to this target group. Parents of younger children on ART will be supported through counseling and the production of low-literacy materials to administer ART, particularly the more complicated syrups. Older ART patients will be assisted to accept and disclose their status. Likewise, adolescents will receive Positive Prevention (PP) messages specifically targeted for their age group.

Support patient tracking systems to ensure pediatric patient follow-up and retention of children on ART. These systems will also assist the identification of children of adults enrolled in HIV care and treatment to come forward for testing and care. FHI will also participate in the national pediatric HIV program evaluation to help identify best practices and key indicators for pediatric ART.

FHI will work with the DPS/DDS to link pediatric ART services to other HIV and child welfare services. Linkages with PMTCT services, EPI services and well-child clinics will be strengthened to reduce drop outs and missed opportunities. Support government partners to strengthen the links with maternal and child health programs and the child at risk clinics (CCR) through staff training and the introduction of job aides/algorithms. Linkages between pediatric ART sites will also be strengthened with community partners providing relevant child support services including educational support, housing, HBC and legal support (e.g. obtaining birth certificates). Lastly, children enrolled in ART will benefit from a minimum package of health services including insecticide treated nets (ITN), sprinkles for water purification and nutritional support.

The primary emphasis of partner intervention will be placed on building the capacity of provincial and district health authorities to support the integration of pediatric ART into the district model of care. Build the capacity of local clinicians in pediatric ART through the dissemination of guidelines, on-site mentoring, formative supervision, and the development of relevant job aides and IEC materials. Provide specific training modules on pediatric ART for lower level clinicians such as Tecnicos de Medicina. Activistas (HIV+ community support personnel attached to health facilities) will also be supported to provide basic care to pediatric ART patients and to educate parents on the importance of their children's treatment. Technical support will also be provided to DPS and DDS to reinforce pediatric-specific aspects of care including the laboratory, pharmacy and commodity management

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 11932.09
Mechanism: GHAI_CDC_HQ_PHE_CU_09
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 29229.09
Planned Funds: $166,078
Activity System ID: 29229
Activity Narrative: Approved FY 09 PHE. Title: "Evaluation of a symptom based flowchart for tuberculosis diagnosis in children in Mozambique."
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Estimated amount of funding that is planned for Public Health Evaluation	$166,078
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3574.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 5182.23763.09
Planned Funds: $1,764,442
Activity System ID: 23763

Activity Narrative: April09 Reprogramming: Increased $37,752.

This is a continuing activity.

Since 2006, a total of 2,011 children were enrolled in care and treatment services in 22 districts with 25 service outlets supported by EGPAF. Of those children, 629 had initiated ART of which 86.5% were retained in care. During the 4th year of Project HEART (Help Expand Anti-Retroviral Therapy for Children and Families) implementation in Mozambique, EGPAF will continue to support pediatric treatment services in 59 sites in 34 districts in 4 provinces. EGPAF plans to enroll a total of 1,150 children in ART and train 138 health staff in pediatric ART in FY09.

With PEPFAR funds, EGPAF will change its approach from direct technical and financial support based on specific requests to providing funding to the national health system at the provincial and district level through subagreements. EGPAF believes provincial and district level health authorities are equal partners in the planning, implementation, and evaluation of service delivery. To strengthen overall functioning of the health system, it is imperative that MOH counterparts are fully engaged and empowered to identify needs and resources to improve quality of care and health outcomes. In an effort to improve the management of service delivery and improves efficiency and sustainability, EGPAF will work closely with the provincial and district level health authorities to develop workplans and budgets to identify gaps and needs and provide adeqaute resources and tehcnical assistance to acheive results, particularly preventing new HIV infections and increasing enrollment of patients in treatment. Therefore, some pediatric treatment activities will be implemented through subagreements with the DPS and/or DPS.

To increase access to pediatric treatment EGPAF will support similar activities for adult treatment with a strong focus on improving early identification of HIV infection in children, building the capacity of health staff to provide pediatric treatment, ensuring provider initiated counseling and testing at each entry point to enhance the identification of infants and children in need of ART and improving linkages between PMTCT and Care & Treatment services. Specifically, EGPAF will support formal trainings in various areas including, EID, PITC, pediatric ART, pediatric counseling and adherence support, counseling on nutrition and HIV and screening and treatment of malnutrition, including the use of ready to use therapeutic food (RUTF). Roll-out of IMCI with HIV/AIDS component including training of health staff at the provincial and district level is planned as well as the training of tecnicos de medicina in pediatric ART followed by mentoring at EGPAF supported sites.

To complement these basic trainings, EGPAF technical staff will provide on the job training, supervision and mentoring at the provincial and district level which will include follow up and support in the implementation of revised pediatric care and treatment guidelines as needed. To facilitate sharing of experiences and continuous training on pediatric HIV management, EGPAF will organize 2-week rotations for clinicians based in the districts to perform clinical rounds and receive on the job training at Hospital do Dia in the Central Hospital of Maputo or at Chamanculo.

Through continued support to pediatric HIV care and treatment services at General Hospital of Machava EGPAF will launch a training program/learning center for health staff (i.e. tecnicos de medicina, agents de medicina, MCH nurses) initially from selected districts supported by EGPAF to gain hands-on experience in pediatric care and treatment and upgrade their skills and increase confidence in treating HIV-infected children. To lead this initiative and provide support for pediatric treatment at Machava EGPAF has seconded a pediatrician from the Baylor Center of Excellence.

EGPAF has provided districts with an electronic patient tracking system (PTS) and supports data entry clerks. This will be expanded to an additional 8 districts. EGPAF will also work with district and their data entry staff to improve their skills in analysis, interpretation and use of available data for performance assessment and improving capacity for monitoring and evaluation at the district level. The PTS facilitates the monitoring of quality of care provided to patients, including children, in care and on ART. At global program level, data will be used for basic evaluation of pediatric care and treatmen programs.

EGPAF/Mozambique continues to collaborate with HIVQUAL and JSI on implementing a capacity building model for quality improvement, designed to improve care and treatment for people living with HIV. Quality of care in clinical settings is measured by defining core indicators based on national guidelines; abstracting charts from a randomized sample of patients; and using performance data to identify with health staff quality improvement interventions and to identify priorities and strategies followed by monitoring progress over time. This program will be expanded to include pediatric HIV quality of care indicators. this QA program wil be expanaed into 8 additional sites. in any other sites not specifically targeted with the HIVQual QA program, chart reviews will be conducted during routine supervision and provide the basis for the identification of quality of care issues, discussions with staff on challenges and recommendations for the site as a continuous process of quality improvement.

In the 3rd year of project HEART EGPAF will continue to implement a study, funded with FY08 PHE monies, of the barriers to pediatric HIV care and treatment for HIV exposed and infected infants and children. EGPAF will work with the supported provinces and districts to define strategies addressing the barriers identified in this study. The results of this study will be shared with the MOH and other partners to inform policy changes on access to pediatric care and treatment.

Faced with limited resources, health facilities in rural areas often do not have the appropriate equipment and supplies required to treat children. Therefore, EGPAF will assist with the procurement of outpatient/ inpatient medical equipment suitable for children, including pill boxes, scales, examination tables, etc. - provincial pediatric care meetings.

EGPAF has established partnerships with local CBOs and recruited peer educators and lay counselors to provide psychosocial services for patients in care and on ART, including active tracing of defaulting patients. EGPAF will work with facilities to improve the identification of defaulting patients by improving filing

Activity Narrative: system and monitoring of planned consultations taking place, to ensure that defaulting patients care rapidly be tracked and recuperated through the collaboration with local CBOs. Lay counselors will be trained specifically in adherence counseling and psychosocial support for children and their caregivers.

EGPAF will continue to partner with local community-based organizations in the four provinces to increase the community´s ability to prevent HIV transmission, increase the use of health services with a particular focus on prevention and treatment of pediatric infection and to provide psychosocial and nutrition support to HIV+ children and their families in EGPAF supported districts. With regards to pediatric treatment, CBO activities focus on the the creation of supports groups for HIV-infected and affected children and their caregivers with the intent to support and improve treatment adherence and conduct active tracing of defaulters.

With regards to nutrition, CBOs will be supported and trained to identify malnourished children in communities and refer them to health services for treatment or supplementation (according to the diagnosis). In line with the roll out of community based treatment for severely malnourished children without complications, which is currently undertaken by the Ministry of Health, CBOs will also be capacitated to be involved in the follow-up of children receiving this community based treatment in between their regular consultations in the health facility, and active tracing where needed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12966

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12966	5182.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6352	3574.08	Track 1 ARV Moz Supplement	$7,250,000
8593	5182.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4869	3574.07	Track 1 ARV Moz Supplement	$5,934,660
5182	5182.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	3574	3574.06	Track 1 ARV Moz Supplement	$2,905,600

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $150,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Estimated amount of funding that is planned for Water $50,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3529.09
Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 15790.24476.09
Planned Funds: $97,070
Activity System ID: 24476
Activity Narrative: This is a continuing activity.

CDC in collaboration with the MoH will conduct a program assessment ($30,000) of the current practices of the high-risk child consultation clinics (CCR) in providing pediatric care services for HIV- exposed infants at selected sites in Mozambique. The evaluation will determine how pediatric care services are provided at the CCR's with respect to provision of cotrimoxazole prophylaxis, the cycle involved in DNA PCR DBS testing, referral processes and retention in care, as well as asses how linkages with of HIV services with PMTCT and other child heath programs (immunizations, well child clinics.) are working.The results will be used to identify existing limitations and constartints to optimal functioning of the CCR, identify practices that are working and aid the MOH in strengthening the CCR. The outcome of the assessment will be to develop practical interventions and solutions so as to maximize all the entry points for HIV diagnosis, care and treatment, improve retention of children in care and increase the number of children enrolled into ARV treatment. The estimated budget, will be used for: Field work, training, supervision visits, printing of data collection tools, data analysis and reporting.

Salary staff ($47,070) and professional training ($20,000): These funds will be used to support the salary for a Pediatric Treatment Advisor who is responsible for supervsion, managament of all pediatric care and treatment activities as well as provide technical support to MOH and implementing partners in this area. Aditionally, these funds will support short-term training for the Pediatric Treatment Advisor, on pediatric HIV-related issues and public health evaluations to help her better support MoH personnel and partners in pediatric HIV/AIDS program.

New/Continuing Activity: Continuing Activity
Continuing Activity: 15790

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15790	15790.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$0

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3586.09
Mechanism: HRSA IAA
Prime Partner: New York AIDS Institute
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 23593.09
Planned Funds: $75,000
Activity System ID: 23593

Activity Narrative: Pediatric HIVQUAL
New activity

This activity will build on the ongoing quality improvement programs that were implemented starting in FY06 through HIVQUAL. The goal of HIVQUAL-MZ is to allow individual health care providers to engage in a participatory process of quality improvement based on evidence and data collected locally by their own teams. Using the HIVQUAL model, Health Units, Districts, Provinces, and the MoH at the central level gauge the quality of the health services provided to HIV-infected persons using indicators based on national guidelines, and propose feasible and sustainable strategies to improve the quality through implementing established standards of care and treatment.

Established indicators measured through HIVQUAL-MZ determine the level of continuity of care, access to antiretroviral therapy, CD4 monitoring, TB screening, prevention education, cotrimoxazole prophylaxis, adherence assessment, and post-exposure prophylaxis (PEP) implementation. The specific focus of this activity is at the clinic level, adapting the methods of quality improvement to each facility's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each clinic is used, and measures the growth of quality management activities as well as guides the coaching interventions. Facility-specific data that are aggregated provide population-level performance data that indicate priorities for national quality improvement activities and campaigns.

From FY06 to FY08 HIVQUAL focused on adult care and treatment. A pediatric component will be added to the adult version to be able to regularly measure the quality of pediatric services being provided. CDC and the Ministry of Health will develop a model for national evaluation of HIV care and treatment in children under 15 years. The main objective is to build capacity to support clinical data collection and analysis at the clinical level, linking these activities to building systems that improve quality of care and treatment of HIV positive children. This quality improvement activity will complement the adult HIVQUAL, started in 2006 with the first round of data collection being completed early 2008.
The key indicators to be developed for this evaluation will be guided by findings that will come out of the ongoing national Pediatric ART program evaluation.

Using FY 2009 funds, HIVQUAL-MZ activities will expand to include pediatrics quality improvement measures as follows: a) in collaboration with MOH and other stakeholders, select performance indicators for pediatric care and treatment b) engage and select pilot sites with the partner agencies, c) conduct site visits with organizational assessments, d) establishs designs and implement Quality Improvement projects aiming to improve service delivery at health facilities; e)update data collection every six months.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3640.09 **Mechanism:** TBD Cooperative Agreement

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Treatment: Pediatric Treatment

Budget Code: PDTX **Program Budget Code:** 11

Activity ID: 8547.23837.09 **Planned Funds:** [redacted]

Activity System ID: 23837

Activity Narrative: THIS IS A NEW ACTIVITY

Until October 2008, Early Infant Diagnosis (EID) capacity was limited to a single reference laboratory (INS) in the capital city of Maputo, in the southernmost region of the country. Testing capacity was expanded in October 2008, when a second laboratory in the Northern region of the country was opened. Dried Blood Spot specimens from every Province in the country are referred to one or the other of these laboratories for testing. As a result, long delays often occur in getting test results back to health facilities for communication to patients and follow up. To improve the timeliness and access to EID, FY09 funds will support expansion of EID to an additional laboratory in the Central region of the country. FY09 funding to TBD-Brazilian Partner will support a laboratory mentor for the new laboratory for one year. This laboratorian, with expertise in DNA PCR and specimen management will support Mozambican laboratory technicians who will be trained to perform testing. Mentor will ensure good laboratory practices are being followed, including use of SOPs and internal quality assurance. Mentor will also facilitate participation of the laboratory in the EQA program with INS. Mentor will monitor activities, identify problems, and seek solutions as needed. S/He will transfer skills and knowledge and build capacity in technical staff through on the job training and coaching.

New/Continuing Activity: New Activity

Continuing Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13208	8547.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	8784	8784.08		$1,047,000
8547	8547.07	HHS/Centers for Disease Control & Prevention	To Be Determined	4879	3640.07	TBD Cooperative Agreement	[redacted]

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 6124.09
Mechanism: CDC CARE INTL
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 15784.23654.09
Planned Funds: $232,858
Activity System ID: 23654

Activity Narrative: April09 Reprogramming: Increased $4,381.

CARE currently provides pediatric ARV treatment in 3 sites with 2 mobile clinics in Northern of Inhambane Province. Ongoing activity of follow up of about 330 children with HIV + of which 100 are on ARV treatment. Activity will be scaled up to include at least 10% of patients on ART to be of pediatric age group and expansion to Govuro District.

To increase access to pediatric treatment, CARE will focus on improving early identification of HIV infection in children, building the capacity of health staff to provide pediatric treatment, ensuring provider initiated counseling and testing at each entry point to enhance the identification of infants and children in need of ART and improving linkages between PMTCT and other child health programs with care & treatment services. CARE will support formal trainings in various areas including, EID, PITC, pediatric ART, pediatric counseling and adherence support, counseling on nutrition and HIV and screening and treatment of malnutrition, including the use of ready-to-use therapeutic food (RUTF). Training of health staff at the district level is planned as well as the training of tecnicos de medicina in pediatric ART followed by mentoring and supportive supervision at supported sites. To complement these basic trainings, CARE technical staff will provide on the job training, supervision and mentoring at the district level which will include follow up and support in the implementation of revised pediatric care and treatment guidelines as needed.

To improve PCR logistics, CARE will collaborate with the DPS and also liaise with a sister organization in Inhambane (ICAP) on modalities of ensuring transportation of samples and quick return of results to the sites.

CARE will provided districts with an electronic patient tracking system (PTS) and support data entry clerks. CARE technical staff will work with district and their data entry staff to improve their skills in analysis, interpretation and use of available data for performance assessment and improving capacity for monitoring and evaluation at the district level. The PTS facilitates the monitoring of quality of ARV services provided to patients. At global program level, data will be used for basic evaluation of pediatric care and treatmen programs.

CARE will collaborate with the MoH on HIVQUAL program. The main objective is to build capacity to support clinical data collection and analysis at the clinical level, linking these activities to building systems that improve quality of care and treatment of HIV positive children. Quality of care in clinical settings will be measured by defining core indicators based on findings that will come out of the on ongoing national Pediatric ART program evaluation; abstracting charts from a randomized sample of patients; and using performance data to identify with health staff quality improvement interventions and to identify priorities and strategies followed by monitoring progress over time.

Faced with limited resources, to provide quality of services, due the lack of appropriate equipment and supplies required to treat children, CARE will assist with the procurement of outpatient/ inpatient medical equipment suitable for children, including pill boxes, scales, examination tables, etc.

CARE will establish partnerships with local CBOs and recruited peer educators and lay counselors to provide psychosocial services for patients on ART, including active tracing of defaulting patients . CARE will work with facilities to improve the identification of defaulting patients by improving filing system and monitoring of planned consultations taking place, to ensure that defaulting patients care rapidly be tracked and recuperated through the collaboration with local CBOs. Lay counselors will be trained specifcialy in adherecne counseling and psychosocial support for children and their caregivers. Linkages with CBO activities will also focus on the the creation of supports groups for HIV infected and affected children and their caregivers with the intend to support and improve treatment adherence and conduct active tracing of defaulters.

For nutritional support, CBOs will be supported and trained to identify malnourished children in communities and refer them to health services for treatment or nutritional supplementation. CBOs will also be capacitated to be involved in the follow-up of children receiving this community based treatment in between their regular consultations in the health facility, and active tracing where needed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15784

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15784	15784.08	HHS/Centers for Disease Control & Prevention	CARE International	6414	6124.08	CDC CARE INTL	$663,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3570.09
Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 8580.23792.09
Planned Funds: $100,000
Activity System ID: 23792

Activity Narrative: This is a continuing activity.
In Mozambique, there are an estimated 1.6 million people living with HIV/AIDS. Of these, about 141,800 are children under 15 years and 44,700 were estimated to meet the criteria for ART eligibility in 2008. ARV treatment given to HIV-infected children improves the quality of life and reduces morbidity and mortality. Although ART for children has expanded from 22 sites in 2005 to 148 sites in September 2007, what represents 71% of all ART sites in the country, the national coverage of Pediatric ARV treatment remains very low. Currently from the total of 115,665 individuals on ART, 8,112 are children under 15 years, meaning a national coverage of only 7% of children on ART.

The Ministry of Health will use these funds to coordinate activities aimed to support the scale up of quality pediatric HIV care and treatment services. The following activities will be undertaken:
• Reproduction and dissemination of updated Pediatric HIV guidelines and job aids
• Training of health staff in the following areas: pediatric HIV care and ART service provision, nurse training in PCR, infant diagnosis, and monitoring and evaluation
• Coordinate with provincial health directorates in supervision of implementation of the HIVQUAL peds program to ensure the quality of all services for HIV exposed and infected children
• Revision, reproduction and dissemination of pediatrics HIV care and treatment M&E forms and site supervision tools
• Training of provincial program managers in the use of the revised M&E forms and supervision tools
• Provide on-job and refresher training to update providers on new ARV treatment guidelines for children
• Develop a mentoring plan to support pediatric HIV training and provide central level supervision of clinical mentoring activities for pediatric clinical services
• Develop a supervision plan to support pediatric HIV program
• Ensure that the appropriate amounts of commodities to prevent infections in HIV exposed and infected children are available: safe water vessels, water treatment tablets, ITN, cotrimoxazole, INH prophylaxis, HIV test kits, EID supplies and lab reagents, CD4% equipment and reagents, etc).

New/Continuing Activity: Continuing Activity
Continuing Activity: 13195

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13195	8580.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6408	3570.08	Cooperative Agreement	$335,000
8580	8580.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	$470,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3629.09
Mechanism: USAID-Health Alliance International-GHAI-Local
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 5229.24058.09
Planned Funds: $916,380
Activity System ID: 24058

Activity Narrative: April09 Reprogramming: Increased $916,380.

This is a continuing activity under COP08.

Health Alliance International will expand its reach within the 23 districts of Sofala and Manica provinces and begin to provide district-level support in the province of Tete this year. COP 08 is the year in which it is widely expected for the HAI model to hit its stride and provide the quantity of patients and the quality of services for which it has been working its way towards over the last several years. HAI will continue to strive to improve the capacity of the health system for those already infected with HIV and upgrade the laboratory testing capacity and the quality of services the laboratory offers a s means to support the referral system of samples and results. HAI's longstanding commitment to fully integrate HIV/AIDS services into a cohesive health network, provides support along the continuum of care and strengthen the capacity of provincial and district directorates of health to manage the HIV program will continue under COP08. In addition, HAI will provide approximately $500,000 in support of a scholarship program for laboratory technicians, pharmacists, medical technicians, as well as MCH and general nurses, eight classes in all, totaling approximately 240 students. Students will be chosen from districts, offered pre-service training, and returned to their district to work for at least two years in repayment of their scholarship; whilst waiting to be absorbed into the MOH system, HAI will provide salary support. HAI will also construct six facilities (2,500,000), twenty staff houses (800,000) and repair and renovate 18 service outlets (1,580,000). Finally, HAI will continue to work with a number of wrap-arounds including developing sustainable strategies to guarantee food security for PLWHA, the provision of SP to pregnant women, and collaborative work with PMI in the distribution of bed nets as well as TB-CAP to more effectively integrate tuberculosis and HIV care and treatment. Like other partners HAI will continue to foster linkages with the Child at Risk Consult (CCR) as well as treatment services. The referral system between PMTCT, treatment services, and the CCR will be the first line of approach, which has broad Governmental support. However, HAI is already exploring ways to reinforce testing and treatment linkages with vaccination campaigns, well baby visits, and weighing stations.

The activity narrative below from FY2007 has not been updated.

Health Alliance International implements HIV care and treatment activities in Mozambique in Manica and Sofala provinces. This is a continuing activity and is linked to palliative care and TB/HIV activities being implemented by HAI and its sub-grantees. These activities are described elsewhere in this document.

There are four main component to this activity, the first one being support to human resources development. HAI will provide technical and financial support pre and in-service training and mentorship of medical technicians, nurses, doctors, pharmacists and other health staff focusing on HIV care and treatment. This will be through use of existing training materials that have been developed by the MOH with donor and other partner support. Through this activity, HAI will contribute to the training of 216 health personnel in existing 18 sites; 240 trained in additional 30 sites; and 90 medical technicians, nurses, laboratory technicians and pharmacists.

The second component is infrastructure development that will involve, repair (11sites) renovation (11 sites) and construction (7) of health facilities for the provision of ART services. Included in this component is the construction of 2 health centres including two staff houses per health facility for Sofala province as part of the Emergency Plan’s focus on this high HIV burden province. Equipment and supplies such as computers and furniture will be procured and placed in the new sites. In total HAI plans to open 30 new treatment sites, most of which are small satellite sites surrounding larger day hospitals in Sofala and Manica Province at a cost of $550,000. This is addition to the 18 current sites. This support will result in 12, 500 receiving ART including 1250 children.

The third component of this activity is to provide quality supervision and support through mentorship of staff, improvement of the M&E system at site and provincial level by supporting staff training and procurement of computer equipment; in addition to provision of technical assistance and participation in regular planning and program monitoring meetings with the provincial Health Directors office. Maintain ongoing activities in 18 ART treatment sites and open an additional 30 treatment sites through provision of basic equipment and training (rehabilitation in 11 sites in addition to expansion of outpatient department, construction of new health centres and housing for staff.

The last component is to maintain and develop community linkages working with Community based organisations to strengthen adherence support at a cost of $380,000 and disseminate IEC materials related to HIV care and treatment.

Sofala Province is a focus province for emergency plan activities in FY07. HAI will implement the following as part of this focus activity: construct two health centres and 4 staff houses to improve staff retention, collaborate with ITECH and the catholic university in the same province, to provide pre-service training for 90 medical technicians, nurses and pharmacists and recruit technical advisors to work in the Provincial Health authority to support ART program implementation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15869

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15869	5229.08	U.S. Agency for International Development	Health Alliance International	7278	3629.08	USAID-Health Alliance International-GHAI-Local	$18,311,184
9164	5229.07	U.S. Agency for International Development	Health Alliance International	5041	3629.07	USAID-Health Alliance International-GHAI-Local	$9,714,320
5229	5229.06	U.S. Agency for International Development	Health Alliance International	3629	3629.06		$2,750,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3568.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 16276.23684.09
Planned Funds: $1,893,476
Activity System ID: 23684

Activity Narrative: April09 Reprogramming: Increased $121,242.

This is a continuing activity.

ICAP-MZ-Mozambique is committed to full and equitable access for HIV infected children into HIV care and treatment services.
Three main areas of specific pediatric focus have been identified for the next year activities: 1) early initiation of treatment for infected infants and children, 2) quality of care delivery to children on ART and 3) retention of patients into treatment.

At the end of June 2008 (PEPFAR report) ICAP supported Pediatric care and treatment at 40 sites in Maputo City, Gaza Province, Inhambane Province, Nampula Province, and Zambezia Province including two referral Hospitals for HIV infected children in Maputo and Nampula. Approximately 3,000 children are on ARVs (879- 30% in the age group 0-1y; 958-32% in the age group 2-4y; 1125- 38% in the age group 5-14y).
Of all patients on ART approximately 10% are children; the target for next year is to reach a proportion 11% of children on ART.

To achieve the target described above CU will continue to support HIV care and treatment services at the two Pediatric ART reference Hospitals at Maputo and Nampula and at the other existing sites and will expand pediatric services to 12 new sites.

This support includes procurement of equipment, supplies and medication, support for strategic information and local staff mentoring in management of pediatric HIV care and treatment by regular clinical officer visits and activities planned together with the Provincial directorate (DPS) in order to build capacity of the on-site multidisciplinary team.
Training will also target Medical assistants according to MOH "task shifting" recommendations in order to expand pediatric care to rural areas and health centres. Training will focus on the new MOH/WHO guidelines for initiation of children on treatment in order to decrease morbidity and mortality including WHO new staging. Clinicians will offer regular mentoring of medical assistants at sites and support the Provincial and District Health Directorate (DPS and DDS) to build capacity in managing, planning and supervising the HIV Pediatric program linking HIV pediatric care to the Mother and Child Health Provincial Program.
A Pediatric HIV Advisor will coordinate CU pediatric support for all CU-supported sites; two pediatricians will support two focal provinces (Zambezia and Nampula) and four nurses will strengthen the link with the PMTCT and MCH programs at provincial level.
The plan is to strengthen EID at sites where it's already operational and expand it to 9 more sites continuing training staff in collecting DNA via DBS.

Strong linkages between CCR consultation and Pediatric HIV care & treatment services is critical to provide more effective interventions for infants early diagnosed and start them on ARVs. CU will continue to emphasize this comprehensive approach, building on MCH and PMTCT services, focusing on follow up of exposed infants, offering care, early diagnosis tests and prompt referral to HIV Clinic.
The referral system between the CCR and the ARV Clinic will be strengthened, especially for infected infants that need early initiation according to new MOH and WHO guidelines, by up-dating staff on the new guidelines and reinforcing the role of peer educator and activists in building this link. The expected proportion of positive infants less than 12 months of age started on ART is 100% at all sites providing ARVs; at the moment it varies from 15% to 50% depending on site and province.

Identification of infected children will be strengthened by implementation of routine Provider Initiated Testing and Counseling (PICT) offered to all children admitted in the Pediatric ward and improve access to ART.

Regular monitoring of quality of care delivery for children on ARV have been done for the main Provincial and General Hospital supported by CU (Mavalane GH, Jose Macamo GH, Military H, Inhambane PH, Quelimane PH, Mocuba RH, Marrere GH, Xai Xai PH) implementing a Quality control tool, called Pediatric Standard of Care (Ped SOC) adapted and adopted by the MOH. The regular implementation of the tool together with Multi-disciplinary Team (MDT) discussion of results, identification of obstacles and problem solving showed an increase in quality care delivered to children and their families by that service. The plan for year 2009 is to continue using the PED SOC at sites where is already well established and expand to 6 more sites (Gaza, Zambezia, Inhambane) as a routine monitoring of the performance of the site in offering quality care to children.
CU will continue to support monitoring and evaluation activities at sites and capacity will be created at DPS and DDS level to monitor ongoing activities and results for the pediatric component of the program, including regular evaluation of quality of service delivery (Pediatric Standard Of Care and Pediatric HIV QUAL).

The overall retention of patients into ART care is around 85%, but more specific date on the pediatric population are needed.
Retention of children into care and treatment services will be another main goal for year 2009; activities to optimize adherence/retention in care include enhancing patient support by training MCH staff in skills & quality of care with a focus on adherence monitoring & counseling, group management skills & psychosocial support.
Follow up of children on ARV will also be improve by strengthening Home-based care activities by creating partnership with local and international NGOs that are supporting peer educators and home based care activities.
Advocacy at MOH level to focus on the children and adolescent age groups for the psychosocial component of the HIV National program will continue and support in developing training curriculum and material on pediatric disclosure will be provided.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16276

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16276	16276.08	HHS/Centers for Disease Control & Prevention	Columbia University	7403	3568.08	Track 1 ARV Moz Supplement	$13,825,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3576.09

Mechanism: Technical Assistance

Prime Partner: Association of Public Health Laboratories

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 23647.09

Planned Funds: $74,606

Activity System ID: 23647

Activity Narrative: THIS IS A NEW ACTIVITY

Until October 2008, Early Infant Diagnosis (EID) capacity was limited to a single reference laboratory (INS) in the capital city of Maputo, in the southernmost region of the country. Testing capacity was expanded in October 2008, when a second laboratory in the Northern region of the country was opened. Dried Blood Spot specimens from every Province in the country are referred to one or the other of these laboratories for testing. As a result, long delays often occur in getting test results back to health facilities for communication to patients and follow up. To improve the timeliness and access to EID, FY09 funds will support expansion of EID to an additional laboratory in the Central region of the country. Funding to APHL will support training and certification of laboratory technical staff to perform DNA PCR for EID and to manage specimens coming into the laboratory and results being sent out from the laboratory. Funding will also support participation of the new site in the external quality assurance program, managed from the INS laboratory, as well as periodic sites visits, by INS laboratory staff, to monitor testing practices and provide follow-up refresher training. Reagent-rental agreements will be the mechanism to procure equipment for the new laboratory and Clinton Foundation-UNITAID will continue to provide EID reagent support through 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $25,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID:	6127.09	**Mechanism:**	CDC-Vanderbilt CoAg
Prime Partner:	Vanderbilt University	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Treatment: Pediatric Treatment
Budget Code:	PDTX	**Program Budget Code:**	11
Activity ID:	12270.23623.09	**Planned Funds:**	$670,093
Activity System ID:	23623		

Activity Narrative: April09 Reprogramming: Increased $12,459.

Summary and Background:

To date, FGH has been supporting HIV Care and Treatment in 6 rural districts of Zambezia Province with ongoing plans to scale-up care and treatment to a total of 24 clinical sites throughout these 6 districts. FGH support has included direct support to the HIV Care and Treatment programs with experienced clinicians who live and work in the above districts. This approach has allowed us to provide one-on-one supervision, clinical mentoring, and technical assistance to programmatic areas and to focus our other activities which include training, logistical support, community development, infrastructure development, monitoring and evaluation, technical assistance to DPS Zambezia, provincial human capacity development and information technology development.

In FY2009, FGH will be expanding its support activities to 6 more rural districts of Zambezia Province for a total of 12 districts.

Through partner re-location which will be taking place in FY2009, FGH will assume support responsibilities for all facility-based HIV services including HIV Care and Treatment, Pediatric HIV care and treatment, PMTCT and Counseling and Testing in the districts it supports. This will allow for improved coordination and integration of services offered within the health units as well as a budgetary scale down of the costs to support these services as a result of economy of scale.

National Level Support
• FGH provides technical assitance to the national Pediatric care and treatment program by participating in the technical working group meetings for Early Infant Diagnosis and pediatric treatment. FGH currently has pediatricians employed and working in Zambezia province.

Provincial and/or District Level Support
• At the provincial level FGH, provides direct support to the national roll-out of PCR for early infant diagnosis through support of trainings for provincial health workers on aspects of pediatric care, PCR, and technical assistance to the provincial and district laboratories in relation to logistics and management of sample collection and transport. Currently, FGH is exploring ways to improve provincial transport of DPS for PCR through outsourcing tranportation services to international courier services to diminish length of time for receiving results. In accordance with MOH guidelines for the training of national health workers on Pediatric ART, FGH has provided direct financial support for provincial level trainings and post-training clinical mentoring at a facility level to ensure a high quality of service delivery.

Program Area: Continue Pediatric HIV treatment activities in 6 districts of Zambezia (24 sites)

Activity 1: FGH currently supports pediatric HIV treatment in 6 districts with ongoing plans to expand these services to a total of four sites per district by August 2009. Currently, 12 sites in these 6 districts offer pediatric ART and this will expand to a total of 24 sites in these districts over the next year.

Prior to November 2007, pediatric HIV care and treatment services were very limited in Zambezia Province due to lack of trained personnel, lack of diagnostic options for HIV in children less than 18 months of age, poor coordination of supply chain mangement with regards to infant ART formulations, and poorly coordinated services amongst DPS and USG partners supporting PMTCT and pediatric care. With the roll-out plans for EID, priorities shifted within the province to focus on increasing the number of children in pediatric care and treatment. In collaboration with DPS and all USG partners providing treatment support and PMTCT, FGH led the development of a provincial pediatric working group to evaluate weaknesess in the program and recommendations for moving forward. A series of trainings were implemented to strengthen the linkages between PMTCT and CCR clinics, provide updates to health care workers on pediatric mangement in general and flow of patients through the various services, and trainings of health care workers on PCR and pediatric ART.

FGH will provide technical assistance and resources for the organization of Pediatric HIV treatment clinics by improving dedicated space and appropriate medical equipment for pediatric care, strengthened linkages between PMTCT and the CCR clinic for both mother and child by focusing on the first month post delivery for home-based visits to assist with education for appropriately taking medicines, reminders of upcoming appointments, and education regarding exclusive breast feeding and weaning practices.

To increase access to pediatric treatment, FGH will building the capacity of health staff to provide pediatric treatment, ensuring provider initiated counseling and testing at each entry point for children to enhance the identification of infants and children in need of ART and improving linkages between PMTCT and Care & Treatment services.

FGH will support formal trainings in various areas including, EID, PITC, pediatric ART, pediatric counseling and adherence support, counseling on nutrition and HIV and screening and treatment of malnutrition, including the use of "ready for use therapeutic feed" (RUTF). FGH will also provide on the job training and mentoring for national health workers trained in pediatric ART with regards to appropriate clinical staging, diagnosis of OI´s and appropriate management.

FGH will continue to provide counseling services for both children and their caregivers to provide psychosocial support, medication adherence education, and appropriate referrals to other health center services. Partnerships will be established with local CBOs to continue provision of psychosocial services for patients in care and on ART, including active tracing of defaulting patients .

For ART program monitoring FGH will incorporate pediatric patients on ART into an electronic database which is shared with DPS to facilitate national and provincial data collectionn and evaluation.
Estimated budget $240,000.00

Activity Narrative: Program area: Begin to support Pediatric HIV treatment activities in 6 districts in Zambezia not previously supported by FGH (12 sites)

Activity 1: In FY09 FGH will be expanding and/or assuming responsibity for services in 6 more districts with plans to support services in 12 sites total in these districts. The same model of care as previously described will be implemented in these districts as well.
Estimated Budget: $120,000.00

This will bring to a total 36 sites which FGH is supporting for pediatric HIV care and treatment in Zambezia province

Program Area: Support the implementation of laboratory transport system for Early Infant Diagnosis

Activity 1: In an attempt to strengthen and diminish turn around time for results of DPS PCR for EID, FGH will support the implementation of a provincial wide laboratory transport system utilizing private courrier services. This system will provide district level to provincial level transport of samples which will then integrate into the National PCR roll-out system for transport between the Province and central laboratories responsible for sample processing.
Estimated budget: $100,000.00

Program area: Human capacity development and training in Pediatric Treatment

Activity 1: Recognizing that one of the bottle necks in the rapid scale-up of pediatric HIV treatment is a lack of health care workers trained and comfortable in all levels of pediatric HIV care and treatment, FGH will continue to support provincial level trainings in relation to Pediatric ART and OI´s (50 persons trained). As well, FGH will contiue to support smaller district level continuing education trainings on Pediatric ART and OI´s (240 persons trained)
Estimated budget: $100,000.00

Program area: Direct Observed Therapy for Pediatric ART targeting the first 2 weeks of therapy

Activity 1: Recognizing that current MISAU regimens for pediatric ART depend on a Nevirapine based first line therapy and the difficulties of administration experienced by our patient population associated with use of four syrup formulations during this time period (including co-trimoxazole), FGH will create a system for DOT based on the experiences and successes of the DOT-C programs for TB. Incorporated into the FGH Peer Educator program, FGH will identify a team of Peer Educators in each district dedicated specifically to the Pediatric DOT program which will perform home visits to provide continuous reinforcement and education regarding the administration of pediatric formulations accurately. This team of Peer Educators will be trained on the proper administration of pediatric syrup formulations and how to identify serious side effects of ART formulations for quick referral back to the health center. After the first 2 week period, children will continue to be followed in the pediatric HIV treatment clinic as previously described.
Estimated budget: $120,000.00

Total Budget Estimate: $680,000.00

New/Continuing Activity: Continuing Activity

Continuing Activity: 13215

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13215	12270.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	6415	6127.08	CDC-Vanderbilt CoAg	$7,022,000
12270	12270.07	HHS/Centers for Disease Control & Prevention	Vanderbilt University	6127	6127.07		$195,000

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: $3,668,470

Program Area Narrative:

In the 2007 Global TB Report (WHO, 2008), Mozambique is considered among high burden countries with an estimated incidence of 443 cases/100,000 population. In 2007, the Mozambique National Program reported 38,999 TB cases, with 47% of TB cases reported as HIV infected. In the 1980s Mozambique adopted the DOTS Strategy through technical assistance from the International Union Against TB and Lung Disease (IUATLD) and has reported 100% DOTS coverage since 2000. However, health infrastructure is extremely limited in Mozambique and only an estimated 40% of the population has access to DOTS services (defined as a health facility within 10km of a patient's residence). TB case detection was 37% in 2006; well below the global target of 70%. For the 2005 cohort, treatment outcomes remained inadequate, with 79% successful treatment completion rate (global target 85%). Case finding relies on smear microscopy, but laboratory infrastructure for TB diagnosis is limited throughout the country. At present, there is only one national laboratory capable of performing mycobacterial culture and first-line drug susceptibility testing. Second-line drug (SLD) testing, when performed, must be sent to South Africa or other international reference facilities.

Key donors to the national TB control program include the USG and the Global Fund. Mozambique was awarded $14.2 million for TB in the Global Fund Round 2. As of September 2008, $8.8 million has been disbursed. In 2007 the country applied for the Round 7 funds and a total amount of $6.7 million was approved (with a 5-year total of $21 million). The National Tuberculosis Program (NTP) mission is to improve quality of services and interventions in the primary health care system through early case detection and adequate treatment of patients. Furthermore, the country's National Tuberculosis Strategic Plan 2008-2012 aims at reducing the country's burden of TB in line with the Millennium Development Goals.

Mozambique has one of the highest documented rates of multidrug-resistant TB (MDR) in Africa (WHO/IUATLD Drug Resistance Surveillance). A national survey in 1998-1999 found that 3.4% of new patients had MDR TB and that drug resistance (isoniazid and streptomycin) was higher among HIV-infected TB patients. In February 2007, the NTP initiated a new national drug resistance survey in collaboration with the supra-national reference laboratory in Milan and the World Health Organization and USG.

The final results have not been released yet. National data (2007 National report) showed that at the end of 2007, out of a total of 155 MDR-TB registered patients: 123 (79%) were in treatment, 6 (3.8%) were cured, 12 (7.7%) abandoned treatment and 14 (9%) died. A survey of resistance to SLDs is planned.

Since Mozambique has a more recent (and still growing) HIV epidemic, it is estimated that the proportion of TB patients who are HIV-infected will continue to rise. The National TB Program (NTP) recognizes the importance of expanding TB/HIV services in Mozambique and progress in implementing these activities has been improving. The MOH endorses routine HIV testing to all TB patients using a provider-initiated model, provision of cotrimoxazole at TB clinics to all HIV-infected TB patients, including referrals for ART services and screening HIV+ patients for TB in all care settings: VCT, home-based care, and health facilities providing HIV treatment. To date, TB/HIV policies, training materials, and new reporting formats have been developed and implemented countywide. According to NTP data from 2007, 68% of all reported TB cases received an HIV test in 2007 and among those who were coinfected, 93% received cotrimoxazole and almost 33% received ART. Data from HIV programs showed fewer results with only 3,039 HIV-infected TB suspects reported and 676 persons having received IPT in 2007.

The National Strategic Plan for TB (2008-2012) was finalized in July 2007 with USG support and focuses on increasing the detection rate, strengthening the laboratory network, improving case-management and patient support, tackling the emerging MDR/XDR problem and further expanding TB/HIV collaborative activities as well as implementing a quality monitoring and evaluation system allowing impact measurement of program activities. An important component of the plan is aimed at extending and strengthening the DOTS strategy. In order to improve the case detection rate, the plan focuses on increasing the suspicion of TB among health workers working in the different components of the health care system.

USG efforts are consistent with the MOH Strategic Plan and WHO TB/HIV Framework which highlights the need for integrated programming, decreasing the burden of TB among PLWHA and increasing the HIV care available for TB patients. USG agencies collaborate with the National TB Program, international donors and other key partners. The emphasis of USG support is to provide HIV counseling and testing to all TB patients, to ensure that all TB-HIV+ patients are offered cotrimoxazole, and referral to other HIV-related services, including ART, and to link all HIV-infected persons in care to TB diagnosis and DOTS therapy. Beginning in FY08, greater emphasis will be placed on promoting the 3 I's (intensified TB case finding, isoniazid preventive therapy and infection control) and involving HIV programs in the TB/HIV response.

In FY08, USG funds (through PEPFAR and USAID TB-CAP resources) were used to provide technical assistance to MOH in the following areas: to continue and expand the activities initiated in 2006–7 namely: strengthening HIV counseling and testing in TB patients through support to the MOH CT component to expand the "CT in Health" (CTH, which has replaced the VCT model in Mozambique), training of counselors/health providers, reproduction of guidelines, manuals and IEC materials, reviewing and integrating CT in pre-service curricula, TB screening for HIV-infected patients, infection control in health settings, and strengthening of referral mechanisms, supporting monitoring and evaluation of TB/HIV activities through assistance in the proper use of new recording and reporting formats, support for the implementation of Electronic TB Registration ensuring its integration in the National Health Information system and assessment of MDR-TB registration. Mozambique successfully applied to the Green Light Committee with USG support.

The USG funds were used to provide assistance at the national level and for all PEPFAR USG-funded clinical partners (Columbia/ICAP, CARE International, HAI, EGPAF, Vanderbilt University, and FHI) to provide a minimum package of TB/HIV services. This includes strengthening linkages with community organizations in TB case finding and improved linkages to TB care. USG efforts in FY 2008 were concentrated in the northern region, in the three focus provinces of the country (Zambezia, Sofala and Nampula) where the TB case detection rate is low. This included close collaboration with the Provincial Health Directorates. Treatment partners working in these provinces (HAI in Sofala, Columbia and Vanderbilt University in Zambezia and Columbia and EGPAF in Nampula) worked to scale up TB/HIV activities, and to develop innovative best practices, including ART roll out in TB clinical settings, Isoniazid Preventive Therapy (IPT) and improved diagnosis of smear-negative TB. Additionally, a

TB/HIV person was hired to work closely with the provincial directorate in Zambezia. Through JHPIEGO, support was provided at the national level, to plan and conduct a rapid assessment of TB transmission Risk and Infection Control Compliance and plan the implementation of infection control in health care settings. A national training of trainers in infection control is planned for December 2008.

The PEPFAR program in Mozambique is working with its partners and the Ministry of Health to support HIV/TB program integration, service delivery and training that includes components addressing the specific needs of children. The USG works with both the HIV unit within the MOH and the National TB Program in a collaborative effort together with other donors.

As part of its plans for FY09 the USG and its implementing partners will conduct an assessment on “Contact Tracing Practices in TB Programs in Mozambique” at selected sites in two provinces. Early data from this assessment will serve to inform further program strengthening activities for FY09. Another assessment proposed for FY09 would identify current practices for TB diagnosis in children and evaluate if HIV testing and cotrimoxazole prophylaxis are routinely offered to the pediatric population served at TB clinics.

Simple job aids to support further implementation of cotrimoxazole prophylaxis such as easy-to-use pocket sized guidelines and dosing charts for adults and children are greatly needed. The national TB program, as one of the principal implementers of cotrimoxazole prophylaxis, with USG support, will work in collaboration with the HIV program at the MOH, to develop these materials. There are plans to explore how best to support TB/HIV screening, diagnosis and treatment for OVC. Efforts to improve TB and TB/HIV literacy among persons living with HIV/AIDS, through partnering with Brazilian NGOs, are also planned.

In addition, FY09 activities that will be supported with USG funds (PEPFAR and increased USAID TB CAP, doubled to $2.6 million) will be (1) strengthening TB/HIV collaborative activities with more emphasis on the 3 I’s (Intensified case finding, Isoniazid prophylaxis and Infection Control), (2) contact tracing, (3) implementing activities to target high risk groups (prisoners, refugees/internally displaced persons).

The USG meets regularly with its TB implementing partners to coordinate planning, oversee program implementation and ensure rational use of resources related to TB/HIV interagency activities. Additionally, USG is represented on the National TB/HIV Task Force, MDR-TB, M&E and infection control subgroups, and in the recently created Pediatric TB Working Group in Mozambique.

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	6127.09	**Mechanism:**	CDC-Vanderbilt CoAg
Prime Partner:	Vanderbilt University	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	15777.23621.09	**Planned Funds:**	$294,672
Activity System ID:	23621		

Activity Narrative: Continuing Activity:

All PEPFAR clinical partners will support core TB/HIV collaborative activities in accordance with the WHO Interim Policy (2004) in all districts and facilities that are supported for other clinical activities. This includes (1) active participation in TB/HIV coordinating mechanisms at national, provincial, and local level, supporting MOH TB/HIV planning and supervisory activities, and assisting with TB/HIV monitoring and evaluation activities. In addition, clinical partners assist national TB programs with activities to reduce the burden of TB in HIV-infected persons under their care through comprehensive and routine TB screening, isoniazid preventive therapy (IPT) for those without symptoms or contraindications, and facility-level infection control measures. Finally, all clinical partners support activities by the TB program to reduce the burden of HIV through provider-initiated counseling and testing (PICT) for all TB patients (including children), cotrimoxazole preventive therapy (CPT) (provided in TB clinics) for all TB patients, and referrals or on-site provision of ART to coinfected patients. In accordance with new WHO guidance and with experience in Mozambique that some activities (e.g. HIV-testing, CPT and ART) have advanced faster than others, all partners will be encouraged to strengthen activities related to the 3 I's: intensified TB case finding, IPT, and infection control. This includes support for routine (and WHO and NTP-recommended) contact tracing. Partner-specific activities are described below.

Summary and Background:
To date FGH has been supporting HIV Care and Treatment in 6 rural districts of Zambezia Province with ongoing plans to scale-up care and treatment to a total of 24 clinical sites in 12 districts. FGH support has included direct support to the HIV Care and Treatment programs with clinicians which live and work in the above districts. This approach has allowed us to provide one-on-one supervision, clinical mentoring, and technical assistance to programmatic areas and to focus our other activities which include training, logistical support, community development, infrastructure development, monitoring and evaluation, technical assistance to DPS Zambezia, provincial human capacity development and information technology development.

Through partner re-location which will be taking place in FY2009, FGH will assume support responsibilities for 3 districts previously supported by another USG PEPFAR partner and 3 districts NOT previously supported by another USG PEPFAR partner. As well, FGH will assume support activities for all facility-based HIV services including HIV Care and Treatment, PMTCT, and Counseling and Testing in the districts it supports. This will allow for improved coordination and integration of services offered within the health units as well as a budgetary scale down to support these services as a result of economies of scale. In coordination with DPS Zambezia approved plans for roll-out of HIV Care and Treatment services, FGH will expand services to include 2 sites in each of the new districts for a total of 36 sites in all districts supported by FGH (24 ART sites plus 18 out-reach sites)

NTLCP in Zambezia: The provincial TB and leprosy program has experienced a number of challenges over the last years. These include high turnover of staff with changes in supervisors at both provincial and district levels - the majority of district supervisors have only been in post since 2004. This turnover is has affected the peripheral health level workers. Nurses from health centers and posts are not well trained in TB and not involved in the expansion of the DOTS strategy. Because of the high turnover at the district level and due to transportation difficulties, the health staff and the community volunteers at the sites receive very little follow up, supervision and support and have consequently lost motivation. There is insufficient TB diagnostic capacity due to a serious shortage of trained laboratory technicians and laboratory infrastructure – most districts with one lab.
In 2007 less than half of the scheduled supervisory visits from the Province to the Districts were realized; it is unfortunate given these visits have been confirmed to be an important way of motivating and refreshing district supervisors and health staff in general. Important conclusions of these supervisions are that District Supervisors are not properly managing the program, the patients, and the registers due to lack of training and attention; that the collaboration with peripheral health staff is not regular; that contacts are not screened as should be (and as a consequence, pediatric detection rate is stagnating around 7%); and, that TB/ HIV collaborative activities are weak (TPC and TPI not properly managed and registered).

Program Area: Strengthening TB/HIV services in health facilities

Activity 1: FGH will continue to support strengthening of TB/HIV services in the health facilities it supports. Using clinicians which live and work in the districts, FGH will provide direct on-the-job-training and clinical mentoring for health staff of both the HIV Care and Treatment programs and the TB programs to ensure appropriate clinical diagnosis, management and follow-up. FGH will provide technical assistance with regards to program organization to ensure a strong referral system between the two programs. FGH will continue activities which support universal testing for HIV of all patients seen in the TB clinics and universal screening for TB of all patients seen in the HIV care and treatment program.

Activity 2: FGH will provide technical assistance and clinical mentoring to ensure appropriate follow-up for all HIV+ patients who are eligible for INH prophylaxis.

Activity 3: FGH will support the implementation of TB infection control activities within the health facility including early diagnosis, prompt separation or isolation of infectious TB patients, early initiation of TB treatment according to MISAU guidelines, and improved documentation of TB status and treatment regimen of HIV+ patients in HIV care and treatment programs. FGH will provide on-the-job-training to health workers regarding appropriate infection control measures and implementation within the health facility (in wards, waiting areas, laboratory, pharmacy, emergency and X-Ray departments). Patients and health care workers will be sensitized on the importance of the infection control in order to reduce the risk of transmission of TB in health facilities.

Estimated budget: $120,000

Program Area: Subcontract with LEPRA to continue support of TB programs in communities

Activity Narrative: Activity 1: In 2008, FGH entered into a subcontract agreement with LEPRA with the goal of improving the response and quality of the health services at district level. The intervention aims at expanding LEPRA´s presence in the Province and strengthening the linkages between the health facility and the community by increasing community awareness, access to care, adherence support, referral system and monitoring of the activities.

The objectives of the primary subcontract are to 1) improve the skills of national staff and the quality of services involved in TB control in ten districts, 2) strengthen the management and equipment of the NTCP and its regular supervision, and 3) improve the implementation of TB/ HIV collaborative activities to improve intensified case finding. LEPRA proposes to accomplish this objective by 1) strengthening the NTCP through training, equipment and transportation resources, 2) training of health staff at peripheral level, 3) strengthening and systematization of the supervision and monitoring processes, and 4) sensitization activities through radio messages and IEC material.

As a follow-up to this activity, FY09 funds are allow for the continuation of this subcontract collaboration to continue the work of LEPRA in Zambezia Province. This work will include the following:

1) Training of volunteers on basic TB information (general information, modes of transmission, diagnosis, treatment, impact of HIV, importance counseling and testing and referral system for proper care and treatment).
2) Support the increase of the case detection rate by looking for people in the community with cough for more than 3 weeks.
3) Strengthen the collaboration between health facility and community for treatment adherence for TB and HIV.
4) Strengthen the linkages with other organization providing safe water, food, and impregnated bed nets.
5) Expansion of the Institutional DOTS through the health staff and CB DOTS through volunteers.
6) Training of Traditional Healers in TB and DOTS (identification of patients suspected of having TB, referral to health facilities and adherence support for both TB and HIV treatment).
7) Involvement of community radios and of drama groups to implement sensitization activities in the rural areas.
8) Strengthen the M&E keeping proper recording of the activities, reporting to the appropriate level and conducting supportive supervisions.

Estimated budget: $174,672

Total Budget: $ 294,672

New/Continuing Activity: Continuing Activity

Continuing Activity: 15777

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15777	15777.08	HHS/Centers for Disease Control & Prevention	Vanderbilt University	6415	6127.08	CDC-Vanderbilt CoAg	$450,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3720.09

Mechanism: Twinning_AIHA

Prime Partner: American International Health Alliance

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 15809.23400.09

Planned Funds: $100,000

Activity System ID: 23400

Activity Narrative: Continuing Activity:

The AIHA Twinning Center proposes to create, manage, evaluate, and provide technical assistance to a partnership between a TBD partner from Brazil and one or more Mozambican organizations to increase TB literacy at the community level.

Currently in Mozambique, there is a lack of information on tuberculosis at all levels of the healthcare system. Healthcare workers are beginning to receive information and training from the Ministry of Health, but little effort has been done to educate community and home- based care providers. Brazilian organizations have considerable experience in community education on tuberculosis, including educating those infected with HIV and or TB to provide outreach to others.

Through support from COP 08, The Twinning Center is working with key US government supported organizations in Mozambique and Brazil to identify the appropriate partners from each country. The Brazilian partner will likely be a local or international organization currently supported by the US government, whereas the Mozambican partner will likely be a local organization. This partnership will focus on the development and dissemination of materials to educate the community about TB/HIV co-infection and educate community care providers on recognition of signs and symptoms of TB in PLWHAs.

In COP 09, AIHA is requesting continued funding to support the Brazilian/Mozambican TB/HIV partnership. In year two, partners will work together to implement activities to scale-up current TB/HIV prevention and treatment by increasing TB literacy at the community level. Activities will include:
• Develop materials to educate the community on the importance of accessing TB screening services and identifying potential symptoms of TB
• Identify and utilize local media and other forms of communication to disseminate messages
• Increase the capacity of integrated TB and HIV management and referral systems to provide educational materials to the community
• Train a cadre of healthcare professionals as trainers in TB/HIV awareness

New/Continuing Activity: Continuing Activity

Continuing Activity: 15809

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15809	15809.08	HHS/Health Resources Services Administration	American International Health Alliance	6411	3720.08	Twinning	$100,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	3629.09	**Mechanism:**	USAID-Health Alliance International-GHAI-Local
Prime Partner:	Health Alliance International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	6442.24054.09	**Planned Funds:**	$381,131
Activity System ID:	24054		

Activity Narrative: April09 Reprogramming: Increased $381,131.

This is a continuing activity under COP08.

HAI will work with the Provincial and District Health Directors, exapnding activities into the Tete Province, to improve the functional integration of TB/HIV services through ongoing onsite training for TB diagnostic and treatment staff and joint supervision visits to sites, especially those situated in the periphery. HAI will undertake trainings to address quality control of smear microscopy and promote the de-centralization of smear fixation. Increasing laboratory and x-ray capacity for TB diagnosis is crucial in improving TB/HIV services; both of which HAI will actively pursue. Finally, HAI will work with community-based partners to expand DOTS services to the community.

The activity narrative below from FY2007 has not been updated.

07/07; HAI will utilize these funds to add the cotrimaxazol purchased for tuberculosis and HIV-infected clients.

This activity is related to activities HXTS 9164; HBHC 9133; MTCT 9140; HVCT 9113.

Identifying clients co-infected with TB and HIV is a crucial aspect of the integrated network for HIV services in Mozambique. During FY05 and FY06, HAI, working with Sofala and Manica DPSs and the National TB-Control Program, developed and applied a successful algorithm to expand HIV testing to TB sites and strengthen referral of co-infected TB-HIV clients identified through TB clinics. Clients were referred to appropriate HIV care and treatment services which has help to bring to the forefront the importance of TB/HIV at the national level.

During COP06, several TB sites started gradually providing of ARV treatment under the coordination and supervision of clinicians authorized to prescribe ARVs. During the above mentioned period HAI also worked to strengthen the diagnosis of TB in HIV infected patients. During FY06, the TB reference laboratory in Beira was created and five sites were equipped with portable X-ray machines, activities that improved the capacity to diagnose TB in the region. Also during FY06, a major part of the activity focused on training physicians, nurses, and counselors at existing TB clinics to apply the new algorithm in their clinical practice.

During COP07, HAI will continue to support HIV testing at all TB program sites in a total of 23 districts (Manica and Sofala combined), the provision of ARV treatment directly in the TB program in 25 TB sites, the systematic application of protocols for TB diagnosis in the HIV positive patients (including the expansion of the X-ray services to 7 more sites), the strengthening of the TB laboratory in Beira, and the provision of prophylactic isoniazide.

HAI will also strengthen the collaboration between clinic and community-based palliative care for treatment of adherence of TB and ARVs. Since HAI manages both the clinic and HBC activities, there has been close collaboration in the past. However, with new procedures to link TB and HIV, additional training will be given to the HBC volunteers so that they can assist their HBC clients to adhere to treatment drugs and determine if there is some reaction to the treatment regime.

Expected results will be 4,000 people tested for HIV in TB sites, provision of cotrimoxazole to 2,520 patients, provision of ARVs to 1,411 patients in TB sites and improved infrastructure. The programmatic result of this activity will be expanded and improved care services and strengthened integration of TB and HIV care and treatment.

In addidtion, HAI will participate in a new activity, which will be initiated during FY07 and addresses the need for a more collaborative processes between clinic based and community based palliative care, especially in relationship to treatment adherence for TB and ARV. This activity links with Palliative home-based care partner activities with CARE, FHI, FDC, HAI, WR and WV and with Columbia University in the development of treatment adherence materials.

This activity will make improvements in the areas of collaboration and communication with NGO partners that are working in both clinic and community sites. Small amounts of funding will be provided to five partners who offer palliative care under the home-based care (HBC) model. HBC volunteers and their supervisors will receive training on treatment adherence for ARV and TB. Columbia University will develop training materials for ARV adherence under a separate USG supported activity and provide hands-on training to HBC volunteers so that they can assist their HBC clients to adhere to treatment drugs and determine if there is some reaction to the treatment regime. In addition, collaboration will occur with the MOH's TB program to ensure that HBC volunteers are correctly trained concerning the DOTS model and the MOH's vision for improving case detection and treatment success rates.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15867

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15867	6442.08	U.S. Agency for International Development	Health Alliance International	7278	3629.08	USAID-Health Alliance International-GHAI-Local	$1,473,748
9128	6442.07	U.S. Agency for International Development	Health Alliance International	5041	3629.07	USAID-Health Alliance International-GHAI-Local	$365,625
6442	6442.06	U.S. Agency for International Development	Health Alliance International	3629	3629.06		$300,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8784.09

Mechanism: JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 15774.23833.09

Planned Funds: $0

Activity System ID: 23833

Activity Narrative: Continuing Activity: (No new funds for FY09)

JHPIEGO is working with the MoH since May 2008 in the area of Infection Control with the objective to decrease the transmission of TB to patients, health care workers and the community.
The activities that have been implemented are:
1. A consultant has been indentified to work as a focal person for I Control.
2. Undergoing development of 5-year national plan for TB Infection Control in health care settings.
3. A protocol and tool to conduct a national rapid assessment on IC for TB in selected facilities have been developed
4. A rapid assessment has been conducted in Machava General Hospital, Infulene Psychiatric Hospital. A draft report and of recommendations regarding the possibility to move the TB reference hospital from Machava to Infulene have been produced.
5. A chapter on Infection Control measures for the MOH Manual on Management of the MDR- TB has bee written
6. Working with FHI to improve the translated version of the Infection Control Guidelines which will be soon submitted adoption.
7. Collaboration with MoH and CDC to conduct the first training on Infection Control as pilot and ToT to representatives of all the 11 provinces.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15774

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15774	15774.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	8784	8784.08		$450,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3570.09
Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: TB/HIV
Budget Code: HVTB
Program Budget Code: 12
Activity ID: 12267.23789.09
Planned Funds: $125,000
Activity System ID: 23789

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 BUT THE NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY 09 funds will be provided to the Mozambique National TB program of the Ministry of health (MOH) to support the following specific activities 1) Strengthen infection control at health facilities to prevent nosocomial transmission of TB and drug-resistant (MDR, XDR) TB through training and implementation of administrative measures, 2) Strengthen monitoring and evaluation of TB/HIV activities through the rolled out implementation of the Electronic Tuberculosis Register (ETR) including supervision and training activities. and 3) Support training of clinicians on management of TB/HIV and MDR-TB. 4) fund the salary and benefits package for a full-time MOH CT trainer/supervisor position in the MOH TB/HIV program that will provide significant support to the Counseling and Testing program. The trainer will assist with planning and supervising of CT training roll-out for TB providers as well as accompany activities that look at improved screening for TB at CT service sites and successful referral mechanisms. This person will participate in monitoring and evaluation activities to assess and monitor linkages between CT and TB program activities.

COP 08 Narrative:

The first component of this activity ($200,000) complements and continues TB/HIV activities that were funded during FY07. Funds or this activity will be used to scale up collaborative TB/HIV activities with the main objective to 1) decrease the burden of HIV/AIDS in tuberculosis patients and 2) decrease the burden of TB in people living with HIV/AIDS through key interventions that include: scaling up TB screening for all HIV patients at the different sites offering HIV services, and HIV testing in all TB patients and suspects.

In addition the national TB program will be funded to coordinate and take the lead in the following activities:

1) Strengthening the provision of cotrimoxazole prophylaxis for TB/HIV co-infected patients
2) Intensified case finding and provision of INH for adults HIV+ patients and under 5 children with household contact after ruling out Tb active disease.
3) Expansion and strengthening of the implementation of infection control measures in health facilities by education of patients and health workers, training of personnel and provision of equipment and establishment of appropriate infrastructure guided by international standards.
4) Support the improvement of the diagnosis of Pulmonary TB (smear positive and smear negative) and Extra Pulmonary TB by training and setting up a referral path for further evaluation and treatment
.5) Provide Initial and refresher training to TB supervisors and provincial coordinator on MDR-TB management as well as adapt training modules for “técnicos de medicina” (physicians assistants) and nurses who follow TB patients MDR-TB.
6) Expansion and strengthening of M & E including activities related to MDR-TB, including expansion of the electronic TB register (ETR) to additional provinces and districts, and support supervisory visits.

A complementary activity is the secondment of an M& E Specialist using resources from the Global Fund to support efforts for program monitoring.

The second component of this activity ($150,000) is a new addition and will fund the salary and benefits package for a full-time MOH CT trainer/supervisor position in the MOH TB/HIV program that will provide significant support to the Counseling and Testing program. The trainer will assist with planning and supervising of CT training roll-out for TB providers as well as accompany activities that look at improved screening for TB at CT service sites and successful referral mechanisms. This person will participate in monitoring and evaluation activities to assess and monitor linkages between CT and TB program activities.

Funding will be provided to the Mozambique National TB program of the Ministry of health (MOH) to support the following specific activities 1) Strengthen infection control at health facilities to prevent nosocomial transmission of TB and drug-resistant (MDR, XDR) TB through the procurement of equipment (respirators, fans, etc.) 2) Strengthen monitoring and evaluation of TB/HIV activities through the rolled out implementation of the Electronic Tuberculosis Register (ETR) including supervision and training activities. and 3) Support renovation of the National TB reference laboratory, establishment of supervised quality assurance programs and specialised TB training for 4 biologist in the area of TB laboratory management

New/Continuing Activity: Continuing Activity

Continuing Activity: 13193

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13193	12267.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6408	3570.08	Cooperative Agreement	$350,000
12267	12267.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	$300,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$84,125
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3568.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: TB/HIV
Budget Code: HVTB
Program Budget Code: 12
Activity ID: 5201.23681.09
Planned Funds: $785,792
Activity System ID: 23681

Activity Narrative: Continuing Activity:

All PEPFAR clinical partners will support core TB/HIV collaborative activities in accordance with the WHO Interim Policy (2004) in all districts and facilities that are supported for other clinical activities. This includes (1) active participation in TB/HIV coordinating mechanisms at national, provincial, and local level, supporting MOH TB/HIV planning and supervisory activities, and assisting with TB/HIV monitoring and evaluation activities. In addition, clinical partners assist national TB programs with activities to reduce the burden of TB in HIV-infected persons under their care through comprehensive and routine TB screening, isoniazid preventive therapy (IPT) for those without symptoms or contraindications, and facility-level infection control measures. Finally, all clinical partners support activities by the TB program to reduce the burden of HIV through provider-initiated counseling and testing (PICT) for all TB patients (including children), cotrimoxazole preventive therapy (CPT) (provided in TB clinics) for all TB patients, and referrals or on-site provision of ART to coinfected patients. In accordance with new WHO guidance and with experience in Mozambique that some activities (e.g. HIV-testing, CPT and ART) have advanced faster than others, all partners will be encouraged to strengthen activities related to the 3 I's: intensified TB case finding, IPT, and infection control. This includes support for routine (and WHO and NTP-recommended) contact tracing. Partner-specific activities are described below.

At Columbia university- supported sites the Columbia university- staff has been working to provide a package of TB/HIV integrated activities according who recommended TB/HIV collaborative activities, the Mozambican MOH recommendations and Mozambican TB strategic plan.
Columbia university will continue to implement TB/HIV collaborative activities and to emphasize the implementation of the "three I's": intensified case finding (ICF), Isoniazid prophylaxis (IPT) and infection control (IC). Although the implementation of the "three I's" should be owned by HIV program, there is a need to strengthen the TB treatment sites support where the implementing partners are working.
Columbia University will continue to support provider-initiated HIV counseling and testing for TB patients who arrive at the TB clinics linked to art clinic with unknown HIV status, expanding it also at other peripheral TB units and strengthen referral system with ART clinics.
This will include provincial refresh training on HIV counseling & testing for TB nurses, supervision & mentoring, implementation of M&E and referral systems, TB/HIV staff, supplies and equipments.
Columbia university will strengthen TB intensified case finding among HIV patients enrolled in ART supported facilities -through the TB screening tool developed by ICAP and recently adopted by the national TB program - as well as the referral system of co-infected patients and comprehensive care and follow-up of co-infected patients. The use of the TB screening tool will be improved in terms of regularity of its use, the way of patient's information is recorded, quality of diagnostic process, timeless and completeness.
This will be through training staff, continuous supervision/mentoring, strengthening of the M&E systems, TB/HIV staff, supplies and equipments.
Provincial update training on clinical management of TB/HIV for clinical staff, including clinical officers ("técnicos de medicina") will be organized.
Furthermore Columbia University will expand TB active case finding in pediatric HIV patients through the implementation of the adopted WHO "guidance for national tuberculosis programmes in the management of tuberculosis in children", training and technical assistance.
Both the TB program and the HIV program should be an entry point for the prompt identification and the best possible case-management of co-infected patients.
Columbia University has been promoting functional and scalable linkages and referral systems between TB and HIV services for patients with known or suspected co-infection.
Cotrimoxazole prophylaxis is provided for co-infected patients at both TB and HIV services and CU will promote its correct and regular implementation at supported sites.
TB prevention and infection control also will be promoted at supported facilities through promotion of IPT for eligible HIV patients and through administrative-personal- environment basic measures to reduce the risk of TB infection transmission.
IPT is recommended and promoted by the national TB program but is not regularly and completely implemented yet. This is due to the clinicians' concern in selecting eligible patients and in ensuring their regular follow up.
Moreover, national stock out of Isoniazid led to a delay in the implementation of the activity nationwide.
At Columbia university-supported facilities IPT has been progressively implemented and it will be expanded and strengthened through training staff, continuous supervision/mentoring, strategies to truck patients and improve their adherence and follow up.

At national level CU has been collaborating with the national TB program and the national TB/HIV Task Force through technical assistance, regular participation to the meetings, review of guidelines and manuals, development of tools and forms.
Support and technical assistance at national level will be continued as well as logistical support for revising, translating and reproducing manuals, tools and any instruments for TB/HIV integration (that includes a "pocket guide"on TB/HIV collaborative activities based on the national recommendations) and regular participation to meetings of the TB/HIV Task Force to enhance partnerships and coordination of TB/HIV activities.
Support health system strengthening and collaboration between programs from national level to service delivery level will be offered through:
- Support provincial health directorates in organizing provincial meetings on TB/HIV integration for TB staff and HIV representative staff from all the districts;
- support integrated supervision of TB/HIV activities and DOTS at provincial and district level;
- support regional training on TB program management for key TB staff;
- close collaboration of CU staff and the provincial and district health directorates

New/Continuing Activity: Continuing Activity

Continuing Activity: 16282

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16282	5201.08	HHS/Centers for Disease Control & Prevention	Columbia University	7403	3568.08	Track 1 ARV Moz Supplement	$875,000
8565	5201.07	HHS/Centers for Disease Control & Prevention	Columbia University	4878	3568.07	Track 1 ARV Moz Supplement	$1,100,000
5201	5201.06	HHS/Centers for Disease Control & Prevention	Columbia University	3567	3567.06	UTAP	$563,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $195,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 6124.09
Mechanism: CDC CARE INTL
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: TB/HIV
Budget Code: HVTB
Program Budget Code: 12
Activity ID: 15785.23651.09
Planned Funds: $98,224
Activity System ID: 23651

Activity Narrative: Continuing Activity:

All PEPFAR clinical partners will support core TB/HIV collaborative activities in accordance with the WHO Interim Policy (2004) in all districts and facilities that are supported for other clinical activities. This includes (1) active participation in TB/HIV coordinating mechanisms at national, provincial, and local level, supporting MOH TB/HIV planning and supervisory activities, and assisting with TB/HIV monitoring and evaluation activities. In addition, clinical partners assist national TB programs with activities to reduce the burden of TB in HIV-infected persons under their care through comprehensive and routine TB screening, isoniazid preventive therapy (IPT) for those without symptoms or contraindications, and facility-level infection control measures. Finally, all clinical partners support activities by the TB program to reduce the burden of HIV through provider-initiated counseling and testing (PICT) for all TB patients (including children), cotrimoxazole preventive therapy (CPT) (provided in TB clinics) for all TB patients, and referrals or on-site provision of ART to coinfected patients. In accordance with new WHO guidance and with experience in Mozambique that some activities (e.g. HIV-testing, CPT and ART) have advanced faster than others, all partners will be encouraged to strengthen activities related to the 3 I's: intensified TB case finding, IPT, and infection control. This includes support for routine (and WHO and NTP-recommended) contact tracing. Partner-specific activities are described below.

CARE International is working in conjunction with the DDS in Vilanculos and Inhassoro, and has been able to achieve improvement on integration of TB services to that of HIV clinics and expansion of these activities to Mabote and Govuro is expected in the FY09 which include capacity building of MOH staff in area of alliance between HIV and TB, early TB diagnosis and provision of adequate care and treatment, offering of C&T to all pacientts suspected or confirmed to have TB disease, and referral all TB patient eligible for ART to and to HIV for treatment. Training and hiring of TB layperson that will strengthen the link between the community and hospital in educating people with chronic cough on treatment availability. Improvement on use of cotrimoxazole in TB/IV patients will be reinforced as well promotion of use of Isoniazid Preventive Therapy(IPT) to all HIV-positive patients with latent TB Infection(LTBI).
Estimated budget: $23,000
Strengthening of link between facility base and community will be given more attention through the use of radio, community town criers, distribution of IEC materials, use of busca activas to support adherence and follow up treatment defaulters. Support will be given to DDS mobile clinics in reaching out to congregate settings (prisons, refugees/internally displaced persons)
Estimated budget: $43, 250
Another activity to receive attention is in the area of multi drug resistance TB. Follow up of patient will be improved upon for early detection of MDR, CARE will work with the Laboratory at both district and provincial levels to ensure sputum taking for culture to Maputo are followed up and results are received at the earliest possible time. Also rehabilitation of TB units will be given adequate attention so as to have an isolation unit for suspected MDRs. Additionally, CARE will support the development and implementation of the plan to prevent the TB nosocomial infection in the health facilities.
Estimated budget: $31,974

New/Continuing Activity: Continuing Activity

Continuing Activity: 15785

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15785	15785.08	HHS/Centers for Disease Control & Prevention	CARE International	6414	6124.08	CDC CARE INTL	$185,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $23,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 8784.09
Mechanism: JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: TB/HIV
Budget Code: HVTB
Program Budget Code: 12
Activity ID: 25616.09
Planned Funds: $250,000
Activity System ID: 25616

Activity Narrative: This is a new activity.

The prevention of TB nosocomial infection in Mozambique constitutes a challenge due to the high prevalence of HIV and TB. Most of admitted patients are HIV-positive and are immuno- compromised and therefore susceptible to Mycobacterium infection.
The Ministry of Health has requested the integration of the prevention of TB transmission in health care settings as part of the national Infection Prevention and Control (IPC) plan with the aim to decrease the risk of infection transmission of Infection to clients, providers and the community.
To better control TB nosocomial transmission in health care settings, there is need to adhere to three types of preventive measures: administrative, environmental control and protection of health workers.

This activity is related to TB/HIV - ICAP, Vanderbilt University, CARE international and EGPAF, and has several different components of continuing activities with emphasis on TB Infection Control. The goal of this activity is to prevent the transmission of TB in health facilities. Activities will be implemented through a Cooperative Agreement to a "To Be Determined" Partner. This TBD partner will support the Ministry of Health to implement its TB Infection control plan in collaboration with other PEPFAR partners working in the area of TB/HIV collaborative activities. FY2009 funding will support the following activities:
1. To support the development and implementation of infection control plan for each hospital.
2. Development of guidelines and protocols to help in recognition, separation, provision of services, investigation for TB and referral of patients with suspect or confirmed TB disease.
3. Sensitization and training of all staff working in health facilities to understand the importance of Infection Control and the risk of transmission to h.care workers and other staff .
4. Educate patients by providing them with basic information on TB (transmission, risks of transmission, symptoms, diagnosis, treatment) and cough etiquette.
5. Support the improvement of natural ventilation and appropriate mechanical ventilation.
6. Support the implementation of voluntary counselling and testing for HIV and screening for TB to all staff.
7. Conduct regular supportive supervision and evaluation of the implementation of the infection control plan.
8. Assist the MoH in setting up a surveillance of nosocomial infections starting in provincial hospitals and some district/rural hospitals.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	3529.09	**Mechanism:**	GHAI_CDC_POST
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	8636.24448.09	**Planned Funds:**	$244,629
Activity System ID:	24448		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As part of its plans for FY09 the CDC will provide technical assistance to the National TB Program for both adult and children in conducting program evaluations, contracting local short term consultants ($ 50,000) to develop/update national guidelines, printing and distribution of updated guidelines, training of the different cadres of health ($ 30,000)and ($ 37,000) support monitoring activities including the implementation of the Electronic TB Register and MDR-TB surveillance system and to support coordination meetings at different levels including travel.

COP08 Narrative:

This activity will support continuation of technical assistance provided to the Ministry of health during FY07 for implemention of TB and HIV colaborative activities. Funds will be used to update national guidelines and/or develop new ones in accordance with international standards for TB/HIV, X-MDR-TB management and infection control. Further, the existing policy documents and guidelines will be printed and distributed within the country. The new reporting system for drug resistant TB will be implemented to all provinces and to strengthen coordination between National TB Program and partners, coordination meeting will take place in all 3 regions and at the national level.
Additionally the requested funds will be used to support partially or in full, 4 CDC staff positions involved in the TB/HIV program implementation and monitoring as follows:

Clinical Care M&E officer: :Works within the CDC Care team to support palliative care (home based and clinic based) related program monitoring activities including: evaluating progress in program implementation, compiling, maintaining and reporting on data records related to partner reports and proposal submissions; data compilation needed for routine program monitoring, COP preparation and semi-annual and annual reports

OI Advisor: Works within the CDC care team and serves as the lead technical officer with the overall responsibility for planning, organizing and monitoring HIV related Opportunistic Infections (OI) projects in order to scale up and improve the management of OI's. In this capacity provides technical guidance for all CDC-Mozambique supported OI management activities in the context of MOH and the Emergency Plan overall strategic programs that aim to expand and improve prevention, follow-up and care services for PLWHA.

TB/HIV specialist: serves as the lead technical officer for CDC with the overall responsibility for planning, organizing and monitoring TB/HIV activities. The advisor provides technical guidance to the MOH, CDC-Mozambique, the Emergency Plan interagency group and implementing partners on TB/HIV collaborative activities

Medical Epidemiologist: Will provide leadership in activities related to Opportunistic Infections and TB/HIV program managment, participate in MOH, Inter-Agency, and TB/HIV Task Force meetings, supervise TB/OI and Home-based care activities (including supervising 3 staff who work closely with MOH on these issues), supervise cooperative agreement with Mozambique's Ministry of Women and Social Action and lead the development and implementation of public health evaluation activities related to care and treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12945

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12945	8636.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$228,772
8636	8636.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4867	3529.07	GHAI_CDC_POST	$572,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3526.09 **Mechanism:** GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Care: TB/HIV

Budget Code: HVTB **Program Budget Code:** 12

Activity ID: 5226.24432.09 **Planned Funds:** $35,345

Activity System ID: 24432

Activity Narrative: Continuing Activity:

Funding for this activity will support the partial salary and benefits of the Medical Epidemiologist who will provide leadership in activities related to Opportunistic Infections and TB/HIV program managment, participate in MOH, Inter-Agency, and TB/HIV Task Force meetings, supervise TB/OI and Home-based care activities (including supervising 3 staff who work closely with MOH on these issues), supervise cooperative agreement with Mozambique's Ministry of Women and Social Action and lead the development and implementation of public health evaluation activities related to care and treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12935

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12935	5226.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$35,345
8629	5226.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	$160,305
5226	5226.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHAI_CDC_HQ	$200,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3574.09

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 8594.23761.09

Planned Funds: $761,236

Activity System ID: 23761

Activity Narrative: Continuing Activity:

REPLACEMENT NARRATIVE:
All PEPFAR clinical partners will support core TB/HIV collaborative activities in accordance with the WHO Interim Policy (2004) in all districts and facilities that are supported for other clinical activities. This includes (1) active participation in TB/HIV coordinating mechanisms at national, provincial, and local level, supporting MOH TB/HIV planning and supervisory activities, and assisting with TB/HIV monitoring and evaluation activities. In addition, clinical partners assist national TB programs with activities to reduce the burden of TB in HIV-infected persons under their care through comprehensive and routine TB screening, isoniazid preventive therapy (IPT) for those without symptoms or contraindications, and facility-level infection control measures. Finally, all clinical partners support activities by the TB program to reduce the burden of HIV through provider-initiated counseling and testing (PICT) for all TB patients (including children), cotrimoxazole preventive therapy (CPT) (provided in TB clinics) for all TB patients, and referrals or on-site provision of ART to coinfected patients. In accordance with new WHO guidance and with experience in Mozambique that some activities (e.g. HIV-testing, CPT and ART) have advanced faster than others, all partners will be encouraged to strengthen activities related to the 3 I's: intensified TB case finding, IPT, and infection control. This includes support for routine (and WHO and NTP-recommended) contact tracing. Partner-specific activities are described below.
This activity is related to EGPAF activities funded in adult and pediatric treatment, systems strenghthening, Strategic information, systems strengthening and lab and infrastructure;

SUMMARY and BACKROUND
Through Project HEART, EGPAF/Mozambique is supporting the Mozambique Ministry of Health (MOH) to implement HIV care and treatment programs in four provinces (Gaza, Maputo, Nampula and Cabo Delgado). By the end of FY08, EGPAF will support the care and treatment services in 24 districts within four provinces and within the program a total of 32,391 patients were enrolled in care, with 10,408 ever receiving ART of which 629 children.

As of June 2008, 3,866 TB patients were counseled and tested. Of the 1,968 TB patients identified as HIV-positive (51%), 468 initiated ART (23.8%). While EGPAF has strengthened the linkages between TB and HIV, additional improvement is needed.

Care & Treatment: TB/HIV
During project year 4 (PY4) and PY5 EGPAF Mozambique has reinforced linkages between the TB and HIV services. Activities to this end included systematic counseling and testing of TB patients, systematic screening of HIV patients for TB and progressive implementation of INH prophylaxis and increasing the enrollment of co-infected patients in HIV care and treatment services.

To strengthen counseling and testing of TB patients, EGPAF/Moz has supported training of TB staff in HIV counseling and testing in the 24 districts currently supported. This resulted in an impressive 91% of TB patients getting counseled, tested and receiving their results. As a result over 90% of adult TB patients are counseled and tested and receive their test results. However, staging and screening for ART eligibility and initiation of ART remains low, between 18 and 28 percent of the total TB/HIV co-infected patients. Currently, 24% of the TB/HIV co-infected patients initiate ART, while 75% of co-infected patients receive CTX prophylaxis.

Regarding pediatric TB/HIV, the pediatric counseling curriculum and guidelines from MOH are nearly finalized and then will be implemented. Counseling and testing of pediatric TB patients will be improved over the coming year.

EGPAF has also worked with sites to ensure integration of TB staff into the ART committees and on-job training, thus reinforcing the link between TB and HIV services. .

EGPAF has supported the implementation of systematic ICF by orienting MOH staff tin the use of the screening tool and regular review of implementation in supported sites during direct supervision and mentoring. The current MOH/HIVQUAL exercise will help evaluate the results of systematic screening of TB among HIV + patients and improving access to ART for co-infected patients.

Through Quality Improvement activities, EGPAF has demonstrated increased referral efficacy from TB to HIV services of HIV + patients from nearly non-existent to rates varying from 40% to 100% depending of the Province and the reporting period. Challenges remain to identify more ART eligible patients; however, active monitoring of the efficacy of referral will identify weaknesses to be addressed. EGPAF intends to increase the percentage of TB-HIV co infected patients benefiting of ART from 24 % to 35% in FY09.

Regarding Isoniazide Preventive Therapy(IPT) and contact tracing, EGPAF will similarly monitor the systematical implementation of these policies in its supported sites, districts and Provinces during the second half of PY5. No data are currently available to assess how widely these policies have been implemented at field level.

ACTIVITIES AND EXPECTED RESULTS
During PY6, EGPAF will continue quality improvement reviews to reinforce the links between TB and HIV services in existing and new sites. EGPAF will ensure that MOH staff systematically counsel and offer HIV tests to all TB patients. The proportion of TB patients offered HIV CT will increase to 95% with a target of 3,866 TB patients.

EGPAF will reinforce MOH/TB staff capacity to manage HIV co infected patients.
EGPAF technical staff will train MOH staff on identification of complications related to TB, HIV and ART. A minimum of 66 staff members will follow formal training on TB and HIV co- management. EGPAF will provide direct site support to reinforce proper referrals from TB to HIV services. Additionallly will suport the the development of infection control plans in the sites (administrative and adequate environmental

Activity Narrative: measures). Education sessions and sensitization of patients and health staff will be provided to reinforce the importance of preventive measures and to avoid nosocommial TB infection.

Screening for ART eligibility and initiation of ART will be a priority. EGPAF aims to enroll 35% of TB-HIV co infected patients on ART.

EGPAF will strengthen contact tracing and implementation of INH prophylaxis, particularly targeting children. A target of 15% of adult contacts should be reached by end of COP 09. EGPAF plans to reach 25% of children below 5 years, known contacts of TB patients. This will be estimated through reviews of TB registers.

EGPAF will also ensure that MOH staff does implement systematic TB screening (using the ICF questionnaire) of HIV+ patients within the HIV services, and reinforce initiation and adherence to CTX prophylaxis for all eligible TB patients. EGPAF has set benchmarks for 50% of HIV patients registered within C&T services and 75% of patients on ART to be systematically screened for TB by end of COP09. A minimum of 1,673 HIV-TB co infected patients will be enrolled into care of which 586 will initiate ART.

- TB Laboratory capacity
Through laboratory mentoring in collaboration with FURJ/FUJB, three Provinces and 6 districts shall benefit from this mentoring program. Standard operating procedures and quality of TB investigations and protocols will be established and reinforced. This laboratory mentoring program will strengthen both Provincial and district levels in Maputo, Gaza and Cabo Delgado Provinces.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12965

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12965	8594.08	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	6352	3574.08	Track 1 ARV Moz Supplement	$450,000
8594	8594.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4869	3574.07	Track 1 ARV Moz Supplement	$145,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $55,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $2,534

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 10419.09 **Mechanism:** USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 9206.24296.09

Planned Funds: $140,092

Activity System ID: 24296

Activity Narrative: This is a continuing activity under COP08.

FHI will leverage TB-CAP funds to advance the integration of TB and HIV services, with special focus on CT for HIV in TB patients and linkages/referrals to ART services. Trainings on TB infection and control will take place across staffing in clinics and hospitals to include training on TB detection within HIV-related services. FHI will continue to collaborate closely with community-based organizations to enhance TB/HIV follow-up and adherence as well as assist in the strengthening of the monitoring and evaluation and supervision of the integration of TB/HIV services. In selected sites in Nampula, Zambezia, Sofala, and Gaza FHI will fortify community-based linkages between palliative care services and TB DOTS, including sub-agreements with Mozambican NGOs. Finally, FHI, again leveraging TB CAP funds, will finalize the rehabilitation of the Beira reference laboratory as well the Maputo central laboratory; FHI will also rehabilitate and equip one counseling and testing sites at the TB clinics in each province.

The narrative below from FY2007 has not been updated.

A new activity, which will be initiated during FY07 addresses the need for a more collaborative processes between clinic based and community based palliative care, especially in relationship to treatment adherence for TB and ARV. Although this has been the focus of community based care since the beginning, improvements can be made in the areas of collaboration and communication with NGO partners that are working in both clinic and community sites. Small amounts of funding will be provided to five partners who offer palliative care under the home-based care (HBC) model. HBC volunteers and their supervisors will receive training on treatment adherence for ARV and TB. Columbia University will develop training materials for ARV adherence under a separate USG supported activity and provide hands-on training to HBC volunteers so that they can assist their HBC clients to adhere to treatment drugs and determine if there is some reaction to the treatment regime. In addition, collaboration will occur with the MOH's TB program to ensure that HBC volunteers are correctly trained concerning the DOTS model and the MOH's vision for improving case detection and treatment success rates.

This activity was designed in collaboration with the emphasis in COP07 on improving TB/HIV programming. The activity is deemed important because of the recent information of mutated strains of TB found in neighboring countries that can easily cross the boarders.

Directly funding the NGO partners will help to build their own capacity in ARV and TB adherence support, creating a permanent buy-in to the importance of this effort. Thus it is expected that all HBC providers will receive training and that at least half of the HBC beneficiaries will be recipients of this expanded community -based service on treatment adherence.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15862

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15862	9206.08	U.S. Agency for International Development	Family Health International	7277	5078.08	USAID-Family Health International-GHAI-Local	$1,062,135
9206	9206.07	U.S. Agency for International Development	Family Health International	5078	5078.07	USAID-Family Health International-GHAI-Local	$6,509

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3680.09

Mechanism: The Health Communication Partnership

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 12268.24289.09

Planned Funds: $0

Activity System ID: 24289

Activity Narrative: This is a continuing activity in COP08.

It is expected that the main development and testing of IEC materials for TB/HIV activities will take place with FY07 funding. Additional funding at a reduced level is provided in COP08 in order to complete the behavior change communication package for TB/HIV services, with partners providing TB/HIV services in addition to those providing HBHC and with relevant community organizations such as faith based organizations and groups of PLWHA. No emphasis areas or target populations have been selected because this activity is intended to develop materials and behavior change strategies for use in TB/HIV programs in facilities and in the community.

The narrative below from FY2007 has not been updated. These activities taken together form a major initiative for providing technical assistance to the MOH/RESP (health education unit) and the CNCS (National AIDS Council) and implementation of communication strategies in support of all program areas at national and provincial levels, especially Zambezia and Sofala Provinces. JHU/CCP is also expected to serve as a resource and support to other Ministries such as the Ministry of Defense, Ministry of the Interior, Ministry of Education and Ministry of Women and Children as well as the NGO community and other USG PEPFAR agencies. With regards to HTXS, JHU will work with the MOH, CNCS and other partners to standardize, develop and produce according to the identified needs, IEC materials for TB/HIV activities such as TB education for PLWHAs, support for HIV testing of TB patients, need for TB treatment adherence. Because this activity is focused on IEC materials, targets are not applicable.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14521

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14521	12268.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6855	3680.08	The Health Communication Partnership	$100,000
12268	12268.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4893	3680.07	The Health Communication Partnership	$300,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 10811.09

Mechanism: TBD RFA Sofala, Manica, Tete, Niassa Community & Clinical Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 26546.09

Planned Funds: [redacted]

Activity System ID: 26546

Activity Narrative: The Sofala, Manica, Tete & Niassa Clinical & Community Services RFA will support quality improvement, expansion and integration of TB/HIV activities in each of the four targeted provinces. Selected partner(s) through this RFA will support district and provincial health authorities to implement the "Three I's" approach of Intensified Case Finding (ICR), Isoniazid Prophylaxis (IPT) and Infection Control (IC) at all HIV treatment sites. Local clinicians will be mentored in TB/HIV case management (improving case-finding and case-holding), the application of the national screening tool and information systems, implementation of standard's measurement for infectious control to reduce the spread of co-infection, and providing IPT and cotrimoxazole prophylaxis to adults and children in accordance with national guidelines/recommendations. Furthermore, the partners selected through this RFA will strengthen TB treatment sites to institute provider-initiated counseling and testing (PICT) for all TB patients (adults & children). Selected partner(s) will collaborate with local health authorities to strengthen referral protocols for co-infected patients from HIV sites to TB clinics and vice versa. TB contact tracing will also be strengthened at all sites, along with improved linkages with complimentary support such as HBC, nutritional support, ITN, safe water and adherence support. This RFA will require that selected partner(s) emphasize technical support at the district and provincial levels to ensure that they have the capacity to train, supervise and mentor field staff as well as to collect and analyze data in relation to the abovementioned areas.

Selected partner(s) will also support community-level TB-DOTS and mobilization activities in their target areas through joint community planning, the development of culturally and linguistically appropriate Information, Education and Communication (IEC) materials, participation in World TB days and the involvement of community leaders and traditional healers. Lastly, this RFA will require that selected partner (s) coordinate with other stakeholders supporting TB and/or HIV services in their areas of intervention (e.g. TB CAP, LEPRA, Damien Foundation, AIFO and TLMI)

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3650.09
Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: TB/HIV
Budget Code: HVTB
Program Budget Code: 12
Activity ID: 26542.09
Planned Funds: $65,000
Activity System ID: 26542

Activity Narrative: This is a new activity under this program area under COP09. In previous COP years, procurement of test kits for TB patients was incorporated into other program areas.

Mozambique has a high TB burden. In the 2007 Global TB Report (WHO, 2008), Mozambique was ranked 17th among high burden countries with an estimated incidence of 443 cases/100,000 population. The National TB Program (NTP) recognizes the importance of expanding TB/HIV services in Mozambique and progress in implementing these activities have been improving. The MoH endorses routine HIV testing to all TB patients using a provider-initiated model, provision of cotrimoxazole at TB clinics to all HIV-infected TB patients, including referrals for ART services and screening HIV+ patients for TB in all care settings: VCT, home-based care, and health facilities providing HIV treatment. To date, TB/HIV policies, training materials, and new reporting formats have been developed and implemented countywide. In FY08, USG funds (through PEPFAR and USAID TB-CAP resources) were used to provide technical assistance to MoH to continue and expand TB/HIV integration activities. A significant focus of these activities include the integration of HIV counseling and testing of TB patients - the "CT in Health" (CTH) model which has replaced the VCT model in Mozambique.

The Partnership for Supply Chain Management (SCMS) will receive a total of $65,000 for the procurement of HIV rapid test kits and TA. This amount will specifically cover HIV testing for approximately 37,800 TB patients, including 8000 persons with a confirmatory test based on a 40% prevalence rate among this population, and will be integrated into the TB/HIV program. This does not account for all TB patients who will be tested during FY 2009 but specifically related to this funding amount. As HIV test kit funds are allocated across different program areas and quantifications for testing for the country took into account all HIV testing activities, RTK needs for the TB program are also accounted for in the SCMS HVCT activity narrative.

In addition, SCMS will provide TA support to the MOH TB program for the overall management of test kits and in implementing the redesigned logistics system for HIV rapid test kits. MOH program staff involved in integrating HIV testing into TB services will be oriented in the laboratory and rapid test kit guidelines that were developed during the previous funding period. SCMS will also include relevant staff involved in management of the TB/HIV program in logistics management trainings, develop a logistics management training module for the NTP, and will serve as a resource to provincial level advisors and USG partners involved in TB/HIV integration for improving the management of supplies for the TB program.

TA funding is allocated primarily under the HVCT program area, with a small amoung allocated under TB HIV to ensure that staff from the TB program are included in trainings.

The support provided by SCMS to strengthen the MOH pharmaceuticals and medical supplies systems also complements and reinforces the efforts of the Presidential Malaria Initiative to ensure a reliable supply of anti-malarial drugs and test kits. Because SCMS is co-located with the USAID/DELIVER project, there is close collaboration and synergy between both mechanisms that support logistics system strengthening of CMAM.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: $16,257,235

Program Area Narrative:

With a general prevalence rate of 16%, nearly 1.6 million people are living with HIV/AIDS in Mozambique. The southern region is reported to have the highest HIV prevalence rates at 21% compared to the central region with 18% and the northern region at 9%. Within the southern region, Gaza and Maputo Provinces have the highest prevalence rates, 27% and 26%, respectively.

A 2006 UNICEF report on Childhood Poverty in Mozambique estimates that approximately 5.3 million children (50% of all children) are highly vulnerable. Of these children, 1.9 million are considered orphaned, with an estimated 400,000 (21%) orphaned due to HIV/AIDS. 100,000 children under 15 are living with HIV/AIDS, and only 7049 (SAPR08) children are on ART. Sofala and Manica provinces have the highest percentages of both maternal and paternal orphans and dual (both parents deceased) in the country. More than half of all orphans live in households headed by women.

Services:
In FY09 PEPFAR implementing partners will continue to: 1) improve the quality of life for orphans and other vulnerable children affected by HIV/AIDS by assuring the provision of a comprehensive package of basic services as required by the National Action Plan for OVC (PACOV) and OGAC Guidance for OVC programming; 2) provide quality OVC programs through the implementation of best practices in the area of OVC programming adapted to Mozambique's cultural context, and 3) strengthen the capacity of the community and community-based organizations to access needed services to ensure quality care for children. Implementing partners will continue to provide services to children infected and affected by HIV/AIDS. In FY09, USG will target a total of 220,000 orphans and vulnerable children; most of whom will benefit from at least 3 of the 7 essential services: 1) Food and Nutritional Support 2) Shelter and Care 3) Protection 4) Health Care 5) Psychosocial Support 6) Education and Vocational Training and 7) Economic Opportunity/Strengthening.

FY09 Priorities:
To ensure comprehensive, cost-effective, coordinated, and quality care for orphans and vulnerable children, FY09 activities will focus on establishing strategic partnerships that can be leveraged to ensure a continuum of care. OVC partners will implement programs as part of a consortium, strengthening community capacity to care and support children living with HIV and AIDS. These strategic partnerships will be required to establish memoranda of understanding with clinical partners providing services in their geographic area of implementation. The goal of this approach is to ensure that all vulnerable children in a catchments area are able to access services across the continuum of care including PMTCT, counselling and testing, pediatric treatment, home-based care, child survival interventions, IMCI, general prevention and positive prevention for adolescents.

These consortia will include multiple organizations with a comparative advantage in the 7 service areas. The lead organization, with oversight by the PEPFAR team, will be tasked with mapping services together with district health and social welfare authorities, to ensure that children access comprehensive care and support services within functional referral mechanisms in their service areas.

Zambezia and Nampula provinces present a unique opportunity to provide a comprehensive care package leveraging USG resources from Title II (Food Security) and other health programs within the context of major infrastructure investments financed by the Millennium Challenge Corporation. Peace Corps volunteers will provide training to local CBO and NGO in the technique of perma-culture, improving food security for the vulnerable households, while ensuring minimal labour output. This activity will also improve food security and nutrition for the household.

Food and Nutrition Technical Assistance (FANTA), cross-funded across several programs areas, will assist PEPFAR Mozambique, along with government and implementing partners, to effectively address the issue of food and nutrition within the context of HIV and AIDS. FANTA TA will support development and/or revision of training manuals, as necessary, to ensure more effective nutritional counselling during home visits, including education about exclusive breast-feeding and infant nutrition for HIV-infected or HIV-exposed children.

Focus on scale-up:
In order to ensure scale-up, sustainability, and support for the ever-growing number of OVC, alliances and partnerships with the private sector will be crucial. USG will collaborate with key private sector entities in areas where a common vision is shared and each partner's key resources and expertise are complementary. Such opportunities include training for OVC head of households in particular skills required by private sector partners (e.g. tourism, construction), the introduction of technology in OVC training, and linking trained OVC with employment opportunities.

USG continues to support the Ministry of Women and Social Action (MMAS) in the testing and scale-up of standardized age-appropriate community-level psychosocial support materials implemented through community volunteers, or "para social-workers." These materials were developed with input from the National Technical Working Group for OVC and with contributions from all major stakeholders. The training system to support their dissemination will be national in scope. This is particularly useful in establishing guidelines for what activities, at a minimum, should be included in a psychosocial support intervention.

Improve quality:

To more effectively support HIV-infected youth, an assessment of the value and effectiveness of psychosocial support interventions (including life skills, peer education, and mentoring) will be conducted with support from the Project Search mechanism. In 2008, Mozambique embarked on the process of defining quality standards for OVC services, with buy-in and support from MMAS and the National Technical Working Group for OVC. The process, continuing in 2009, and led by MMAS with support from USG, will not be limited to PEPFAR implementing partners but will include broad participation from national and international stakeholders, including OVC. The defined standards will greatly improve ability to cost, compare, and evaluate OVC activities with greater consistency across interventions.

Outreach to Especially Vulnerable Children:
In FY09 there will be greater emphasis on addressing the social, economic, and health needs of youth and adolescents. A partnership with the Ambassador's Girls Scholarship program will be expanded and target districts with the lowest retention rates for elementary school girls. The scholarships, coupled with mentoring and psychosocial support provided by OVC implementing partners, will provide the support girls need to remain in school longer and reduce the pressures to engage in high-risk behavior.

Strengthen Capacity:
Through technical assistance and organizational capacity building, the USG will continue to strengthen the Ministry of Women's Affairs and Social Action to more effectively lead the in-country response to OVC. AED Capable Partners will build the capacity of CBOs providing OVC and HBC services to structure their organizations so that they can plan, implement and monitor their programs effectively and access and retain funds.

Build knowledge:
Responding appropriately to the needs of OVC requires not only reliable data, but skills by key decision-makers in the Government of Mozambique to analyze this data and use it as a key tool in advocacy and decision-making. With USG support, and in partnership with UNICEF, MMAS developed a standard data collection tool, which captures basic information about OVC served (disaggregated by age, sex, and service received). All PEPFAR implementing partners will use this data form to report OVC served to MMAS at provincial level, which will then filter the information to national level. MEASURE Phase III will continue support to MMAS from FY08 to FY09 to build its capacity for M&E. MEASURE will also work with the Armed Forces of Mozambique (FADM), adapting the database developed for MMAS, to help FADM track the OVC of its members and ensuring that the military OVC data are fed into MMAS database without duplication. This work will help the FADM provide referrals and improve follow up of OVC from deceased military personnel.

MMAS, with support from USG, UNICEF and international donor organizations, will conduct a human-resource and capacity-gap analyses to identify what is needed to implement its women and child welfare services. This exercise will analyze structure and staffing of the ministry in relation to its core mandate and build on work done by UNDP in 2007.

Referral and Linkages:
Mozambique will continue to establish strategic linkages with the President's Malaria Initiative to ensure full insecticide-treated nets (ITN) coverage for OVC. Partners will also link, to the extent possible, with the World Food Program (WFP) to ensure short-term food support for OVC through referral, and to Title II and MMAS livelihood activities where feasible. OVC will also benefit from WFP school feeding programs. Implementing partners will ensure that all children in their OVC programs access national campaigns for de-worming, vitamin A supplements and vaccinations.

Policy:
The current National Action Plan for OVC and the National Action Plan for Children will come to term in 2010. USG along with the international donor community and local stakeholders will actively participate in the process of revising a new Action Plan for OVC and for Children. PEPFAR will support OVC and their caregivers by helping to mobilize and build the capacity of local organizations already working in the area of children, women and human rights. The goal is to bolster the capacity of these local organizations to more effectively lobby for laws and policies that provide protection to OVC. This activity will coordinate closely with USG advocacy efforts against trafficking in persons and promoting human rights.

USG will continue active participation in the monthly, national-level Technical Working Group, hosted by MMAS, which discusses policy and other issues as it relates to OVC. USG is one of five core members of the PARPA (Annual Poverty Reduction Plan) TWG, formed in 2008 to provide guidance and support to MMAS as it prepares inputs to the PARPA. This TWG is also a forum to discuss coordination of donor support to MMAS.

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	11331.09	**Mechanism:**	TBD Ambassador's Girl's Scholarship Program
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	27165.09	**Planned Funds:**	[redacted]

Activity System ID: 27165

Activity Narrative: April09 Reprogramming: Reduced $329,415.

This is a continuing activity under COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Ambassadors Girls Scholarship Program, currently implemented by WV/Rita's sub-partner ADPP, provides tuition assistance and mentors 2,500 primary school-aged girl OVC supported by PEPFAR in Sofala province.

The partnership with the Africa Education Initiative-Ambassadors Girls Scholarship Program (AEI-AGSP) will be expanded in FY09 with an OVC implementing partner (IP) still TBD. The IP will target provinces which register the lowest primary school retention rates in the country.

The AEI-AGSP not only supports education costs but more importantly provides mentorship and psychosocial support to vulnerable girls at risk of not attending or dropping out of elementary school. The OVC IP will provide caregiver training which includes sensitizing caregivers and the community in general of the importance of girls' education. In order to identify HIV+ OVC, who may need additional support and mentoring, the OVC IP will liaise closely with the HBC implementing partner and the clinical care partner in the district.

The OVC IP will work closely with local committees, district level social welfare and education ministries to identify community and government schools with girls who are most at risk and who are in need of financial and moral support to stay in school.

Orphans and vulnerable children due to HIV/AIDS will be linked to HIV prevention education and care programs. Children in school will automatically benefit from de-worming and vaccination campaigns, including prevention messages shared school. Children in school will also be more easily identified for referral to government social services that can reduce some of their household's vulnerability factors.

The objective of this activity is to help ensure that vulnerable girls, at risk of dropping out of elementary school, in school as long as possible, improving their health outcomes, delaying sexual debut, and early pregnancies and marriage. A Technical Advisor will be seconded to the Ministry of Education at central level to ensure policy and legislation are in place and being enforced to ensure a safe school environment for girls.

The OVC IP will providing care giver training and are well positioned to identify mentors or 'aunties' from the communities who have respect and standing and can effectively help sensitize the girls' families to the importance of education. Advocacy efforts, engaging teachers, students and local leaders will help create a more supportive, safe learning environment for girls and HIV infected and affected OVC (boys and girls) This activity will benefit 6,000 girls with education and psychosocial support services. 600 care givers will be trained in care for vulnerable children with this activity.

The AEI-AGSP implementing partner will also be engaged in the process of defining quality standards for OVC and will be guided by this process in implementing this activity.

This is the COP08 activity narrative:

The Ambassadors Girls Scholarship Program, managed by WV/Rita's sub-partner ADPP, provides tuition assistance and mentors 2,300 primary school-aged girl OVC supported by PEPFAR in Sofala province.

The narrative below from FY2007 has not been updated

This activity is related to: MTCT 9143; HBHC 9126; HTXS 9168 and HVCT 9157.

World Vision (WV) and sub-partner Aid for Development People to People (ADPP) will continue USG-supported OVC programs in 13 targeted districts in the Province of Zambezia and 3 targeted districts in Sofala Province, building on services started in 2004, expanded in 2005 and 2006. Based on this past experience of providing assistance to over 38,621 OVC, WV will continue to identify and document promising practices in OVC programming in Zambezia and Sofala Provinces. WV will continue to focus on OVC affected by HIV/AIDS within the age brackets of 0-5, 6-12 and 13-18 years of age. As all WV projects, clients will be chosen on the basis of need without regard to religion or ethnic grouping.

World Vision's "RITA" Project will continue to provide care and support to improve the lives of OVC through the provision of a comprehensive package of six quality services. RITA will also continue to strengthen the leadership role of communities through the Community Care Coalitions (CCCs) who will continue to be the primary mechanism for providing care and support to OVC, PLWHA and vulnerable households, as well as for referrals to essential services available in the community and clinical setting.

Through the CCCs and other local organizations, RITA (WV and ADPP), will ensure the provision of the six essential services for OVC, as defined by the USG PEPFAR team in Mozambique and the Ministry of Women and Social Action (MMAS). WV will continue to work closely with the Ministry of Health to provide preventative and clinical care for infants and older children, especially HIV-infected children and with the Ministry of Education to ensure that OVC are attending and advancing in school.

For the most vulnerable OVC and PLWHA and their families, emergency food support will be distributed to ensure food security in the short term. At the same time, interventions will be implemented jointly with WV agriculture/livestock projects and other available resources to move ahead to food self-sufficiency. RITA will continue working to ensure that linkages with existing food-security and micro-finance projects are

Activity Narrative: enhanced. WV will coordinate and collaborate with other NGOs, such us Project Hope, so that CCCs, networks and organizations whose institutional capacity WV will strengthen will have access to small grants to better enable them to carry out and expand community-based activities. Additional training will be given to community-based volunteers (Home Visitors – HV), and WV supervisors and volunteers will work closely with the MOH personnel to ensure that adequate care is provided to infants and young children who are part of this program. Also, an added emphasis will be placed on joining with new projects and organizations to advocate for the needs of OVC and to further build their capacity. The training of all CCCs will be ongoing and continuous, and designed to ensure that CCCs have the capacity needed to be effective as well as the organizational maturity required to function over the long-term.

WV will continue to assess the quality of services provided to OVC. In FY06, they have developed standards that fit with community normative levels. Their assessment tools will now measure if OVC under care are receiving services up to the standard set by the community. They will continue to adopt tools and methodology to determine how OVC benefit from services provided over the years.

One element in providing for OVC/PLWHA support is the sustainability of the community-based organizations (CBOs) leading the effort. Key to RITA's sustainability strategy is ensuring that the FBOs/CBOs/CCCs and their members have the capacity to carry out their important OVC/PLWHA care and support activities in the long term. To this end, WV has developed an Organizational Capacity Building (OCB) Guide focused on strengthening the general organizational capacities (as opposed to HIV/AIDS-specific technical skills) of CBOs/CCCs. The iterative three stage OCB process begins with organizational self-assessment, followed by selected training based on the results of the assessment, and supplemented with additional follow-up support. In COP07, WV will apply this new strategy to strengthen 2 local organizations and 40 CCCs.

A special emphasis in COP07 will be to coordinate and expand existing programs of non-governmental organizations dealing with child protection and family support in close collaboration with the Child and Family Initiative ($20,000).

COP07 targets include reaching 43,580 OVC with all 6 services and training 2,900 care providers to oversee the OVC activities in the community and report results to their supervisors.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 12254.09
Mechanism: OVC Project
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 29868.09
Planned Funds: [redacted]
Activity System ID: 29868
Activity Narrative: Placeholder for OVC project
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3674.09
Mechanism: USAID-Foundation for Community Development-GHAI-Local
Prime Partner: Foundation for Community Development, Mozambique
USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5320.24283.09

Activity System ID: 24283

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: $503,117

Activity Narrative: April09 Reprogramming: Increased $503,117.

This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008

This is a continuing activity under COP08. In FY08, $450,000 in additional funding has been allocated to FDC to allow them to expand OVC activities, reaching an additional 4,000 OVC with at least three services. FDC will target increased OVC activities in Inhambane and Gaza provinces where it is noted that existing HBC activities do not have any linkage to OVC activities. The organization will continue to seek out the most vulnerable OVC, with a special empahasis on those living with a single, bed-ridden parent or living with an elderly person, in order to refer them to “Reference Families”, neighbors accepting co-responsibility for OVC. This community-based model of caring for OVC is able to take place as FDC and its Sub-partners, which are local organizations with extensive cultural understandings of targeted communities, and have a unique relationship with their communities.

A portion of the increased funding will allow FDC to replicate their income generation project in Maciene which targets OVC and their caregivers. The current Maciene project in Gaza provides vocational training in crafts production and basic business management enabling participants to produce high-quality crafts which are sold at a profit, benefiting OVC and their caregivers. The model has proven successful and resulted in exportation of goods to neighboring countries in Southern Africa. The model not only benefits the OVC and their caregivers but provides community members with added income as the mostly organic materials are purchased locally. $150,000 will be allocated to this activity.

FDC will no longer continue to provide technical assistants seconded to the central Ministry of Women and Social Action under COP08. This activity will be funded through other donors and NGOs during FY08 allowing the USG to focus TA for MMAS at the provincial level.

The program will partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets. In collaboration with PSI, FDC will distribute LLIN and Safe Water Systems (SWS - "Certeza") to OVC in an effort to improve the health status of children and their families.

The below activity narrative from FY2007 has not been updated.

This activity is related to: HBHC 9132; HVAB 9112; HVOP 9152; HVTB 9127 and OHPS 9212.

In this activity, the Foundation for Community Development (FDC), through local CBO/FBO sub-grantees, will continue to provide a basic care package of services to OVC in the Maputo Corridor (Maputo City, Maputo Province, Gaza and Inhambane). This activity will continue to provide support to OVC who have received services with previous FY 2004-2006 funds, and will extend services in FY07 to reach 17,770 OVC with the six essential services, as defined by the Mission and the Ministry of Women and Social Action and train 1,185 people to provide services to OVC and their caregivers.

The FDC is the USG 's only national NGO partner. The FDC started HIV/AIDS activities in the high prevalence area of the Maputo Corridor in 2001 – before PEPFAR. One of the main goals of FDC is to assist community-based NGOs in managing their own programs and accessing funds from a variety of sources. To this end, they are currently working with 19 sub-partners (including the provision of small grants) who are, in turn, supporting 44 other groups and association members. These CBOs and FBOs work with community-based programs supporting HBC and OVC. To date, FDC and their partners are providing services for 19,145 OVC, well above their target of 16,900.

The FDC works with community-based organizations that are as varied as the communities. Most communities in the Southern region have some formalized community leadership structure. FDC’s sub-partners mobilize, engage and involve leaders of the committees/counsels to support OVC and HIV-infected people. OVC that are found to be on their own, living with a single bed-ridden parent or living with an elderly person are provided with “Reference Families” who are neighbors that accept co-responsibility for the OVC. Sub-partners will work closely with clinic personnel to ensure that free health care is provided to vulnerable infants and children. Community “activistas" will be trained in advocacy and skills to access other safety net programs for which OVC are eligible, such as welfare, emergency food rations, vocational training, etc. FDC has began a program on providing 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) through linking with AB activities funded under PEPFAR. 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. Partnering with Habitat for Humanity (a sub-grantee under PEPFAR), FDC has been able to build 8 houses for OVC and their households, while providing training in house building for older OVC as a trade skill. Partnering with WFP allows emergency rations for the very needy children in these drought prone areas; food supplements also benefit ART patients in treatment adherence.

During this past year, FDC, with USG support, provided two technical assistants seconded to the Ministry of Women and Social Action to strengthen ministry personnel in OVC and related HIV/AIDS programs, policy development and monitoring and evaluation. A follow-on to this activity will be continued through another USG-supported mechanism that will include a provincial focus.

During COP07, the FDC will be working in collaboration with the Children and Family Initiative to assist the Ministry with drafting, disseminating and implementing appropriate legislation consistent with international standards for child protection ($30,000). The FDC will also be coordinating and expanding existing programs of non-governmental organizations dealing with child protection and family support in close collaboration with the Child and Family Initiative. ($20,000)

New/Continuing Activity: Continuing Activity

Continuing Activity: 14316

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14316	5320.08	U.S. Agency for International Development	Foundation for Community Development, Mozambique	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	$1,448,430
9148	5320.07	U.S. Agency for International Development	Foundation for Community Development, Mozambique	5040	3674.07	USAID-Foundation for Community Development-GHAI-Local	$1,048,430
5320	5320.06	U.S. Agency for International Development	Foundation for Community Development, Mozambique	3674	3674.06		$600,802

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 10419.09

Mechanism: USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 15880.24297.09

Planned Funds: $0

Activity System ID: 24297

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008.

This OVC intervention is a new activity for Family Health International (FHI). FHI has provided PMTCT, HBC and treatment services with PEPFAR funding in four districts in Zambezia province in close cooperation with the Provincial Health Directorate.

In FY08, FHI will provide PMTCT, ART, HBC and OVC services in Niassa province, modeling a comprehensive package of care.

Although providing OVC services is a new activity for FHI in Mozambique, FHI as an organization has demonstrated a strong background in this program area. In 2007, UNICEF contracted FHI to conduct regional workshops to improve mechanisms for monitoring and reporting at the regional levels and coordinated monitoring and evaluation (M&E) efforts among stakeholders (which included Mozambique) involved in the implementation of each member country's National Plan of Action. The general objective of these workshops was to strengthen in-country capacities in M&E of orphans and vulnerable children programming and frameworks.

Building on the lessons learned and experiences shared in the 2007 workshop, FHI is well positioned to work with the Provincial Ministry of Women and Social Action (MMAS). During this workshop, Mozambique acknowledged their relatively low level of preparedness in monitoring and evaluation in OVC programming. MMAS identified the following technical assistance needs: 1) harmonizing OVC indicators in order to ease the flow from specific project indicators to more general HIV/AIDS indicators; 2) learning about mechanisms to create interconnected systems of data collection; and 3) providing support to implementers in order to advise them on how M&E activities should be performed.

Under this activity FHI will provide direct OVC services. FHI strives towards two goals in OVC care: 1) providing compassionate and comprehensive care and 2) strengthening and improving program quality. Their approach is to work with FBO/CBO to develop long term responses to OVC needs by building their capacity to coordinate and sustain OVC services. FHI also aims to strengthen linkages among service providers to coordinate coverage and ensure sharing of lessons learned. The specific approach used in Niassa will be developed in close collaboration with local communities and district and provincial authorities.

FHI will partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets. In collaboration with PSI, FHI will distribute LLIN and Safe Water Systems (SWS - "Certeza") to OVC in an effort to improve the health status of targeted children and family members.

FHI will reach 650 OVC with the six essential services and train 35 individuals to provide OVC services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15880

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15880	15880.08	U.S. Agency for International Development	Family Health International	7277	5078.08	USAID-Family Health International-GHAI-Local	$630,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3685.09

Mechanism: USAID-USAID-GHAI-Local

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 11415.24114.09

Planned Funds: $182,280

Activity System ID: 24114

Activity Narrative: This is a contuing activity under COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity will fund 100% of the Project Management Specialist salary, 50% of the Community Based Support Specialist salary, and 50% of the Sr. Health and Nutrition Advisor's salary. All are existing positions.

The Project Management Specialist (OVC Program Manager) - This is a new activity in that it is organized in a different way, but it is also a continuation of the Activity ID# 11415 in COP08. This position is responsible for managing the OVC portfolio of the SO-9 HIV/AIDS Team in USAID/Mozambique, with shared responsibility with the OVC/HBC Advisor for full CTO oversight and professional management, implementation, and direction to up to ten (10) activities that are conducted by a variety of Implementing Partners (IPs). The assignment includes responsibility for monitoring and evaluation of existing program activities and for implementing new activities, as required. The PMS participates with professionals of all Mission Sectors in the planning, design, development, management, and monitoring of USAID programs. In the course of the assignment, the Specialist will represent USAID, its activities, and its programs to senior host-government counterparts (at Ministerial levels, local government leaders, counterparts, etc.), to other donor agencies, and to NGO counterparts and the private sector.

The Community Based Support Specialist (CBSS) provides technical leadership to assist in responsibilities for planning, implementing, monitoring and overseeing activities related to community care, in particular care for OVC and home based care & support for PLWHA. The CBSS also serves as CTO for and activity manager for several community-based projects, and has responsibility for ensuring coordination for community based care programs funded by USAID through a variety of governmental and non-governmental partners at provincial, district and community levels.

The Sr. Health and Nutrition Advisor is responsible for technical leadership and assistance to implement care approaches within USAID/Mozambique's portfolio, as well as technical and management support for nutritional care for people living with HIV and AIDS and orphans and vulnerable children. In addition, the consultant will focus on food for treatment adherence and mother-to-child transmission (MTCT). The consultant will also coordinate closely with the Mission's PL 480 and agriculture programs, leveraging their resources and expertise to strengthen the HIV/AIDS Office's work in nutrition, and will provide consistent, high quality technical assistance to the USAID program, the broader USG program and the Government of Mozambique. The consultant will substantially increase the quality of USG programs as well as transfer skills and best practices to the Government of Mozambique programs and institutions.

This is a continuing activity under COP08. The FY2007 narrative below has not been updated.

This activity funds a full time FSN position responsible for OVC activities, created in response to the OGAC recommendation. This position is part of the Community Based Care unit of the HIV and AIDS team, and reports to the Senior Community HIV Specialist. Responsibilities include: 1) work with USG/OVC partners to improve quality in programs; 2)work with the Ministry of Women and Social Affairs on policy, monitoring and evaluation of OVC programs; 3)serve as the contact for the OGAC technical working group on OVC; 4)activity manager, and when qualified, CTO for OVC programs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13358

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13358	11415.08	U.S. Agency for International Development	To Be Determined	6449	3673.08	USAID-TBD Local (USAID)-GHAI-Local	[redacted]
11415	11415.07	U.S. Agency for International Development	To Be Determined	5048	3673.07	USAID-TBD Local (USAID)-GHAI-Local	[redacted]

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 9310.09 **Mechanism:** Fanta II GHN-A-00-08-0001-00

Prime Partner: Academy for Educational Development **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Care: OVC

Budget Code: HKID **Program Budget Code:** 13

Activity ID: 21429.24124.09 **Planned Funds:** $350,000

Activity System ID: 24124

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity is being funded across PMTCT, OVC, HBHC, and treatment.

This activity will strengthen nutrition support for PLWHA, including HIV-positive pregnant and lactating women in PMTCT programs, and OVC, particularly the integration of nutrition assessment, counseling and support within clinical care and treatment services (hospital and health center levels), while linking patients to food security and livelihood assistance at the community level. FANTA II will also provide support and TA to partners and the Ministry of Health for maternal nutrition interventions and facilitate the integration of infant and young child feeding interventions into PMTCT programs.

The Academy of Educational Development (AED)'s Food and Nutrition Technical Assistance Project II (FANTA) has assisted numerous countries in Sub-Sahara Africa to formulate policies and technical guidance for HIV/AIDS and nutrition, develop appropriate training curricula and job aides for nutrition support, and establish programs to directly address the nutritional needs of those who are most vulnerable within HIV/AIDS care and treatment programs. Drawing heavily on this experience and using/adapting materials from other countries, FANTA will provide support to PEPFAR/Mozambique to: (1) develop a USG strategy for food and nutrition 2) strengthen and re-vitalize Ministry of Health Technical Working Groups and other coordination mechanisms on nutrition and HIV 3) revise/develop training materials and job aids 4) assist in developing plans and participate in a visit to Nairobi by representatives of PEPFAR/Mozambique with National AIDS Council, Ministry of Health and Social Welfare Ministry, to observe the PEPFAR/Kenya-supported Food-by-Prescription (FBP) and the AMPATH Program at hospital and other Comprehensive Care Center ART sites and the InstaProducts Ltd. supplementary food production facility; 5) work with implementing partners responsible for clinical sites to establish training and QA approaches to effectively integrate and strengthen nutrition assessment and counseling within all PEPFAR-supported care and treatment sites (including PMTCT) 6) provide recommendations on specifications for appropriate daily multi-micronutrient supplements for adult PLWHA, PMTCT pregnant/lactating women, and OVC whose diets are likely to be inadequate to meet basic vitamin/mineral requirements.

Finally, FANTA will share current scientific knowledge and program experience from other countries with PEPFAR/Mozambique and its implementing partners, particularly with regard to linking clinical nutrition support with food security and livelihood assistance, including "wrap-arounds" with food aid and MCH/nutrition programming, to address the longer-term food and nutrition needs of OVC and their families.

This is the activity narrative from FY08

Reprogramming August08: Aim of this agreement is to take finding and tools from recent assessment and establish an implementation strategy fro community based implementing partners across all USG agencies. This activity will also support Ministry of Health, Women and Social Action and others in revising, developing and disseminating foad and nutrition policy. This activity will support the establishment of uniform practices and understanding amongh all USG oVC implementers on how, collectively, efforts can contribute to sustainable food security and nutrition for OVC with the context of HIV and AIDS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 21429

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21429	21429.08	U.S. Agency for International Development	Academy for Educational Development	9310	9310.08	Fanta II GHN-A-00-08-0001-00	$300,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* TB

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$300,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 9316.09
Mechanism: AED Dot.org
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 21436.24126.09
Planned Funds: $0
Activity System ID: 24126
Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008.

Reprogramming August08: This activity will focus on OVC in Beira, Sofala -- a province with one the highest prevalence rates in Mozambique. This activity will target youth in urban/peri-urban setting, aged 13-17. The is to enable youth to acquire a set of skills, abilities, behaviors, attitudes and perceptions that will enable them to create positive futures, and internalize HIV prevention messages that empower them to live an HIV free life. For the youth who are HIV+, this activity will empower them to live positively with their status. some of the outcomes expected from this activity include: delayed pregnancy and marriage, increased language and math skills, improved nutrition and general health, decreased economic vulnerablity. Currently there is no activity in Mozambique that targets providing vulnerable youth with a concrete set of skills that will help them transition into adulthood, becoming productive members of their communities. Year one of this activity will also focus on opportunities to scale up and partner with private sector.

New/Continuing Activity: Continuing Activity
Continuing Activity: 21436

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21436	21436.08	U.S. Agency for International Development	Academy for Educational Development	9316	9316.08	AED Dot.org	$700,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 9709.09
Mechanism: Health Scholarship Program
Prime Partner: Africa-America Institute
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 22529.24133.09
Planned Funds: $0
Activity System ID: 24133
Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008.

Reprogramming August08: This newly-launched long-term Health Scholarship program is focused on building the capacity of professionals in public health, social services and other related areas. Priority is given to candicates who want to pursue studies in the area of improving impact of health interventions at community level. Scholarship recipients who graduate will be required to return to MMAS or other government agency for at least 2 years of service. It is expected that this activity will increase advocacy for improvement in community health services to OVC. This activity supports scholarships for Masters degrees in public health at a various universities in Africa.

New/Continuing Activity: Continuing Activity
Continuing Activity: 22529

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
22529	22529.08	U.S. Agency for International Development	Africa-America Institute	9709	9709.08		$100,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 9302.09
Mechanism: Project Search
Prime Partner: Boston University
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 21407.24264.09
Planned Funds: $400,000
Activity System ID: 24264

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Although, implementing partners routinely gather quantitative information about psychosocial support programming (numbers of peer educators trained, number of children attending peer clubs, etc) limited information is actually gathered on the outcome of such activities and what contributions are made to the overall well-being fo the OVC.

With technical assistance from the Boston University School of Public Health, PEPFAR Mozambique will assess impact psychosocial support interventions on OVC in Mozambique. This is a timely program evaluation given increased attention and focus by implementing partners, the Ministry of Health and Ministry of Women and Action are placing increased emphasis on pyshosocial support interventions and economic strengthening activities for vulnerable children and youth.

Information yielded from these evaluations will inform programming decisions for the Mission as well as the Ministry of Women and Social Action. All vulnerable children benefiting from psychosocial and econonic strenghening will benefit from more effective and meaningful interventions in these OVC service areas.

This is the FY08 activity narrative:

Reprogramming August08: The goals of this task order are to – 1) fill critical gaps in the OVC research evidence base to guide cost-effective programming of OVC resources; 2) guide alignment of OVC programs to complement national-level responses, frameworks, and plans of action for OVC; and 3) identify strategies and approaches to improve the coverage, quality, effectiveness, and impact of OVC programs. Mozambique expects activities implemented under this Task Order will provide critical information to inform program decisions and ensure scale up services without sacrifcing quality.

New/Continuing Activity: Continuing Activity
Continuing Activity: 21407

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21407	21407.08	U.S. Agency for International Development	Boston University	9302	9302.08	Project Search	$400,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	7229.09	**Mechanism:**	Habitat for Humanity
Prime Partner:	Habitat for Humanity	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	15766.24284.09	**Planned Funds:**	$1,150,000
Activity System ID:	24284		

Activity Narrative: THIS IS A CONTINUING ACTIVITY. THIS IS A REPLACEMENT NARRATIVE FROM FY2008 COP
Activities in this project 2,700 OVCs and their caretakers will be served through the following: 1) Construction or improvement of 900 shelters and ventilated pit latrines. 2) Writing and authorization of inheritance plans to protect property rights of 900 families receiving HFHMz shelter interventions 3) Distribution of long-lasting insecticide treated nets (LLINs). 4) Provision of Certeza water purification kits. 5) Training in health (including use of LLINs to prevent malaria, use of Certeza kits, basic hygiene).

HFHMz will target the rural districts of Manica and Gondola in Manica Province (Central Region) and rural districts within Nampula and/or Zambezia Provinces (Northern Region). Within these areas, HFHMz targets poor families caring for OVC. Priority is given to families with sick and/or dying caregivers and parents; child headed families; families headed by the elderly; and homes that are providing foster care for local orphans of family members or neighbors. In most households one or two caregivers care for an average of three OVC.

Specific Services provided to OVC
Construction of healthy housing and latrines for families: Because HFHMz is working with the “poorest of the poor”, housing is 100% subsidized. Most beneficiary families make 50-100 Mozambican meticais a week (USD2-4) and cannot afford a loan on a new home. Rather than repay loans which may increase vulnerability, families are asked only to participate in “sweat equity” by providing some local materials, cooking food for builders, and acquiring water for cement foundations and floors. In some cases, when the family consists of young children and an elderly grandparent and manual labor is impossible, the local volunteers and neighbors are asked to help on their behalf.

Focusing on traditional technology promotes a cost effective design and stimulates the development of skills and trades which increases the likelihood of such artisans finding future income or employment as they have greater skills and experience to offer. As these skills are used and encouraged, the quality of housing built through such traditional process also improves. This traditional technology approach does not compromise on quality. Modern materials (i.e. cement floors) or materials processing techniques are used when necessary to improve the house in terms of structural integrity and improved sanitation. No house is considered complete unless it includes an improved ventilated pit latrine. VIP latrines are often separate standing structures. HFHMz also does not destroy any existing structures as many times the old house can be useful as an extra storage space or as a kitchen.

New homes are built on plots of land that families have acquired previously whenever possible. HFHMz works with the local government to supply families land if and when they do not have existing rights to land. Note: The government owns all land in Mozambique and allocates land through local government units through rights of occupancy allowing families to develop assets for their well-being. In rural communities, families are ‘given’ occupancy rights.

Inheritance planning and writing of wills to ensure the house remains an asset for the children: Families (mostly single mothers and grandmothers caring for OVC) learn about property and land rights and discuss the necessity of protecting their assets from relatives and neighbors. The training includes a day of discussion and learning about the laws and rights of Mozambicans and their children, discussions about the traditional practices and their impacts (e.g. a brother-in-law taking the family land when his brother dies and removing the original family.

HFHMz facilitates the process of writing a legal will by bringing a jurist/magistrate to the community to talk to each family and fill out the forms necessary for families to certify their succession wishes in a formal government document. These official documents and the local leaders' participation, along with large groups of women with knowledge of their legal rights, will help protect the children from property grabbing in the future.

HFHMz is successfully implementing this program in Maputo Province. So far, about 150 families have written and received certified copies of their wills. HFHMz will be expanding the program and making the curriculum available to partner organizations. A short term consultant will be hired to update the curriculum and work directly with the National Directorate for Notarization and Registry to officially authorize the curriculum. Once officially recognized, HFHMz will work with the Directorate to incorporate the training model into outreach efforts across the country.

Provision of mosquito nets and water treatment kits HFHMz aims to prevent malaria by ensuring that every household member sleeps under a long lasting insecticide treated Net (LLIN). Nets are provided free of charge because otherwise the targeted beneficiaries would not be able to afford them. Initial training in use occurs with HFHMz training staff but family representatives are then chosen and trained to carry out peer to peer training. This occurs because as the community of partner family grows to 100+ families, HFHMz staff need local peer to peer representatives to help in follow up and daily training tasks. Mosquito net training and water treatment training are more effective when done in the home. Monitoring of usage occurs through HFHMz staff in order to verify the quality of the training as it is handed over to local family representatives.

HFHMz has worked with Population Services International (PSI) since 2006 to train local and national staff to lead workshops on the importance of and proper usage and mounting of treated mosquito nets. PSI has also trained HFHMz staff on Certeza, a water treatment liquid that can be incorporated into common household practices to make water appropriate for drinking and cleaning vegetables.

HFHMz will explore other, more permanent water solutions (i.e. boreholes, rainwater catchments) with organizations such as WaterAid and other NGOs who provide water solutions.

Home Maintenance Training : All HFHMz partner families that receive homes will be trained on basic home maintenance to enhance the durability and longevity of the asset. Homes are made of renewable and maintainable materials but require monthly and annual maintenance. HFHMz staff train families to ensure that these basic levels of maintenance will occur to protect the housing investment. Maintenance usually

Activity Narrative: consists of sweeping the yard and checking the foundations and wood for termites. Daily sweeping on cement areas can keep the termites away from the natural products. Further, families must re-plaster walls (for adobe construction) on an annual basis. Re-plastering is a free process (water and mud) but is required for the home and latrines to maintain their aesthetic and structural integrity over the long term. In addition to participation and the practical learning that occurs throughout the construction process, all family head of households (and older OVC) are also required to attend a day long course conducted by the local construction quality control officer.

Family health education on HIV/AIDS, malaria and other related health issues:
With its focus on shelter delivery, HFHMz does not directly provide HIV and technical health training. Instead, partners in each community provide health training and home-based care services. To encourage ongoing use of the nets and Certeza kits, HFHMz trains all homeowners on their importance and how to properly use them. Currently, mosquito net and Certeza training is done on a house by house basis through partners, rather than in a formal training environment. Project officers help families mount the nets and demonstrate the proper use of Certeza.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15766

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15766	15766.08	U.S. Agency for International Development	Habitat for Humanity	7229	7229.08	Habitat for Humanity	$850,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights

Health-related Wraparound Programs

* Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $0

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $0

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening $80,000

Education

Water

Estimated amount of funding that is planned for Water $80,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3701.09
Mechanism: Track 1
Prime Partner: Opportunity International
USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 5345.24303.09
Planned Funds: $391,615
Activity System ID: 24303

Activity Narrative: THIS IS A CONTINUING ACTIVITY.
Based on lessons learned from implementing this program, Project Hope has decided to discontinue making loans to its beneficiaries. Rather, PH will focus on group savings and loans, building the capacity of vulnerable families save and manage funds, and build wealth over time. PH has determined that its beneficiaries are at risk to increased vulnerability created by debt. Targets have not been updated.

This is a continuing Track 1 activity under COP08 with no increase in funding levels over FY2007. The FY2007 narrative below has not been updated.

Since April 2005, Opportunity International (OI) and its sub-partner Habitat for Humanity (HFH) work together to address basic income and shelter needs of orphans and vulnerable children and the communities who care for them . OI provides loans, savings and insurance to individuals who are caring for vulnerable children impacted by HIV/AIDS through its Banco Oportunidade de Mocambique (BOM) branch networks in Manica, Sofala, Zambezia and Maputo provinces. Habitat for Humanity provides capacity building support to community groups and fosters the management of home construction projects by locally elected volunteers committees.

Opportunity International's efforts provide wrap-around programming for OVC. No direct targets are reported. However, OI provides essential services through working closely with other partner programs.

From recent OI 2006 data, lending to caregivers has reached 3,895 people and 53% of the loan recipients are women; thereby increasing women's access to income. There are three credit services that can be accessed by caregivers based on capacity and need. The first product is a Trust Bank Loan and is available to groups of 10 to 20 members. The Trust Bank Loan group membership is self-selected and facilitated by a loan officer. The second product offered is a Solidarity Group Loan which is designed for a smaller group, also self-selected, ranging in membership of 4 to 8 people. Finally, individual lending is offered to caregivers who have larger businesses and can afford larger loans.

All three service groups have bi-weekly meetings to discuss issues related to their loans, economic and social issues in their community and the impact of HIV/AIDS. OI has partnered with Health Alliance International and Project Hope to provide the curriculum and conduct the training on HIV/AIDS prevention and care for OVC for their members. The training is focused on increasing their knowledge of caregivers on HIV prevention, care and mitigation in order to strengthen their capacity to provide sustainable support and protection for OVC. In addition, caregivers are trained on succession planning with the aim of increasing their knowledge of property and inheritance rights, particularly of women and children.

In addition to the loan opportunity, BOM offers savings products to caregivers. These savings accounts provide caregivers a place to protect their earnings from their micro-enterprise efforts or additional income sources. The money set aside can later be used for emergency purposes and expenses related to caring for OVC such as payment of school fees, medicine, clothing and food. Furthermore, BOM has developed a credit life insurance product that pays off the outstanding debt of the borrower in case of death. This ensures that the needs of the OVC are not catastrophically disrupted by the death of a caregiver.

BOM is also investigating the development of a funeral insurance product for both loan borrowers and savers. The funeral coverage will provide for a decent burial for the OVC or the caregiver, in case of death, which the family would have otherwise not afforded. It addition it will keep the OVC from needing to raise money to cover funeral expenses. The policy will further protect the assets left behind for the OVC. In cases where the OVC is old enough and has been trained to take over the business of the caregiver, he/she would use some of the proceeds from the policy to continue running the business.

As a sub-grantee, Habitat for Humanity focuses on mobilizing local committees and/or community-based organizations to identify families caring for OVC and in need of improved shelter. In FY06, through the organizing of these families and community volunteers, HFH has constructed and/or renovated a total of 68 houses. Families and community members gained knowledge and skills in construction, sanitation improvement and inheritance planning through these efforts.

In FY07 OI will reemphasize their efforts to seek further collaborations with existing PEPFAR partners (Food for the Hungry, World Vision and Africare) in Manica, Sofala, Maputo and Gaza provinces to improve training for caregivers on HIV/AIDS care and prevention. In addition, HFH will expand its work to 7 communities, constructing and/or renovation a total of 172 homes for caregivers and OVC. HFH will continue to work with government and legal assistance programs to train caregivers about rights of women and children to inherit houses, and ways that families can protect their inheritance (i.e. legal wills, agreement by community leaders, family memories and documents indicating plans).

New/Continuing Activity: Continuing Activity

Continuing Activity: 14330

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14330	5345.08	U.S. Agency for International Development	Opportunity International	6778	3701.08	Track 1	$305,690
8229	5345.07	U.S. Agency for International Development	Opportunity International	4786	3701.07	Track 1	$530,447
5345	5345.06	U.S. Agency for International Development	Opportunity International	3701	3701.06	Track 1	$372,782

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights

Health-related Wraparound Programs

* Child Survival Activities
* Malaria (PMI)

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening $391,615

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5085.09

Mechanism: USAID-United Nations Children's Fund-GHAI-Local

Prime Partner: United Nations Children's Fund

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 15817.24353.09

Planned Funds: $0

Activity System ID: 24353

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008.

Reprogramming August08: Funding decrease by$835,158.

This is a continuing activity COP08. UNICEF will continue their M&E work at the national level and will start work to improve the performance of Provincial and District Directorates of Women and Social Action (DPMAS) in their coordination of monitoring and evaluating service delivery and in their role as coordinators of provincial technical working groups. In FYO8, UNICEF will expand this effort to include all 11 provinces in Mozambique. This activity aims to train 4,000 MMAS staff (those working at local, district and provincial levels).

An additional component to this activity in FY08 will include work with MMAS to facilitate community participation in planning, development and implementation of action plans that will ensure that 165,000 OVC have access to the six essential services via a community referral system.

Targets for this activity are attributed to SI.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15817

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15817	15817.08	U.S. Agency for International Development	United Nations Children's Fund	6784	5085.08	USAID-United Nations Children's Fund-GHAI-Local	$0

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3697.09

Mechanism: Track 1

Prime Partner: Africare

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 5342.24134.09

Planned Funds: $522,984

Activity System ID: 24134

Activity Narrative: THIS IS A CONTINUING ACTIVITY. ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS. Africare will not expand activities to districts in Sofala with field support funds. Though Africare Track 1 Agreement will go through 2010, Mission has not included field support for this agreement in FY09 as Manica province will have an RFA posted for OVC services in January 2009.

This is a continuing activity under COP08. With additional funds allocated to this Track 1 agreement, via field support (see activity narrative 9110.08), Africare will be able to provide supplemental direct support to an additional 50,000 OVC.

The program will partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets. In collaboration with PSI, Africare will distribute LLIN and Safe Water Systems (SWS - "Certeza") to OVC in an effort to improve the health status of targeted children and family members.

The FY2007 narrative below has not been updated.

This activity is related to USAID_HKID_Africare_Activity# 9110.

Africare has been an active partner in OVC programming from the beginning of PEPFAR under Track 1 funding. They have had the only OVC program in Manica Province, which is located on the main road to Zimbabwe, in the highly infected Beira Corridor. Africare works with 42 Community Care Committees which help to identify needy OVC and to assist them in care and support services. They also have 13 FBOs and 2 CBOs as current sub-partners. To date, Africare has reached 21,616 OVC which is well on their way to accomplishing their goal of 34,444 by end of fiscal year 2006. In addition 1,486 of a targeted 1,500 caregivers have already been trained.

Africare provides OVC with the package 6 essential services through community support, wrap around services, collaborative programming and working with local government offices. The Africare OVC program takes advantage of their sister USAID project in food security through the development and collaborative support of community farm fields. Here older OVC learn how to plant, care and harvest several types of food and benefit from consumption and sale of these food stuffs. Block grants are provided to 10 schools in the area. These small grants offer funding in support of the entire school program in exchange for free schooling for the OVC. During the last report period, Africare trained 30 headmasters, PTA presidents and local parents from the 10 schools in the school grants program. Working with the local offices of civil registration allows Africare to acquire ID cards for their school children. Africare is also working with Habitat for Humanity (a Track 1 recipient) which builds houses for OVC, particularly households headed by the elderly or are orphaned themselves.

In an attempt to improve the M&E system of the OVC program, Africare engaged 25 “Service Corps Volunteers” who work as supervisors in 25 communities. They received a 5 day training on program management, community strengthening, HIV/AIDS education and monitoring and evaluation. Thus, the monitoring and reporting instruments have been re-designed and are more user friendly. This should result in more accurate reports and ways of identifying concerns and opportunities in each community. Data analysis and reporting should also be strengthened due to further training in electronic data collection, storage and analysis.

The COP07 activities will allow Africare to continue activities being implemented under Africare's Track 1 award and mission supplement. These activities will provide continued 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 of NGOs/CBOs/FBOs 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 needed to be considered “reached”. Africare will continue to provide wrap around services through collaboration with various local international organizations. Under a subgrant to Habitat for Humanity, 30 houses will be constructed of OVC using local materials and training OVC in construction skills. Africare strives to build the capacities of local NGO/CBOs/FBOs so that they can effectively manage their own HIV/AIDS programs in a sustainable way. This will include training on organizational capacity building, strengthening their monitoring and evaluation systems, leadership skills and organizational management as well as mobilization of funds. In addition, Africare will work with other partners such as HIV/AIDS Alliance, Burnet Institute and others to ensure that specific institutional capacity training and policy issues as well as HIV/AIDS specific training is provided to sub-grantees.

Under this activity, Africare will reach 40,000 OVC with a comprehensive quality package of 6 services and train 2,500 caregivers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14308

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14308	5342.08	U.S. Agency for International Development	Africare	6768	3697.08	Track 1	$657,050
8225	5342.07	U.S. Agency for International Development	Africare	4782	3697.07	Track 1	$821,287
5342	5342.06	U.S. Agency for International Development	Africare	3697	3697.06	Track 1	$269,125

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$52,298
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$26,149
Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$26,149
Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$52,298
Education	
Estimated amount of funding that is planned for Education	$26,149
Water	
Estimated amount of funding that is planned for Water	$26,149

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 4055.09
Mechanism: Track 1 Supplement
Prime Partner: Africare
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 6423.24135.09
Planned Funds: $0
Activity System ID: 24135

Activity Narrative: THIS IS A CONTINUING ACTIVITY. ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS. Africare will not expand activities to districts in Sofala.

Though Africare Track 1 Agreement will go through 2010, Mission has not included field support for this agreement in FY09 as Manica province will have an RFA posted for OVC services in January 2009. Targets for this activity are attributed to the Track 1 entry.

This is a continuing activity under COP08. With additional funding in FY08, Africare will expand current OVC services to Guro, Macossa and Tambara districts in Manica province and will expand their food security activities (community farms) in Manica, Sussendenga, Gondola and Barue districts. Africare will extend its geographic coverage to Sofala province in three districts bordering Manica (Gorongosa, Nhamatanda and Changara). Africare will also expand housing construction for OVC in partnership with Habitat for Humanity ($200,000) and establish community day care centers, run by Community Care Committees, for small children whose caregivers are away in fields most of the day. In partnership with Banco Oportunidade de Mocambique, a revolving credit/financial guarantee program will be established for caregivers ($100,000).

In order to ensure comprehensive wraparound programming and to move towards food self-sufficiency for OVC, this activity will be implemented jointly with Africare food security initiatives funded under Title II, where geographically possible. The program will partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets. In collaboration with PSI, Africare will distribute long-lasting insecticide treated nets (LLIN) and Safe Water Systems (SWS - "Certeza") to OVC in an effort to improve the health status of targeted children and family members.

Africare will reach an additional 50,000 children with supplemental direct services.

The below narrative from FY2007 has not been updated.

This activity is related to HKID Africare Track 1 Activity 8225 where the targets are claimed for this activity.

Africare has been an active partner in OVC programming from the beginning of PEPFAR under Track 1 funding. They have had the only OVC program in Manica Province, which is located on the main road to Zimbabwe, in the highly infected Beira Corridor. Africare works with 42 Community Care Committees which help to identify needy OVC and to assist them in care and support services. They also have 13 FBOs and 2 CBOs as current sub-partners. To date, Africare has reached 21,616 OVC which is well on their way to accomplishing their goal of 34,444 by end of fiscal year 2006. In addition 1,486 of a targeted 1,500 caregivers have already been trained.

Africare provides OVC with the package 6 essential services through community support, wrap around services, collaborative programming and working with local government offices. The Africare OVC program takes advantage of their sister USAID project in food security through the development and collaborative support of community farm fields. Here older OVC learn how to plant, care and harvest several types of food and benefit from consumption and sale of these food stuffs. Block grants are provided to 10 schools in the area. These small grants offer funding in support of the entire school program in exchange for free schooling for the OVC. During the last report period, Africare trained 30 headmasters, PTA presidents and local parents from the 10 schools in the school grants program. Working with the local offices of civil registration allows Africare to acquire ID cards for their school children. Africare is also working with Habitat for Humanity (a Track 1 recipient) which builds houses for OVC, particularly households headed by the elderly or are orphaned themselves.

In an attempt to improve the M&E system of the OVC program, Africare engaged 25 “Service Corps Volunteers” who work as supervisors in 25 communities. They received a 5 day training on program management, community strengthening, HIV/AIDS education and monitoring and evaluation. Thus, the monitoring and reporting instruments have been re-designed and are more user friendly. This should result in more accurate reports and ways of identifying concerns and opportunities in each community. Data analysis and reporting should also be strengthened due to further training in electronic data collection, storage and analysis.

The COP07 activities will allow Africare to continue activities being implemented under Africare's Track 1 award and mission supplement. These activities will provide continued 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 of NGOs/CBOs/FBOs 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 needed to be considered “reached”. Africare will continue to provide wrap around services through collaboration with various local international organizations. Under a subgrant to Habitat for Humanity, 30 houses will be constructed for OVC using local materials and training OVC in construction skills. Africare strives to build the capacities of local NGO/CBOs/FBOs so that they can effectively manage their own HIV/AIDS programs in a sustainable way. This will include training on organizational capacity building, strengthening their monitoring and evaluation systems, leadership skills and organizational management as well as mobilization of funds. In addition, Africare will work with other partners such as HIV/AIDS Alliance, Burnet Institute and others to ensure that specific institutional capacity training and policy issues as well as HIV/AIDS specific training is provided to sub-grantees.

A special emphasis in COP07 will be to coordinate and expand existing programs of non-governmental organizations dealing with child protection and family support in close collaboration with the Child and

Activity Narrative: Family Initiative ($20,000).

Under this activity, Africare will reach 40,000 OVC with a comprehensive quality package of 6 services and train 2,500 caregivers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14309

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14309	6423.08	U.S. Agency for International Development	Africare	6769	4055.08	Track 1 Supplement	$649,000
9110	6423.07	U.S. Agency for International Development	Africare	5038	4055.07	Track 1 Supplement	$649,000
6423	6423.06	U.S. Agency for International Development	Africare	4055	4055.06	Track 1 Supplement	$268,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3692.09

Mechanism: Capable Partners Program

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 5323.24130.09

Planned Funds: $2,000,000

Activity System ID: 24130

Activity Narrative: THIS IS A CONTINUING ACTIVITY. THE NARRATIVE BELOW HAS BEEN UPDATED IN THE FOLLOWING WAYS.
AED will continue to increase the capacity of Mozambican organizations and networks to develop, manage, and implement prevention, care and treatment services through the provision of organizational capacity development (OCD) TA. In FY 09 AED will absorb new NGO/CBO/FBO partners graduating from the State Department's Quick Impact Program (QIP). AED will also launch the operations of an office in Nampula to work with faith-based organizations, with a special focus on Christian and Muslim groups that represent the 2 predominant religious groups within the province to spur their networks activism and involvement in HIV/AIDS in the community.

In addition, USAID will establish an Umbrella Grants Mechanism (UGM) component under CAP in FY 09 to increase the number of Mozambican sub-partners in PEPFAR's portfolio and build their capacity to become prime partners under individual or consortia-type arrangements. Through CAP, PEPFAR has provided OCD assistance to local networks and organizations that provide services to OVC, home-based care clients, youth in AB prevention programs, and PLWHA groups which together have national reach, to create competent, results-oriented organizations eligible to compete for USG and other HIV/AIDS funding. OCD components of PEPFAR-funded activities include organizational development to better plan, coordinate, implement and monitor HIV/AIDS interventions; and grants management services to selected organizations as a demonstration model of sound management practices. Organizations benefiting from the grants management activity are being strengthened and will gain the fiscal experience to acquire smaller HIV funding from NAC and other sources. The UGM component is being added as a major step towards an OCD continuum where organizations graduate from the existing QIP into CAP, then into the UGM, and further into the capacity of prime partners under individual or consortium type arrangements. The UGM is expected to provide: (1) a forum for coordination, sharing lessons learned, training, and standardized reporting; (2) quality assurance standards for the provision of specific services; (3) monitoring for adherence to the delivery of quality services, supportive supervision, and corrective actions to address problem areas; (4) a unified body of organizations to enter into policy dialogue at all levels; (5) a unified body of data that can be tracked from baseline to endline; (6) more systematized M&E of partners receiving PEPFAR funds; (7) manageable reporting on PEPFAR indicators; (8) TA and training for policy makers, government officials, and the press to influence the debate on HIV/AIDS; and (9) assistance to PEPFAR partners in legislative and policy issues.

Tasks of the UGM: 1) Grants Management: The UGM will award and administer grants to IPs selected through the APS and other competitive processes, in addition to partners graduating from CAP. This involves award and administration of grants, progress monitoring, meeting reporting requirements, grant closeout, and adherence to USG financial regulations through provision of extensive TA on project design, implementation, financial management, m&E, and reporting. Strengthening these functions will enable local organizations to improve the quality of their activities, enhance positive outcomes, and bring activities to scale.

2) Capacity building: The UGM will support institutional capacity building of local organizations to promote more sustainable programs. Capacity-building is defined as activities that strengthen the skills of local organizations to implement HIV/AIDS programs efficiently, with diminishing reliance on external technical assistance and support. The UGM will support activities to improve the financial, program and organizational management, governance, quality assurance, SI and reporting, and leadership and coordination of partner organizations.

3) M&E: IPs will be required to closely link their activities to PEPFAR-funded treatment, care, and support interventions. M&E support will include: measurement of program progress; feedback for accountability and quality; surveillance; and MIS implementation. AED will provide supportive supervision, guidance, monitoring, mentoring and oversight through site visits, TA, and performance evaluation. Data collected and reported by AED and lessons learned will be shared in semi-annual partner meetings. Performance monitoring will be a supportive and constructive approach to raising issues that need higher level attention and action, possibly at the policy or legislative levels. This activity also standardizes and ensures better quality control for reporting to the USG on PEPFAR indicators.

AED dot.Org
This activity is a new component to the AED Capable Partners program which will be implemented by AED dot. Org. partnership with one or two Mozambican NGOs. The project will focus on recruiting USG and non -USG supported OVC who reside in urban/peri-urban Beira, providing viable income-generation actvities for older OVC (14
-17)

Based on interviews with OVC, local and international implementing partners and local businesses, the following employability activities are proposed: 1) Data/Survey Specialist – Youth selecting this specialization would learn to use PDAs, GPS, solar charging kits, computers, spreadsheets, Graduates with this specialization would be able to provide data gathering and survey services to most, if not all, PEPFAR supported projects and market research firms. 2) Micro-Lending Finance Advisors – Youth selecting this specialization would learn to use PDAs, analog assessment tools, calculators, computers, spreadsheet software, the Internet, solar charging kits, etc. Youth in this specialization would also spend time working with loan officers at Opportunity International to understand the process of processing loans. Graduates from this specialization would be able to provide advice to micro-loan recipients on how to optimize the benefit of the loan. They would also be able help loan recipients make decisions about the use of the loan using data and basic small business practices. Micro-enterprise projects would be the employment targets for these graduates. 3) Household Nutrition & Health Advisors (i.e., nutrition and health extensions agents) – Youth in this specialization would learn to use PDAs, cell phones (as data gathering tools, solar charging kits, computers, the Internet, spreadsheet software, analog information tools, etc. Youth in this specialization would participate in internships with PEPFAR community health and nutrition programs. Graduates would be able to provide house hold level health advice and treatment tracking support for projects delivering health services. 4) New Media Youth – Youth in this specialization would learn to use

Activity Narrative: digital cameras (still and video), editing software, power point, photo printers, solar charging kits, web development tools, basic desktop publishing, audio recording software to create community radio & pod-casting content (w/ health, learning and EO messages), etc. Youth in this specialization would intern with behavior change and media projects to learn how digital and analog media is used in communication campaigns. Graduates would be able to use digital tools to capture, manipulate and public digital content in different formats. 5) Household micro Agra-Businesses – This specialization is directed toward youth who would be primary care givers and therefore unable to be away from home for more than a few hours. Youth in this specialization would learn a variety of technical skills ranging from growing and processing soya beans to create nutritional supplements, growing and marketing vegetable seedlings, beekeeping for honey and wax, building and operating a solar charging systems for the sale electricity to people needing to charge phones and batteries for other electronic systems, the growing and marketing of tree seedlings, etc.

Four of the five learning streams have identified potential private sector partnerships – for later employment for the youth or for support (equipment, mentorship), ensuring scale-up at a reasonable cost. Year 1 of this activity will reach 60 adolescent OVC with supplemental direct services. Year 2 of this activity will reach at least 120 youth with supplemental direct services. Scale up of this activity will be possible through partnerships with private sector partners, such as STV (national TV and newspaper), Carr Foundation and Vale Rio Doce, UNILEVER (to provide basic personal hygiene kits for youth).

August 2008 Reprogramming narrative has been deleted.

The FY2007 narrative below has not been updated.

This activity is related to: HBHC 9131; HVAB 9135; HTXS 9109; and OHPS 9212.

All AED activities interlink with each other for the overall purpose of building capacity of local NGOs/CBOs/FBOs to stand on their own and for grants management under the Capable Partners Program (CAP); some activities have specific components assigned to it. In COP07, AED has responsibilities for several components which represent a major scale-up of AED current program in NGO capacity building and grants management. AED will continue to work with Mozambican networks and organizations that provide services to OVC, home based care clients, PLWHA groups and association members which together have national reach. FY07 represents year 2 of a planned 3 year activity that began with FY 06 funding. Special activities will be focused in Sofala and Zambezia Provinces.

AED will continue to work with Mozambican networks and organizations that provide home based palliative care and together have national reach. 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 6 essential services to OVC, focusing geographically on the catchment areas of USG-support clinical care and ARV treatment sites. In FY07, NGOs will be required to link directly with clinics, with at least 50% of their HBC clients who are also receiving clinical palliative care. Stronger monitoring and evaluation procedures will be developed to assist OVC volunteers providing more effective services and reporting more efficiently. In another related activity with SAVE/HACI, OVC volunteers will receive regular psychosocial training in order to better support for their clients and to better understand their own reactions to working with very needy children.

While clients directly reached under this joint activity is relative small (4,000 OVC and 260 individual trained), it is anticipated that with strengthened institutional and programmatic capacities, rapid roll-out of services to additional clients will occur in the out years.

In FY07, AED is scheduled to rapidly gear up their FY06 activities, which have started rather slowly. In phase 1, Year 1, which began in March 2006 (with early FY06 funding), AED sub-granted with international Relief and Development (IRD) to conduct assessments of some of the networks and associations, especially at national level and in Sofala province. In addition, IRD piloted a program in Inhambane Province to provide small sub-grants to CBOs, adapted assessment tools for use with community groups and developed a monitoring system to assist community groups to manage their program with the small grants they received.

AED only recently received the rest of their FY06 funding (Phase II) and are in the process of gearing up their presence in Mozambique, selecting staff, assessing and selecting network NGO partners, etc. It is expected that AED's work will be rapidly launched based on their pilot efforts under Phase I.

AED's major effort under COP07 will be to continue to strengthen the capacity of nascent 1) networks and associations (such as MONASO, Rensida, CORUM, etc.) as well as 2) national and local organizations for the ultimate purpose of eventually becoming self sufficient and able to acquire funding from sources other than PEPFAR. This will include institutional strengthening as well as strengthening activities in programmatic planning, implementation, monitoring and reporting. All organizations will be part of the integrated health network system which focuses geographically on the catchment areas of USG-supported clinical care and ARV treatment sites. Training for the all networks and non-governmental organizations will focus on increasing their abilities to solicit, receive and account for funds, sub-granting to member organizations and reporting results to donors. Additionally, the Foundation for Community Development will become a major client of AED. AED capacity building for FDC will focus on financial and management systems support assistance in order to meet USAID and other donors' requirements. Capacity building efforts will be tied, where appropriate, to direct service delivery in OVC and HBC and to activities and services within the AB and C&OP program areas. During COP07 it is expected that direct targets will be achieved, but virtually no indirect targets. Indirect targets will be expected in Year 3.

In addition to capacity building, AED will also provide a grants management service to selected organizations, partly as a demonstration model to assist the NGO in learning better management practices and partly as a support to USG where they find granting to small but strategic national NGOs difficult to grant directly.

Activity Narrative: AED will also strengthen NGO that provide services for AB and OVC. Many small NGOs and faith-based organizations are providing a variety of AB messages to selected community audiences, e.g. churches, schools, etc. Most of these organizations are not eligible to receive direct funding from USG, but could be strengthened to acquire funding from NAC and other sources. AED, along with activity AB # will provide a major effort in working with NGOs/CBOs/FBOs that are providing AB messages at the community level in an attempt change both normative and individual behavior.

A special emphasis in COP07 will be to coordinate and expand existing programs of non-governmental organizations dealing with child protection and family support in close collaboration with the Child and Family Initiative ($20,000).

Through this package of activities, 35 non-governmental organizations will receive institutional capacity building and 175 individuals trained in institutional capacity and in community mobilization, and who take an important leadership role in care and treatment. At least one individual from each of the 35 organizations will also be trained in reduction of stigma and discrimination.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13352

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13352	5323.08	U.S. Agency for International Development	Academy for Educational Development	6448	3692.08	Capable Partners Program	$1,676,441
9147	5323.07	U.S. Agency for International Development	Academy for Educational Development	5037	3692.07	Capable Partners Program	$350,000
5323	5323.06	U.S. Agency for International Development	Academy for Educational Development	3692	3692.06	Capable Partners Program	$504,280

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Reducing violence and coercion

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$700,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$65,000

Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$65,000

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$350,000

Education	
Estimated amount of funding that is planned for Education	$200,000

Water	
Estimated amount of funding that is planned for Water	$0

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7413.09
Mechanism: MEASURE Phase III Evaluation
Prime Partner: University of North Carolina at Chapel Hill, Carolina Population Center
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 15805.24101.09
Planned Funds: $700,000
Activity System ID: 24101

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Assistance to MMAS ($500,000)
MMAS is charged with developing and implementing programs related to social policies and programs for women. MEASURE Evaluation Phase III will continue to support the M&E systems managed by MMAS in order to contribute to improved reporting and use of information from key HIV/AIDS programs, such as community-based home-based care (regulated by the Ministry of Health) and OVCs. MEASURE will also reinforce community level information system for OVC as reliable national data from the Ministry is not available.

Also, in order to continue to build the M&E capacity of MMAS, a full time M&E Advisor will assist the Ministry to support national implementation of the MMAS M&E plan. This work would require close involvement with provinces and all MMAS Directions to ensure that the M&E plan is implemented appropriately, and tailored to fit the needs and limitations of each province. Activities include: 1) Working with MMAS at the provincial and central levels to monitor and adapt the M&E Plan to meet its needs and limitations; 2) Conducting regional M&E refresher workshops; Providing technical assistance at the provinces through monitoring visits; continued support of the Database WWW (Who's doing What and Where); Providing M&E TA through "On the Job Training" at provincial and central levels; Assessing the current OVC and HBC information system, providing technical assistance to improve/reinforce the OVC and HBC information system. There will be increased focus and training to provided to provincial and district level MMAS. MEASURE will also offer its monitoring and evaluation short course to staff of local and international implementers, building local capacity for M&E.

Forcas Armadas de Mocambique ($200,000)
MEASURE Evaluation has been requested by the Department of Defense to explore the feasibility customizing an information system for the FADM to capture information related to OVC of their military personnel. Save the Children has developed a children database for MMAS. MEASURE Evaluation will assess this system and evaluate how feasible it is to adapt a mechanism that ensures that military OVC are fed into MMAS database without duplication. An M&E Advisor / Information System expert will be responsible for assisting DOD on the OVC information system. Activities include: 1) Assessing and adapting current children database used by MMAS for FADM use; 2) Using the CLPIR (Community Level Program Information Reporting for HIV/AIDS Programs), a MEASURE Evaluation tool to assess OVC data through the Rapid Assessment 3) Evaluating and proposing a mechanism that ensures that military OVC are fed into MMAS database without duplication.

The increase in funding to MMAS through various TA efforts will support more intensive interventions with the Ministry to address institutional issues (i.e. structure, management capacity) that impact its ability to fulfill its mandate.

This is the activity narrative for COP08.

This is a continuing activity that was initially funded in the SI program area in FY06 under the MEASURE PHASE II Evaluation mechanism; no additional funding was provided in FY07. This activity, partially funded under SI (16295.08) in COP08, allows USG to continue strengthening the monitoring and evaluation capability of the Ministry of Women and Social Action (MMAS) whose mandate includes the care of orphans and vulnerable children and people living with HIV and AIDS.

This TA and associated training will reinforce the ability of central, provincial and district level MMAS systems and staff in 11 provinces to plan, coordinate, and 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 systems will be coordinated with those of the Ministry of Health and the National AIDS Council, also supported with PEPFAR funds.

A fulltime, locally hired Resident Advisor has been placed in the Ministry of Women and Social Action to ensure that the implementation of the MMAS M&E plan takes place nationwide. The Resident Advisor has completed an assessment of MMAS strengths and weaknesses and is ready to move forward with implementing recommendations to improve M&E systems.

MMAS is also charged with developing and implementing programs related to social policies and programs for women. Strengthened M&E systems will contribute to improved reporting and use of information from key HIV/AIDS programs which MMAS manages, including home-based care and OVCs. Components of this activity are: 1) Working with MMAS at the provincial level to monitor and adapt the M&E Plan to meet its needs and limitations; 2) M&E trainings and technical assistance at the provincial level; and 3) Guidance at the provincial level in the implementation of the M&E plan, which includes setting up data collection systems, such as tools and data quality control. OVC targets are not applicable to this activity because it is technical assistance for M&E systems.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15805

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15805	15805.08	U.S. Agency for International Development	To Be Determined	7242	7242.08	USAID-TBD HQ -MEASURE III	[redacted]

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 9312.09
Mechanism: PPP
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 21440.24119.09
Planned Funds: [redacted]
Activity System ID: 24119
Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008.

Reprogramming August08: Funds to support PPP with the Carr Foundation and will be allocated once an implementing partner is confirmed.

New/Continuing Activity: Continuing Activity
Continuing Activity: 21440

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21440	21440.08	U.S. Agency for International Development	To Be Determined	9312	9312.08	PPP	[redacted]

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7237.09
Mechanism: New Partners Initiative USAID
Prime Partner: Aid for Development People to People, Mozambique
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 15795.24138.09
Planned Funds: $0
Activity System ID: 24138

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008.

This is a new activity under COP08. Ajuda de Desenvolvimento de Povo para Povo Mozambique (ADPP) was awarded funding in AB, C&OP and OVC through its "Total Control of the Epidemic", or TCE, program under the “New Partners Initiative”. The three-year project incorporates service delivery, quality care, and attempts to bridge gaps between Government services and local community’s ability to access the services. The two core strategies of the program include community mobilization and counseling campaigns and targeted interventions for local teachers.

TCE addresses the growing orphan crisis by establishing OVC Care Committees. Committees, which include teachers and other respected members of the community, are key to identifying and referring individual OVC. The committee members are likely to know who the OVC are, their family histories, and the state the extended family is in; they are able to tailor the referrals and assistance for each individual.

Field Officers assisted by TCE Management, Passionates, and In-Service and Pre-Service Teachers establish OVC Care Committees. These committees will work in cooperation with government and school programs to deal with the situation of each child. TCE provides Committee members with an initial two-day training on care of and support for OVC, followed by monthly training meetings. Training meetings provide information on general OVC care, counseling, obtaining birth certificates, establishing IGAs and vegetable gardens, and accessing health and social services. Committee members then commit themselves to addressing the six essential services: food and nutrition, education, civil rights and responsibilities, safety and security, health, and psychosocial support and mental health to be provided to targeted OVC.

It is recognized that OVCs will have different demands in the six target areas therefore the committee members will evaluate each child’s needs and plan and coordinate his/her time accordingly. The committee member themselves will follow up on each other’s progress and with the OVC they are commonly responsible for cross checking with the OVCs to ensure the support needed is being received. In addition, the Field Officers will monitor the committees by visiting at least two times per month.

The Committees mobilize the community on various issues that pertain to children including child abuse, children’s rights and the importance of children growing up safe and secure. The Committees also run campaigns to encourage enrollment in school. Campaigns about health issues are held and include messages about HIV/AIDS and TB. ADPP plans to reach 600 OVC with FY08 funding.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15795

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15795	15795.08	U.S. Agency for International Development	Aid for Development People to People, Mozambique	7237	7237.08	New Partners Initiative USAID	$0

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3627.09

Mechanism: USAID-World Vision International-GHAI-Local

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 5139.24368.09

Planned Funds: $0

Activity System ID: 24368

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008.

This is a continuing activity from COP08.

RITA has focused on increasing the understanding of the continuum of OVC care and support needed and equipping CCCs/HVs to respond effectively. RITA will continue to provide care and support to OVC identified in the previous phases, focusing on providing a comprehensive and quality package of services for OVC and their families. The project plans to reach 43,580 OVC during this 12-month phase with seven services including: 1) food and nutritional support; 2) shelter and care; 3) protection and legal rights; 4) health care; 5) psychosocial support; 6) education and vocational training; and 7) economic opportunity/strengthening. Efforts will be made to expand activities into Tete Province in order to coordinate efforts with the WV ABY PEPFAR program.

CCCs will continue to be the primary mechanism for providing care and support to OVC, PLWHA and vulnerable households, as well as for referring people for counseling and testing (CT), PMTCT, ART, and TBT, where available. The training of all CCCs is ongoing and continuous, and designed to ensure that CCCs have the capacity needed to be effective as well as the organizational maturity required to function over the long-term. Training topics have included: impact of HIV and AIDS on the community and families, needs of OVC, children's rights, building community capacity for OVC support, issues of psychosocial support, including the impact of HIV and AIDS on children, loss and grief, need of will and memory book, child abuse and exploitation, counseling for children at different developmental stages, building resilience in children, and a model of providing psychosocial care. During this fourth phase of RITA, 101 CCCs will receive additional training for IGA and business management to become more functionally independent and able to access external funding, thereby, enabling them to continue their activities beyond the life of the RITA project. Of the 101 CCCs trained, 40 will be trained by the local partner AFORZA, 34 CCC by RITA Project staff and 27 CCC by a new partner International Relief & Development (IRD).

RITA will take into account contextual factors such as poverty, food insecurity and livelihood insecurity as it attempts to reduce the vulnerability of households most affected by HIV and AIDS. For the most vulnerable OVC and PLWHA and their families, emergency food support will be distributed through PEPFAR-supported World Food Program (WFP) activities to meet immediate food needs. In the event that WFP will not operate as envisaged, interventions will be implemented jointly with WV agriculture/livestock projects and other available resources to improve long-term food security. RITA will also work to ensure that linkages with other existing food-security and micro-finance projects are enhanced. RITA will link those in need with the Ministry of Women and Social Action whose mandate it is to assist with food among other support.

In collaboration with PSI, WV will distribute LLIN and Safe Water Systme (SWS - "Certeza") to OVC in an effort to improve the health of targeted children and family memebers. WV will also partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets.

The Ambassadors Girls Scholarship Program, managed by WV/Rita's sub-partner ADPP, provides tuition assistance and mentors 2,300 primary school-aged girl OVC supported by PEPFAR in Sofala province.

The below narrative from FY2007 has not been updated

This activity is related to: MTCT 9143; HBHC 9126; HTXS 9168 and HVCT 9157.

World Vision (WV) and sub-partner Aid for Development People to People (ADPP) will continue USG-supported OVC programs in 13 targeted districts in the Province of Zambezia and 3 targeted districts in Sofala Province, building on services started in 2004, expanded in 2005 and 2006. Based on this past experience of providing assistance to over 38,621 OVC, WV will continue to identify and document promising practices in OVC programming in Zambezia and Sofala Provinces. WV will continue to focus on OVC affected by HIV/AIDS within the age brackets of 0-5, 6-12 and 13-18 years of age. As all WV projects, clients will be chosen on the basis of need without regard to religion or ethnic grouping.

World Vision's "RITA" Project will continue to provide care and support to improve the lives of OVC through the provision of a comprehensive package of six quality services. RITA will also continue to strengthen the leadership role of communities through the Community Care Coalitions (CCCs) who will continue to be the primary mechanism for providing care and support to OVC, PLWHA and vulnerable households, as well as for referrals to essential services available in the community and clinical setting.

Through the CCCs and other local organizations, RITA (WV and ADPP), will ensure the provision of the six essential services for OVC, as defined by the USG PEPFAR team in Mozambique and the Ministry of Women and Social Action (MMAS). WV will continue to work closely with the Ministry of Health to provide preventative and clinical care for infants and older children, especially HIV-infected children and with the Ministry of Education to ensure that OVC are attending and advancing in school.

For the most vulnerable OVC and PLWHA and their families, emergency food support will be distributed to ensure food security in the short term. At the same time, interventions will be implemented jointly with WV agriculture/livestock projects and other available resources to move ahead to food self-sufficiency. RITA will continue working to ensure that linkages with existing food-security and micro-finance projects are enhanced. WV will coordinate and collaborate with other NGOs, such us Project Hope, so that CCCs, networks and organizations whose institutional capacity WV will strengthen will have access to small grants to better enable them to carry out and expand community-based activities. Additional training will be given to community-based volunteers (Home Visitors – HV), and WV supervisors and volunteers will work closely

Activity Narrative: with the MOH personnel to ensure that adequate care is provided to infants and young children who are part of this program. Also, an added emphasis will be placed on joining with new projects and organizations to advocate for the needs of OVC and to further build their capacity. The training of all CCCs will be ongoing and continuous, and designed to ensure that CCCs have the capacity needed to be effective as well as the organizational maturity required to function over the long-term.

WV will continue to assess the quality of services provided to OVC. In FY06, they have developed standards that fit with community normative levels. Their assessment tools will now measure if OVC under care are receiving services up to the standard set by the community. They will continue to adopt tools and methodology to determine how OVC benefit from services provided over the years.

One element in providing for OVC/PLWHA support is the sustainability of the community-based organizations (CBOs) leading the effort. Key to RITA's sustainability strategy is ensuring that the FBOs/CBOs/CCCs and their members have the capacity to carry out their important OVC/PLWHA care and support activities in the long term. To this end, WV has developed an Organizational Capacity Building (OCB) Guide focused on strengthening the general organizational capacities (as opposed to HIV/AIDS-specific technical skills) of CBOs/CCCs. The iterative three stage OCB process begins with organizational self-assessment, followed by selected training based on the results of the assessment, and supplemented with additional follow-up support. In COP07, WV will apply this new strategy to strengthen 2 local organizations and 40 CCCs.

A special emphasis in COP07 will be to coordinate and expand existing programs of non-governmental organizations dealing with child protection and family support in close collaboration with the Child and Family Initiative ($20,000).

COP07 targets include reaching 43,580 OVC with all 6 services and training 2,900 care providers to oversee the OVC activities in the community and report results to their supervisors.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14546

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14546	5139.08	U.S. Agency for International Development	World Vision International	6863	3627.08	USAID-World Vision International-GHAI-Local	$2,877,756
5139	5139.06	U.S. Agency for International Development	World Vision International	3627	3627.06		$1,790,400

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 6782.09

Mechanism: USAID-Save the Children U.S. -GHAI-Local

Prime Partner: Save the Children US

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 14336.24340.09

Planned Funds: $1,200,000

Activity System ID: 24340

Activity Narrative: THIS IS A CONTINUING ACTIVITY. ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As of July 1, 2008, the Save the Children Alliance partners, SC US, SC UK and SC Norway, constitute a unified presence in Mozambique and are now legally registered as 'Save the Children in Mozambique' (SCiMOZ) under the overall management of SC US. While this means that SC UK and SC Norway are, technically, no longer sub-grantees of SC US, program implementation at the provincial level is not affected by this change. In 2008, Save is targeting activities to ensure that OVC and HBC services are linked to each other and to EGPAF, currently providing clinical services in some of the same geographic areas.

This is a continuing activity under COP08 with both funding levels and targets remaining the same. The FY2007 narrative below, with the exception of the first additional paragraph, has not been updated.

In collaboration with PSI, Save the Children will distribute LLIN and Save Water Systems (SWS - "Certeza") to OVC in an effort to improve the health of targeted children and their families. The program will also partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets.

The below narrative from FY2007 has not been updated.

This activity is related to HBHC 9211.

Save the Children US and its sub-partners (HACI, SAVE UK and SAVE Norway) will continue USG-supported to OVC programs in targeted districts in 7 provinces – Maputo City, Maputo Province, Gaza, Manica, Inhambane, Sofala and Zambezia - building on services under PEPFAR which started under Track 1 in 2003 and expanded in 2004, 2005 and 2006. Based on this past experience of providing assistance to over 14,228 OVC in the first half of FY06, SAVE will continue to identify and document promising practices in OVC programming.

SAVE and its partners will continue to provide care and support to improve the lives of OVC through provision of a comprehensive package of quality services. SAVE continues to work through its Community OVC Committees to identify needy OVC and to provide support and assistance to them. Many Community OVC Committees take into their own homes stranded OVC that have no other place to go.

SAVE has a strong program which offers technical assistance to over 90 local organizations. For example they provided training to 50 community OVC committees in monitoring and evaluation, community mobilization and child protection. Through the provincial MMAS staff, SAVE also supported training in management to CBO. Because of another training with sub-grantees in report writing, notable improvement were observed in report presentation, analysis and articulation of impacts of project interventions. A last example was a training of 18 CBO/FBO in farming methods, conducted by a sub-grantee. The participants used the new skills to improve their communal gardens that have been set up to support families affected by HIV/AIDS.

During FY06, SAVE has provided psychosocial support services to over 12,579 OVC. This takes the form of counseling during home visits, early childhood education activities, school and community-based OVC clubs and general recreation. In addition, 3,049 caregivers received psychosocial support to help them cope with their responsibilities. In Sofala Province, community leaders and caregivers meet regularly to share concerns, support one another and seek solutions to problems they encounter. They assisted 3,675 children in gaining birth certificates. SAVE also continued their support to school children by providing supplies and in successfully advocating for a waiver in other school-related expenses. In collaboration with community groups, SAVE was able to provide 2,088 households (7311 OVC) with livelihood support and vocational skills.

SAVE has an excellent system for tracking children age, gender, OVC status and services received. These data are available in quarterly and semi-annual reports. SAVE will continue to assess the quality of services provided to OVC and to more efficiently assess the impact of their work with OVC.

COP07 targets include reaching 35,000 OVC with all 6 services and training 2333 care providers to oversee the OVC activities in the community and report results to their supervisors. They will also continue to build the capacity of the communities to plan, implement and monitor activities aimed at providing quality holistic care, protection and support to children. Communities will be encouraged and supported to form strategic linkages for wrap-around services to ensure that the children receive 6 basic services.

Since 2006, Save the Children has been supporting the establishment of Community Based Child-care Centers (CBCC´s) in Gaza province. The centers are an innovative way of providing a constructive environment that promotes the physical, psychosocial and cognitive development of pre-school children. Women from the surrounding area offer their time as CBCC facilitators while OVC committee members and others contribute by establishing gardens and maintaining the centers. The program has partnered with WFP to support the nutrition component of the CBCC´s. The children spending time at the center not only meets the needs of children but of the caregivers as well who have free time to take up other responsibilities.

Under COP07, this program will expand the number of centers, open up centers in Sofala Province and focus on psychosocial support, education and food. Particular attention will be paid to the needs of children in households with a sick family member who, in most cases, is a parent.

SAVE also plans to establish similar centers to meet needs of older children. Recreation, AB sensitization messages, homework support, psychosocial counseling will be among the activities planned for these centers. The older children will also receive training in livelihood skills and in psychosocial counseling for

Activity Narrative: OVC to become a community resource for PSS. Through the CBCCs, the program will ensure that linkages are established with relevant institutions to ensure basic health care for children. Immunization and de-worming programs will be promoted through the CBCC children and their guardians.

The Hope for African Children Initiative (HACI) Mozambique has been a sub-grantee of SAVE since 2004. HACI plays a substantive role in providing capacity building for local NGOs to receive scale-up and quality assurance grants. For instance, HACI has provided grants to 8 organizations, while Save the Children UK, SAVE Norway and SAVE US have provided over 75 small grants to local organizations. HACI has also served as a voice for civil society for OVC. Because of weak governmental leadership for OVC, this role is becoming even more important and will continue to be supported by USG in FY07 through SAVE, who will provide a substantial sub-grant to HACI for their activities in FY07.

In FY07 capacity building interventions will focus on organizational development (including strategic planning; quality assurance; proposal development; report writing) as well as technical support focusing on various OVC and AB issues. Various approaches will be used including formal training through workshops, on-going mentoring, peer to peer support through learning visits. Linkages to coordinating bodies will also be key. Deliberate effort will be made to identify some 'umbrella local organization' whose skills will also be passed on to smaller groups. This mentoring process will be done as the organizations are implementing programs through small grants disbursed to them.

During COP07, Save will be working in collaboration with the Children and Family Initiative to assist the Ministry with drafting, disseminating and implementing appropriate legislation consistent with international standards for child protection ($30,000). Save's activities will also place a special emphasis on coordinating and expanding existing programs of non-governmental organizations dealing with child protection and family support in close collaboration with the Child and Family Initiative ($20,000).

New/Continuing Activity: Continuing Activity

Continuing Activity: 14336

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14336	14336.08	U.S. Agency for International Development	Save the Children US	6782	6782.08	USAID-Save the Children U.S.-GHAI-Local	$1,834,219

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$120,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$60,000
Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$120,000
Education	
Estimated amount of funding that is planned for Education	$60,000
Water	
Estimated amount of funding that is planned for Water	$60,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3628.09

Mechanism: USAID-World Food Program-GHAI-Local

Prime Partner: World Food Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 5143.24360.09

Planned Funds: $400,000

Activity System ID: 24360

Activity Narrative: April09 Reprogramming Change: Increased $400,000.

This is a continuing activity under COP09. ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity under COP08 with an increase in funding over FY2007 of $200,000. Targets have also been increased to reach an additional 2,400 OVC, brining the total to approximately 17,400, with supplemental direct services consisting of short term food supplements.
In an effort to ensure that linkages are strengthened among partners and WFP in FY08, the USG program will work directly with the FANTA follow-on to provide technical assistance and establish monitoring tools which can improve provision of food and nutrition as one of the essential OVC services. This effort will be undertaken in consultation with WFP to ensure that the money awarded to WFP for emergency food relief for OVC is targeting the neediest with appropriate food supplements and that both WFP and USG can accurately track those efforts.

The FY2007 narrative below has not been updated.

This activity is related to HBHC 9138 and HXTS 9167.

The World Food Program has worked closely with WHO efforts to develop approaches, based on the latest available scientific evidence, to identify 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 is 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 food intake is important and dietary and nutritional assessments are essential parts of comprehensive care.

The interest in associated food support is growing due to the rapid roll-out of ART in the country, the ever increasing number of OVC, and the unreliable food supply in Mozambique due to droughts and floods. Most recently, the Ministry of Health has convened several meetings to gain better clarity on program designs and implementation approaches for clinics and households for food interventions in the context of ART. WFP, along with USAID, is working closely with colleagues in the Ministry of Health, Ministry of Women and Social Action and other stakeholders in the development of a programmatic model for the provision of food in conjunction with clinical and home-based ART services.

The goal of this activity is to improve the health and nutritional status of the neediest OVC and their caregivers at USG-supported service sites. WFP will continue to work closely with PEPFAR partners (World Relief, World Vision, ADPP, FDC, Africare, Save the Children, Project Hope, Care, HACI and any other new OVC partners) to determine if clients meet WFP guidelines for vulnerability and nutritional need. Guidelines were set in collaboration with MOH, SETSAN* (Mozambique's Technical Secretariat for Food and Nutrition Security), WHO, and other multi-lateral organizations.

The USG will fund WFP to provide logistical support to PEPFAR-funded partners to receive a specific number of supplemental food packages for no longer than 6 months for OVC and their caregivers. The cost of these food packages have been leveraged by the WFP through private-sector funds. The supplementary food ration will then be distributed to OVC living in vulnerable, food-insecure households, distributed through the PEPFAR implementing partners. This activity will provide OVC and caregivers with food rations equivalent to one meal a day. PEPFAR partners will ensure that OVC and their caregivers on food supplements will have available wrap-around services including nutrition information and opportunities to be involved in food sustainability practices (home gardens) or livelihood activities to provide longer term food security.

It is anticipated that over 15,000 OVC will be reached with emergency individual food rations and 1,000 individuals will be trained for this wrap-around activity with COP07 funding.

*SETSAN is Mozambique's Technical Secretariat for Food and Nutrition Security. The multi-secotor Vulnerability Analysis Group (GAV) monitors food security and vulnerability with the country. Indicators used include: i) availability - agriculture production, livestock, seeds, food aid and rainfall; ii) access - prices, markets terms of trade, income sources; iii) utilization - nutrition, health, water, sanitation and consumption; and iv) social protection and survival strategies.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14534

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14534	5143.08	U.S. Agency for International Development	World Food Program	6858	3628.08	USAID-World Food Program-GHAI-Local	$1,200,000
9124	5143.07	U.S. Agency for International Development	World Food Program	5052	3628.07	USAID-World Food Program-GHAI-Local	$1,000,000
5143	5143.06	U.S. Agency for International Development	World Food Program	3628	3628.06		$800,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3702.09
Mechanism: Track 1
Prime Partner: Project HOPE
USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 5341.24314.09
Planned Funds: $1,000,000
Activity System ID: 24314

Activity Narrative: THIS IS A CONTINUING ACTIVITY.
Based on lessons learned from implementing this program, Project Hope has decided to discontinue making loans to its beneficiaries. Rather, PH will focus on group savings and loans, building the capacity of vulnerable families save and manage funds, and build wealth over time. PH has determined that its beneficiaries are at risk to increased vulnerability created by debt. Targets have not been updated.

This is a continuing activity. Both the funding levels and targets remain the same under COP08 for this activity. The FY2007 narrative below has not been updated.

Project Hope will continue to 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 households to care and support OVC. The premise of activities is based upon working with the 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 the National Institute of Social Action (INAS), Chikua, and Vukoxa.

Members of the VHBs are caregivers of OVCs identified by INAS, CBOs, and community leaders. These members are given loans for income generating activities for their households. During bi-weekly meetings, VHB participants receive health education information, including HIV/AIDS, and specific education focused on caring for OVC. This OVC curriculum covers the multiple domains of the 6 essential services and takes eight months to complete. Also, information and linkages to where caregivers can access services are shared with the members.

In FY06, Project Hope started to use a new data collection tool to gather information about the households that are being supported by their program. The tool tracks what essential services are being received by each child served in the program. The system also includes indicators assessing the success of VHB in improving household economic stability. It gives caregivers, the communities and the partner a better picture of the needs of the families they serve from an economical stand point and helps to identify what areas of services need to be strengthened. One outcome of this effort was the establishment of a community garden for families who cared for OVC in Mocuba. Also through collaborative means, Project Hope was able to engage strong support from the local government that included assistance in identifying local leaders to be trained on OVC issues as a way of further mobilizing community efforts.

In FY07 Project Hope will provide 17,000 orphans and vulnerable children with six essential services as defined by the USG in conjunction with the Ministry of Women and Social Action and train 1,133 people to provide these services. This will be accomplished by a multi-pronged approach with the basis being the creation of new VHBs and the expansion of their volunteer cadre and partner networks. Also Project Hope is planning an external assessment to look at the issue of improving quality in the services being provided.

Project Hope will sign a total of seven memorandums of understanding with partners to continue to conduct needs assessments of OVC households from project partners and complete explicit agreements regarding the scope and volume of services to be provided by each partner. Also Project Hope will continue to participate in district level monthly forum on OVC issues to effectively coordinate efforts amongst all stakeholders, raise awareness about OVC, mobilize additional community resources and identify potential program partners. Key partners in this activity include MMAS, DMAS, INAS, PSA, IBIS, Habitat for Humanity, Vukoxa, Chikua, Independent Presbyterian Church, and the Anglican Church of Mocuba. These district level forums feed into potential provincial level forums and provide information for national level meetings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15856

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15856	5341.08	U.S. Agency for International Development	Project HOPE	7275	3702.08	Track 1	$1,495,000
8230	5341.07	U.S. Agency for International Development	Project HOPE	4787	3702.07	Track 1	$1,600,261
5341	5341.06	U.S. Agency for International Development	Project HOPE	3702	3702.06	Track 1	$619,125

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$88,296
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$44,148
Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$44,148
Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$88,296
Education	
Estimated amount of funding that is planned for Education	$44,148
Water	
Estimated amount of funding that is planned for Water	$44,148

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3579.09
Mechanism: USAID-Population Services International-GHAI-Local
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 5134.24311.09
Planned Funds: $800,000
Activity System ID: 24311

Activity Narrative: THIS IS A CONTINUING ACTIVITY. ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY

In FY09, PSI will provide the Basic Care Package modeled after programs in Kenya and Uganda. In addition to LLIN and SWS the Care Package will include IEC materials that deliver clear, consistent messages on health and hygiene. Targets for this activity are attributed to implementing partners, as IP distribute these commodities as well as train households on use. Community care partners will submit proposals to PSI describing how BCP will be distributed, monitored, and evaluated for impact. The proposal must also describe how duplication will be avoided with the Presidential Malaria Initiative and World Bank support for net distribution. The BCP will be adjusted and distributed without LLIN if the beneficiary received a net through another point of contact with a health facility or community based net distribution campaign. Targets allocated to partners who will distribute and train on use of kits.

This is a continuing activity under COP08. The program will continue working with USG OVC partners to distribute 45,000 LLIN to OVC and provide 90,000 OVC with Safe Water Systems (SWS - "Certeza" for 12 months). Targets have not been attributed directly to this program as the distribution is done through other USG OVC partners and counted as one of the six essential services that OVC receive.

PSI will also provide plumpy nut in a pilot program that will reach 1,500 OVC, who have been clinically assessed as being malnourished. The partners working with the OVC will address the food insecurity of the household/OVC by linking the former with food assistance support from WFP, Title II programs etc.

The increased funding and targeted number of OVC being reached under this activity reflects the increase in targeted numbers of OVC receiving services under PEPFAR funding and the anticipated expansion of existing USG partners working with OVC.

The FY2007 narrative below has not been updated.

This activity relates to another PSI activity in HIV treatment services, HTXS 9166.

This activity duplicates other activities because water and nets will be provided to currents clients of OVC and ART services. Therefore, no separate targets are provided.

This activity contains two components: Safe Water Systems (SWS) and Insecticide Treated Nets (ITN).

In FY06, PSI is implementing a successful program to make household-level Safe Water Systems (SWS) available to 2,208 OVC and their caregivers and 5,000 PLWHA (at $.25 per bottle x 12 bottles per year) (under the treatment activity). This program will continue in FY07 reaching 4,000 OVC and their caregivers and 85,000 PLWHA on ART. The SWS consist of small bottle of solution to purify water for a one month period for a family. The program will reach OVC and PLWHA on treatment and provide them with SWS through linking in to the HIV/AIDS care and support services available in both clinic and community settings under the integrated networks (e.g. home-based care, OVC services, PMTCT, ART).

Using PSI traditional social marketing techniques, this activity will scale up marketing and distribution activities in the six target provinces. As distribution is pushed out through wholesalers and smaller retail outlets, a series of radio, billboard and other mass media campaigns to increase awareness of this new product will be launched. This product will be available for anyone to buy on a regular basis. Simultaneously, the USG NGO partners working in OVC and treatment services specifically aimed at treatment adherence will be provided with a one-day training. They will learn 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. The social marketing and availability of the product will minimize stigma and discrimination of those that receive the product free.

The second component will target the distribution of 27,000 ITN's to OVCs under five years of age and their caregivers in PEPFAR target provinces in addition to 85,000 PLWHA registered at Day Hospitals (at $8 per net). PSI will implement the program by making the nets available to USG NGO partners implementing OVC and treatment adherence activities outside of the PMI geographical areas. PSI will provide training in usage of the nets and in the importance of protecting oneself against malaria. This includes consistent use of nets, cleaning up around the household and removing all stagnant water from surrounding areas.

The Ministry of Women and Social Action (MAS) supports the use of nets for all children because of their effectiveness to help ward off the threat of malaria which can be detrimental to children, particularly those under five years of age. Because of their importance in deterring malaria, MMAS included ITNs as a requisite item in their OVC costing exercise and encourages NGOs, CBOs, PVOs to assist in the provision and distribution of nets. This activity will support a mere portion (27,000) of ITNs needed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15881

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15881	5134.08	U.S. Agency for International Development	Population Services International	6856	3579.08	USAID-Population Services International-GHAI-Local	$1,075,000
9149	5134.07	U.S. Agency for International Development	Population Services International	5042	3579.07	USAID-Population Services International-GHAI-Local	$325,000
5134	5134.06	U.S. Agency for International Development	Population Services International	3579	3579.06		$445,720

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	
Estimated amount of funding that is planned for Water	$400,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 10814.09
Mechanism: TBD RFA Human Capacity Development
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 25965.09
Planned Funds: [redacted]
Activity System ID: 25965

Activity Narrative: THIS IS A NEW ACTIVITY IN COP 09.

This activity is being funded across several program areas. OVC funding has been allocated to contribute to a process that will provide greater access to basic health care services for OVC.

According to a 2006 UNICEF report on Childhood Poverty in Mozambique, 17% of children under five years experience severe health deprivation. These are children who have never been immunized against any diseases or young children who have had a recent severe episode of acute respiratory infection and did not receive any medical advice or treatment. The report also cites that poor physical accessibility (one hour distance to health facility on foot) to health facilities and long waiting times, are barriers to health care which contribute to high mortality rates and poor health status among Mozambican children. Supporting the revitalization of the community health worker program is an important component in improving the overall health status of OVC, as CHW bring the services closer to the children and their mothers, in a more user friendly environment – the beneficiaries own community.

Recently, the Government of Mozambique (GRM) made a declaration which detailed its commitment to the strengthening of primary health care through community health workers and enlisting the involvement of the community to address their most critical health needs. The GOM's commitment to the Agente Polivalente Estratégico (APE) or Community Health Worker (CHW) program is reflected in the MOH's five year health workforce plan (August 2008) which includes an annex projecting the APE staffing levels, description and requests to donors. The GOM has made it clear that revitalization of the APE program, which is an integrated approach to health, is imminent and urgent. The MOH is therefore seeking USAID support and technical assistance to roll-out the program on a national basis which current donor and public sector financing precludes. Mozambique is considered by health experts to have one of the worst human capacity problems in the world. Focused on strengthening community based prevention programs and basic health care. This activity provides a framework for a set of USAID-financed human capacity development interventions over a five-year period. These interventions will lead to a rapid scale-up of a revitalized national Mozambican model for community prevention and care.

This integrated health project will support a balanced mix of maternal and child health, reproductive health, HIV/AIDS and infectious diseases applying both prevention and curative care measures to directly respond to the MOH request to reestablish a nationwide community based cadre of community health workers. The MOH reinvigorated APE plan was outlined in a September 2008 17 point, inter-ministerial action plan that describes the broad framework for a nationwide community based health system. This action-plan builds on a September 2007 MOH meeting which articulated the MOH intentions to launch a nationwide primary health care program which would be anchored at the community level by the APEs.

The 2008 MOH plan calls for four training centers to be set up, master trainers and provincial trainers to be trained and in place, the issuance of clear MOH guidance to health districts on how to select and recruit APEs, guidance on the supervisory system and most importantly, establishing a line item in the Ministry of Plan's budget to subsidize the APEs. The APEs as outlined by the MOH, will deliver a defined package of quality preventive and basic health services which matches Mozambique's health profile, is evidence based and sustainable. The APEs will also supervise and coordinate the actions of all other community health volunteers (ASCs), mothers' groups, on-site TB volunteers and community based distributors of insecticide impregnated bed nets, contraceptives and condoms who are currently carrying out a broad range of disease specific interventions. These interventions include family planning, follow-up with tuberculosis and HIV patients on treatment, organization of vaccination campaigns, growth monitoring and treatment of acute malnutrition and diarrhea. These APEs will also provide a vital official link between the community-based health information system, health posts and health centers.

This activity is the next logical programmatic step for the USG, following earlier investments and an upcoming short- term, FY08 PEPFAR-financed, community based human resource and training team. This expert USAID health training and human resource planning team is scheduled to complete its work by February 2009. The products from this consultancy will advise the MOH on the content, length, and scope of the APE curriculum (there are at least three or four different curricula for training APEs currently in use and an operational plan to launch, train, deploy, and supervise a national APE system. This assessment will also inform any future procurement.

The MOH APE program is expected to roll out this fiscal year with World Bank funding in a pilot region of Northern Mozambique. This World Bank loan for $46.8 million is designed to strengthen primary health care systems and building human capacity and was approved in 2007. The loan includes a pledge of $6.8 million by the Russian Government for malaria prevention, 17.5 million by CIDA, and $17.5 million from the Swedish Development Corporation. An October 2008 Global Fund (GFATM) grant, approved by the USG to strengthen health systems, includes funds for APE salary support and for setting up several training centers. The U.K. also pledged assistance to the health sector as part of an international bilateral agreement on joint work in Africa between Prime Minister Gordon Brown and U.S. President George W. Bush in 2007. Other donor related grants include a broader application of a CIDA financed APE curriculum that is also currently under review for future financing.

The USAID financing of the GOM's APE program will consist of five components which are central to building a national program over a five-year period, FY 2009 being the first year of this financing. They include both training, institution strengthening interventions and direct financing support for APE salaries in the initial two years of the program, procurement of essential medical supplies and equipment, and an appropriate and sustainable means of transportation and communication between districts and communities to support a system for supervision which is currently on paper but in practice does not exist outside of large cities. A community "bright ideas" matching grants fund would also be made available for the best APEs.

1. Operationalize New Training Facilities: Finance and support with expert technical assistance launch of two of the MOH's four planned community health training centers in two Southern regions which coincide with other USG health investments. Train and equip up to 10 master trainers from the designated provinces

Activity Narrative: in Community based preventive and curative care, supervision, refresher training programs, and support to the communities who accept the APE program.

2. Finance the First Cadre of APEs: USAID will determine the best mechanism for financing the first groups of APEs. Options include contributing the Common Fund which many of the European donors utilize to channel grant and loan funds to the MOH; capitalize on an internal MOH mechanism run by the World Bank or another UN Agency; contribute to the same mechanism the Global Fund intends to develop and staff within the MOH; or put the financing into a technical assistance contract and have the contractor pay the APEs for a limited period of time. Salary support will be conditioned on the gradual uptake by the MOH of these community workers onto the MOH or district level payrolls and the assignment of permanent district level supervisors so that USAID would not be expected to absorb this full five year cost.

3. Train and Equip 400 community and APE supervisors and Provincial Mobile Teams. Furnish motorcycles and a virtual communication system to launch supportive supervision programs in USG financed provinces. The existing mobile teams consist of three MOH staff and include a community health supervisor, a reproductive health specialist and a logistics specialist which is often the driver. Computers, cell-phones, and radios will be purchased for this element of the program.

4. Support the development/revision of APE reporting, refresher training, other APE materials including audiovisuals for Prevention and Counseling, community assessment and epidemic control: Based on best practices from various regions and existing materials, support the MOH health resources and communications department to assemble an APE prevention/communication education kit. A four year full-time advisor and short-term advisors across a range of specialty will be assigned to the MOH for this purpose. The package must be a product the MOH intends to support in the future.

5. Support local public/private partnerships which strengthen the public health system: Each year, the APEs that demonstrate exemplary performance on improving public health conditions, will be granted a small project fund. This could be the Peace Corps seed funds, or an entirely new fund. Funds would be used for community water and sanitation measures, a famine early warning system, better radio communication with the provinces or other ideas. These grants would be overseen by a community leadership council which already exists in many regions. These seed funds would require a 50% match by the private sector or community.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	9305.09	**Mechanism:**	TBD RFA Nampula and Zambezia Integrated Community Services
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13
Activity ID:	26078.09	**Planned Funds:**	[redacted]
Activity System ID:	26078		

Activity Narrative: THIS IS A NEW ACTIVITY IN COP 09.

The U.S. Agency for International Development Mission to Mozambique (USAID/Mozambique) is issuing this Request for Application (RFA) for two results-oriented projects that are expected to integrate health, HIV/AIDS, water/sanitation, and rural enterprise program components to contribute to an overall objective of strengthening communities in two provinces of Mozambique: Nampula and Zambézia. USAID/Mozambique plans to award one cooperative agreement for each province by January 2009.

Activities under this RFA are expected to increase synergy across USAID/Mozambique's programs to amplify their collective impact at provincial, district, and community levels. Opportunities to integrate at the community level are particularly important. Activities are meant to complement current and future activities of Food for Peace Title II Multi-Year Assistance Programs (MYAPs). No direct clinical services are to be provided under this RFA, including HIV/AIDS treatment services. Applicants are thus expected to research current programs, present methodologies for working together with existing programs, and explain how approaches are complementary to, and not duplicative of, these programs. Strategic linkages to other U.S. Government (USG) programs should be used wherever feasible to help leverage programmatic results. The holistic approach encouraged in this RFA is also meant to improve communication among key partners, empower our provincial and district-level government counterparts, and provide more cost-effective approaches to achieving development results.

In order to cover the broad range of services that are to be integrated into each geographic area and because of the range and depth of expertise that will be required to successfully implement the activities identified under this RFA, all applicants are strongly encouraged to be a consortium. Primes are encouraged to include the services of smaller, technically specialized organizations wherever possible.

USAID's programs are designed within the context of larger USG efforts in Mozambique. This RFA describes USAID-funded activities within the country, which make up only part of the entire USG response. Centers for Disease Control and Prevention (CDC), Department of Defense (DOD), Department of State and Peace Corps also have on-going projects in support of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the President's Malaria Initiative (PMI) in Mozambique. As USAID/Mozambique strives to reach as many Mozambicans as possible in these provinces without duplicating services of other actors, successful applicants to this RFA are required to collaborate with and complement these USG projects.

As the food crisis increases the vulnerability of HIV/AIDS patients and their families, including OVC providing increased nutritional support to OVC is critical. Strengthening linkages with existing initiatives is one way to address long term food security for vulnerable households.

(USAID/Mozambique) is issuing a Request for Application (RFA) for two projects that are expected to integrate health, HIV/AIDS, water/sanitation, and rural enterprise program components to contribute to an overall objective of strengthening communities in two provinces of Mozambique: Nampula and Zambézia. USAID/Mozambique plans to award one cooperative agreement for each province by January 2009.

Activities under this RFA are expected to increase synergy across USAID/Mozambique's programs to amplify their collective impact at provincial, district, and community levels. Opportunities to integrate at the community level are particularly important. Activities are meant to complement current and future activities of Food for Peace Title II Multi-Year Assistance Programs (MYAPs).

In order to cover the broad range of services that are to be integrated into each geographic area and because of the range and depth of expertise that will be required to successfully implement the activities identified under this RFA, all applicants are strongly encouraged to be a consortium. Primes are encouraged to include the services of smaller, technically specialized organizations wherever possible.

Present approaches to providing food security to people living with HIV/AIDS in order to improve their nutritional intake as well as generate income are not covering enough of those affected, have high beneficiary cost rations and not sustainable. For example, kitchen gardens/vegetable gardens have not been found to be maintained beyond a year or two. Income generating activities such as training for entrepreneurial activities can often deliver too many people offering the same service in the same locale. This activity will ensure that OVC and PWLHA are included in activities for rural communities which address nutrition and increase incomes.

USAID is already present in districts throughout Zambezia and Nampula provinces. These programs specifically target rural communities and assist them with better nutrition behavior change, as well as improved agricultural techniques. The programs help the communities organize themselves so that they are better positioned to access health services from the nearest health clinic as well as negotiate better prices for crops harvested. These programs can easily absorb target groups in rural communities, such as those living with HIV/AIDS, caregivers and vulnerable children.

Specifically, perma-culture (alternatively known as conservation farming) will be added to the program already in place in Zambezia and Nampula. This program would be implemented in conjunction with Peace Corps to help introduce the new concepts and techniques with PCV as trainers. The PCV will assist in the introduction of the new techniques and work to induce behavior changes in the agricultural sector.

The techniques to be introduced would include: encouraging farmers to leave more ground cover (requires less work) and starting preparation of fields months in advance of the planting season (work is spread out over a longer period of time as opposed to the present intensive work requirement at the beginning of the rainy season). The introduction of these interventions is designed to reduce the labor requirements, improve quality of the crop yield and nutrition for those living with HIV/AIDS and older OVC who are caregivers.

Activity Narrative: This activity will not target orphan based on orphan-hood alone. All members of the Farmers Association would be encouraged to adopt these new techniques, as they have proved to increase crop yields. Farmers Associations already are planting crops that are highly nutritious (orange-flesh sweet potato, sesame) and income generating (sesame, peanuts, corn). Therefore, everyone in the rural community affected by HIV/AIDS (or other chronic illnesses) and OVC would benefit by activities designed to increase crop yields - in addition to reducing labor requirements to produce nutritious crops with high income generation possibilities.

These community-based activities will be closely linked to clinical and community based prevention services. The activities to be supported under this RFA are expected to operate within the context of and be coordinated with other USG-supported activities underway in Mozambique, including PEPFAR and PMI, as well as USAID-supported activities such as the Title II Food for Peace program, other agricultural and health activities. The proposed activities should also fit within the context of the Government of Mozambique's (GRM) policies, strategies and programs in health and agriculture, its Action Plan for the Reduction of Absolute Poverty (PARPA), its Strategic Plan for the Health Sector (PESS) and its Food and Nutrition Security Strategy.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery [redacted]

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities [redacted]

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening [redacted]

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Estimated amount of funding that is planned for Water [redacted]

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 10815.09

Mechanism: TBD RFA Food and Nutrition Commodities and Logistics

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 26079.09

Planned Funds: [redacted]

Activity System ID: 26079

Activity Narrative: THIS IS A NEW ACTIVITY IN COP 09.
In keeping with current guidance from (OGAC) Emergency Plan funds for this activity will target nutritional support to: Orphans and vulnerable children born to an HIV infected parent (regardless of the child's HIV and nutritional status). Funding in PMTCT and HTXS will target HIV-positive pregnant and lactating women in programs to prevent the transmission of HIV to their children and adult patients in anti-retroviral therapy (ART) and care programs who have evidence of severe malnutrition, as defined by the Ministry of Health.

The activity will support a Request for Proposals to procure commodities and provide logistics support required to implement a nutrition/HIV program modeled after Kenya's Food by Prescription. It is important to note that USG does not yet have full buy-in of the Ministry of Health for a food by prescription program model. PEPFAR/Mozambique will sponsor a study tour to Kenya in early 2009 (led by FANTA) for Ministry of Health, National AIDS Council, and the Social Welfare Ministry to observe and understand implementation of AMPATH and FBP.

This activity will involve (1) competitive procurement of one or more fortified, blended flour products for clinically malnourished PLWHA, PMTCT women during pregnancy and lactation, and early weaned infants born to HIV-positive women (specifications based on foods presently used in the Mozambique (2) regular delivery of the product(s) implementation sites (supported by PEFFAR partners); and (3) support to the clinic sites on inventory control, storage, and record keeping (working with FANTA and the hospital and health center clinical care partners).

A 30-day supply of food will be provided to patients who have undergone clinical nutrition assessment and counseling, and who meet specific entry criteria, specifically: clinically malnourished patients with body mass index (BMI) or mid-upper arm circumference (MUAC) defined by Ministry of Health. Patients will return on a monthly basis for reassessment and an additional month's food supply until their weight stabilizes above an established exit cutoff (to be defined with MOH). Typically, patients are provided with 3-6 months of supplementary food before exceeding the BMI/MUAC exit cutoff. In addition, supplementary food will be provided on a monthly basis for women in select PMTCT programs during pregnancy and until the infant is weaned (~4-6 mo of age), at which time food will continue to be provided on a monthly basis for the infant until 2 years of age. FANTA will assist in establishing the product specifications and production standards (e.g. GMP and safety) for the low-cost, nutrient-dense supplementary food(s) to be procured under this activity.

In a later phase, contractor will supply food baskets in line with MOH food and nutrition guidelines and the food by prescription program for all USG-supported clinical sites not within WFPs geographic focus areas.

The contractor will develop a food distribution strategy that ensures that all beneficiary sites receive the recommended food commodities. The contractor will support the following activities: 1) Forecasting of food commodities in close collaboration with AED/FANTA project, MOH, UNICEF, World Food Programme (WFP), and Clinton Foundation/CHAI. 2) Development of a distribution strategy based on different scenarios, including distribution within existing distribution system as well as outsourcing distribution of food commodities to point of service, in cases where the existing system is not functioning. 3) Develop SOPs and tools for USG clinical partner-supported sites, districts, and provinces to adequately manage food commodities, including LMIS tools for reporting on food consumption, FIFO, storage at sites, and distribution 4) Conduct assessments of provincial warehouses and district warehouses in collaboration with the DPS/DDS and USG clinical partners supporting the provinces and districts to identify needs for adequate storage and distribution of food stuffs 5) Provide assessment tools and SOPs to DDS/DPS and USG partners for assessing storage space and conditions at PMTCT sites. 6) Provide ongoing technical support in the logistics management and supervision of the management of food commodities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Health-related Wraparound Programs
* Child Survival Activities
* TB

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	[redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	[redacted]

Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	[redacted]

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	[redacted]

Education	
Estimated amount of funding that is planned for Education	[redacted]

Water	
Estimated amount of funding that is planned for Water	[redacted]

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 10824.09
Mechanism: TBD Policy Partner
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 26080.09
Planned Funds: [redacted]
Activity System ID: 26080

Activity Narrative: THIS IS A NEW ACTIVITY IN COP 09.
This is a central mechanism/task order that is currently being re-competed.

The TBD Partner (Partner) selected for this activity will focus on creating a legislative and policy environment that is more supportive and remove barriers to greater protection and care for orphans and vulnerable children.

Under this activity, the Partner will:

1. Work with the Parliament, Ministry of Justice (MOJ) and Ministry of Women and Social Action (MMAS) to ensure a more streamlined and efficient "poverty certification" process that would allow highly vulnerable children and orphans to access government social services (cash transfers, food support, free schooling, etc.)
2. Work with the Parliament and MOJ to streamline, update inheritance legislation and procedures which protect the rights of child, elderly and female headed households
3. Work with MMAS to Develop Social Welfare Provisions to subsidize foster care for double orphans
4. Work with the Ministry of Finance, INAS, MMAS and the CBOs to ensure that the cost of OVC and home based care services for HIV+ and affected children are costed and included in national budget.

Mozambique currently has several civil society groups and networks focusing on policy, advocacy and legislation as it relates to protection of OVC and PLWHA and access to services and support. The AED Capable Partners program, Save the Children, HACI, Habitat for Humanity, Foundation for Community Development are some of the PEPFAR-funded partners which work directly with community organizations to reduce HIV-related stigma within their communities and protect rights of OVC.

The Partner will work with local, national organizations already working in the area of trafficking in persons, human rights, family and child, inheritance protection, to build capacity to effectively mobilize service providers to advocate national government for legislation and policy that 1) protect rights of OVC and PLWHA 2) ensure improved access to health and HIV services, including counseling and testing and pediatric treatment. 3) ensure more equitable and easier access to government social support more the most vulnerable children. As the Government of Mozambique will hold national elections at the end of 2009, this activity will help to put issues related to OVC and PLHWA on the national agenda.

There are approximately, 100,000 children under 15 living with HIV and AIDS in Mozambique and 400,000 orphaned due to HIV, all of these children and their caregivers will benefit from a more positive policy environment through this activity. This activity will complement U.S. Embassy efforts in the area of trafficking in persons.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	[redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	[redacted]

Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	[redacted]

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	[redacted]

Education	
Estimated amount of funding that is planned for Education	[redacted]

Water	
Estimated amount of funding that is planned for Water	[redacted]

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 9317.09
Mechanism: Health Care Improvement Project
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 26082.09
Planned Funds: [redacted]
Activity System ID: 26082

Activity Narrative: THIS IS A NEW ACTIVITY IN COP 09.

The narrative below replaces the FY2008 reprogramming narrative

Quality care implies that appropriate services and support are provided to ensure that children affected by HIV grow and develop as valued members of their families and community. Providing such care is complicated by the numbers of children needing care and the many service areas required. In line with Mozambique National Action Plan for OVC, children supported by OVC programs must be provided with adequate food and nutrition support, shelter and care, protection, health care, psychosocial support, education and vocational training, and economic opportunity that will ensure their well-being.

This Quality Improvement (QI) activity offers a way to organize and harmonize the provision of care by engaging people at the point of service delivery to evaluate their own performance and decide how they could organize themselves to do their jobs better.

Mozambique is starting the QI process by reaching consensus on a set of desired outcomes and by defining standards for quality care. These standards will then become embodied in training materials, job aids, and supervision tools that will enable the Ministry of Women and Social Action (MMAS) to monitor and supervise programs. These standards will also used to develop indicators to measure quality. Service providers then use these indicators to identify areas in which they need to improve and to track the effect of their improvement efforts. This is particularly important given the new focus in Mozambique OVC programming to building district-level capacity for management, coordination and oversight of programs.

The Health Care Improvement Project (HCI), managed by University Research Co. .LLC (URC) is providing technical assistance to Mozambique Mission and its OVC partners to reach consensus on defining quality using service standards. Defining service standards and communicating these standards across all levels of care has been funded by FY 08 funds ($150,000).

In FY09 HCI will provide support to local implementers and the MMAS to identify best practices to implement the service standards; to measure the quality of services in order to identify opportunities for improvement; to promote active sharing of promising practices across local implementers (community-based, international and local organizations) and to engage policy makers, based on the evidence collected, to strengthen Mozambique's systems of care for vulnerable children (ie: education, health, child protection services). The promotion of active learning communities will create mechanisms for learning and sharing for local implementers engaged in actually implementing the service standards, all the way to the point of direct contact with the vulnerable children and their guardians.

Activities in FY09 include:
1) Creating "Communities of Learning" to identify best practices to implement service standards and to measure quality. MMAS, implementing partners (national and international), OVC, other forum such as Children's Parliament, will be engaged in this process.

2) Developing capacity of Mozambican CBOs and coaches to support the learning communities (these individuals and organizations have already been identified).

3) Build capacity of service providers and MMAS in QI to implement service standards:
Share results and lessons within the country through the MMAS central and provincial level Technical Working Groups and other platforms which includes policy makers.

MMAS has enthusiastically welcomed the process of defining quality standards and has committed to being an active participant as well as a champion for dissemination and implementation of service standards. MMAS will send a senior technical officer to the regional training event in Ethiopia in November 2008, to ensure that their Ministry is able to effectively lead the process in Mozambique.

As USG moves towards genuine local ownership of programs, this process is a critical tool in enabling MMAS to measure and monitor quality of services being provided to their orphans and vulnerable children. Service standards defined will be appropriate to the Mozambican context. Defined service standards will also enable MMAS to accurately cost the package required for OVC and subsequently will improve their planning and budgeting process for OVC programming.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	[redacted]
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	[redacted]
Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	[redacted]
Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	[redacted]
Education	
Estimated amount of funding that is planned for Education	[redacted]
Water	
Estimated amount of funding that is planned for Water	[redacted]

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3626.09
Mechanism: USAID-World Relief Corporation-GHAI-Local
Prime Partner: World Relief Corporation
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 5135.24365.09
Planned Funds: $0
Activity System ID: 24365

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008.

This is a replacement narrative highlighting changes to WR's activities in FY08 to ensure quality of services.

In FY08 World Relief (WR) will reach 20,707 OVC with the six essential services through activities of 3,400 church-based OVC home visitors (HV).

Church and community leaders will be motivated and sensitized for continued involvement and participation in the facilitation or provision of OVC care and support services. These leaders will be informed of their role in the promotion of OVC rights and the available community resources. These leaders will be sensitized, motivated and encouraged to continue the advocacy and support for OVC. Efforts will be made to increase the level of advocacy. The Ministry of Women and Social Action (MMAS) will be invited to facilitate debates on child protection and rights issues, with community participation. WR will ensure that these community leaders have materials on child rights and protection issues that can serve as reference.

In collaboration with WR's child survival program, MFC-Tshembeka project coordinators and supervisors will be trained as trainers and will then train HV, religious and community leaders. HV will be provided with basic HBC information enabling them to make immediate referrals for infected OVC.

OVC in churches and schools will receive structured ABY prevention messages via WR's Mobilizing for Life program. These OVC will continue to benefit from the age appropriate WR Choose Life program, which teaches basic life skills. To ensure that HV learning, practices, skills and knowledge remain fresh; WR project staff will facilitate quarterly refresher trainings. HV monthly meetings will be a forum to share information and experience from the field as well as address any issues.

In collaboration with HV, religious and community leaders will take the lead in facilitating access to the six essential services for OVC. Through weekly home visits, HV will encourage OVC to stay in school, and provide general counsel and oversight as needed. 500 OVC at the secondary school level are targeted to receive educational support such as school uniforms, shoes, supplies and fees. HV will refer OVC issues to the appropriate sector with the knowledge and support of the religious or community leader. These in turn will follow up the case with the relevant government institutions (i.e. MMAS, Ministry of Health) and other NGOs for the necessary action. OVC that are identified as HIV or TB positive will be referred to WR's home based care program. Nurses will take on the clinical component of care in line with MOH guidelines. The HBC volunteer will work the OVC HV to continue additional care and support activities.

In an effort to ensure that OVC are appropriately tracked for services being received, HV will be trained/re-trained as necessary in record-keeping. HV reports will be submitted monthly, to allow for early detection of potential gaps in information gathering.

WR will also target child-headed households and OVC between 16 and 17 years old with vocational training that will help them sustain themselves as they grow into adulthood and beyond the target age for OVC programs. Carpentry, masonry, bakery, and tailoring are some of the activities that will be taught.

WR will integrate Micro Enterprise Development (MED) activities to provide income-generating opportunities for older OVC, PWLHA, caregivers and volunteers. In addition to directly benefiting OVC and their caregivers. 707 people (50% of which will be volunteers) will benefit from MED activities. Including volunteers in the target group for IGA will help WR address the issue of retention of volunteers, as many discontinue volunteering due to financial pressures.

WR will continue its virgin coconut oil project in Inhambane funded in partnership with a Zion church partner in the MFC-Tshembeka project. The activity will expand to include 400 community members who are OVC caregivers and project volunteers, who will also benefit from HIV prevention messages.

In partnership with Fundo de Credito Comunitario (FCC), a local micro-credit firm, 107 volunteers and OVC caregivers will receive small loans to expand existing, successful poultry raising projects. Based on lessons learned in FY07, WR will turn over the business training, management and funding of this micro-credit scheme to FCC ensuring quality of this activity and allowing WR to focus on program issues. FCC will also provide loans (at a 2.5% interest rate) in Gaza, Maputo and Inhambane provinces for activities such as cell phone recharge cards and vegetable sales.

To provide food security for OVC and their caregivers WR will establish community grain banks with contributions of maize and beans from local farmers, which will later be distributed to OVC and PWLHA in the community. An agricultural extentionist will be hired to support, supervise and monitor activities in the field and will have recourse to WR agriculture department for technical assistance and support. The incentive for community farmers to participate in this activity will be access to better quality seeds and the opportunity to learn low-cost, efficient farming techniques.

In collaboration with PSI, WR will distribute LLIN and Safe Water Systems (SWS - "Certeza") to OVC in an effort to improve the health status of targeted children and family members. WR will also partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14539

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14539	5135.08	U.S. Agency for International Development	World Relief Corporation	6860	3626.08	USAID-World Relief Corporation-GHAI-Local	$1,183,200
5135	5135.06	U.S. Agency for International Development	World Relief Corporation	3626	3626.06		$880,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 10909.09

Mechanism: TBD RFA Community Care Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 25963.09

Planned Funds: [redacted]

Activity System ID: 25963

Activity Narrative: This is a new activity under COP09.

Mozambique is recognized as having one of the worst orphans and vulnerable children situations in Africa, A 2006 UNICEF report on Childhood Poverty in Mozambique estimates that approximately 50% of all children (5.3 million) are highly vulnerable. Of these children, 1.9 million are considered orphaned, with an estimated 400,000 (21%) orphaned due to HIV/AIDS. 100,000 children under 15 are living with HIV/AIDS, and only 6,320 children are on ART. Sofala and Manica have the highest percentages of both maternal and paternal orphans and dual (both parents deceased) in the country. Over half of all orphans live in households headed by women.

New, sustainable approaches which strengthen the GRM capacity to cope with this long-term problem is therefore a key feature of the new PEPFAR Community Services RFA which will provide care and support services and OVC care in Sofala, Manica, Tete, Gaza, Inhambane & Niassa. The project will support direct services, institutional development for local government social services, livelihood strengthening and reform of some key policy measures. The services component will support facility- and community-based care and support services for up to 24,000 OVCs. This activity will also strengthen local government's (community councils/district level social welfare ministry) oversight, management and monitoring of social welfare services carried out by civil society groups. This new activity will support a standard package of services for OVCs which includes 1) food and nutritional support 2) shelter and care 3) protection 4) health care 5) psychosocial support 6) education and vocational training 7) economic strengthening. An important area of emphasis is economic strengthening/livelihoods and "social care" activities which provide greater economic opportunities for adolescent OVCs and their caregivers including jobs, and locally run savings and loans programs through the accumulated credit and savings association. This activity will also work with the GRM to eliminate critical national policy and regulatory barriers which inhibit OVCs from accessing services. Issues such as outdated inheritance laws will be addressed. The inheritance law currently makes it difficult for double AIDS orphans to retain title to their homes if the parents pass away. Another systemic barrier is the outdated vital records information system which is currently unable to produce birth certificates for the thousands of vulnerable children including OVCs who require these documents to enter school or to receive other government health and welfare subsidies. Computerizing these records will save time and save lives. Streamlining other requirements such as the "poverty certificate" will also make it easier for children in crisis living or affected by AIDS to access services more expeditiously. This new activity will be competitively awarded for both OVC and Care and Support services and programs for all six provinces regions. Non-USG implementers provide OVC care and support in the target provinces. The International AIDS Alliance, Help Age, Red Cross/Cresent of Mozambique and UNICEF all work with NGOs and CBOs to provide direct services to OVC and UNICEF provides provincial level TA to the social welfare ministry. As such, close collaboration with current efforts in this field is essential to ensure that interventions are complementary. Niassa, a new implementation province for PEPFAR in FY08, is also included in this procurement. Family Health International provided clinical (treatment, testing and PMTCT) services OVC and palliative/home-based care services in FY08. Though Niassa is one of Mozambique's most underserved provinces for health care, close collaboration is required with local CBOs and NGOs.

The USAID mission in collaboration with the entire US government team in Mozambique seeks to ensure a comprehensive package of care to orphans and vulnerable children (OVC) affected or infected by HIV/AIDS. The objectives of this program are to: 1)To improve the quality of life for orphans and other vulnerable children by ensuring age-appropriate interventions that provide the seven essential services for OVC. 2) to strengthen the capacity of the communities to mobilize resources to ensure quality services for OVC in their communities 3)To provide sustainable, quality OVC programs through the implementation of best practices in the area of OVC programming adapted to Mozambique's cultural context.

A comprehensive approach in these following strategic areas will be addressed in the implementing partners' proposal:
1)Strengthen the capacity of families to protect and care for OVC specific needs: The UNAIDS Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, March 2004, considers families and communities the foundation of an effective scaled=up response to the OVC crisis. The Framework clearly states that an effective programming response to caring for OVC recognizes the front-line role of the community-based organization sand includes children and young people as key partners. Increasing the capacity of a family, whether headed by a single parent, grandparent or OVC, present the single most important factor in building a protective environment for children who have lost their parents to AIDS and other causes. Focusing intervention on the family unit and the community – and not only on the affected child – is usually the best way to promote the best interest of the child.

Generally, the optimal environment for a child to develop is the family/community. Proposals will strive to increase the capacity of families and communities to provide care and support to children affected by the epidemic. Activities might include training caregivers, increasing access to education, training teachers to address the special needs of OVC and to reduce stigma and discrimination in the school setting, psychosocial support, promoting the use of time- and labor-saving technology, and connecting children and families to basic health care and other essential services. Yet another focus for implementation could include income generation activities that link OVC and their families with programs providing economic opportunities that are based on market assessments and are done with organizations that have a high level of expertise in these areas. Adequate food and proper nutrition is an issue for OVC, therefore ways to address sustainable food and nutritional needs should be addressed.

2) Mobilize and strengthen community-based responses: The community provides an important safety net for children affected by HIV and AIDS. Although informal structures exist in many communities to assist those most in need a unified entity focusing on the identification, specific needs, calculated response and monitoring of activities targeted towards OVC is crucial. Taking into consideration the different dynamics of each of each community an organized response may come from community committees or councils, mothers associations, parent teacher associations or other groups that are capable of identifying OVC and monitoring the services they get. NGOs can assist in strengthening these groups to provide quality services to OVC either through direct support to community efforts, or through building the capacity of local

Activity Narrative: community-based (CBO) non-governmental and faith-based (FBO) organizations. Strengthened communities can, in turn, support a great number of community initiatives and provide sustainability. Community support includes, for example, providing mentors for emotional support, resources such as food and school-related expenses, adequate shelter, household help, child care and farm labor. Programs can also provide children and their households with legal assistance to protect property rights and protection from abuses.

3) Increase the capacity of children and young people to meet their own needs through developing response to address their vulnerability: Addressing children's vulnerability requires ensuring access to essential services and addressing the added strain of caring for ill parent(s), increased economic and food insecurity, susceptibility to violence, abuse and exploitation as well as discrimination and marginalization from activities such as education and recreation. Children are expected to be active participants in mitigating the pandemic's impact, thus moving beyond the role of mere recipients of assistance. This participation will increase the best responses to the needs of the child. Possible means for participation may include involvement in community committees, youth mapping of interventions, input into program design, involving young people in making home visits to orphan and vulnerable children and helping HIV/AIDS affected households. Additionally, initiatives should ensure children and adolescents stay in school, are trained in vocational skills, receive adequate nutrition and access health care. Children can be involved in discussing what activities are needed in the community and help with the implementation of the activities.

4) Raise awareness within societies to create an environment that enables support for children affected by HIV/AIDS (stigma reduction):Projects should include activities to improve the social context for children and adolescents affected by HIV and AIDS, including providing information and education on the disease, challenging myths about HIV and AIDS; advocating for basic legal protection and the enforcement of existing laws regarding issues such as child abuse, sexual exploitation, trafficking, adoption, institutionalization, inheritance, etc; and transforming the public perception of HIV/AIDS by engaging community government religious leaders and the media to reach the wider community. Programs should promote provincial government offices to examine and enforce quality standards for OVC programs and ensure that children have access to essential services, including basic social services, and create special protection and care measures for all children.

5) Develop, evaluate, disseminate and apply best practices and state-of-the art knowledge in the area of quality OVC programming: Given the need to support OVC through their important growth and development years in order to become contributing citizens and the reality that the OVC population will continue to expand as infections increase, it is imperative that projects develop innovative approach to supporting OVC in the community applying best practices and then to evaluate and disseminate these practices to continue to strive for the highest-quality programming possible at a reasonable cost. Consideration should be given to community-based group care that provides support and services for OVC and respite for adults care givers.

6)Strong partnerships with local in-country organizations, local government. Applicants must have proven experience with local in-country organizations and partners. The provision of mentoring among organizations (indigenous and international) with skills to share is strongly encouraged to enhance in-country capabilities and program sustainability. In addition, consortia of service providers that work across several geographical districts and programmatic area should be considered. Provision of sub-grants and mentoring activities to community-based and faith-based organizations can enhance service delivery and sustainability.

7) Comprehensive Programming: Linkages between other aspects of PEPFAR as part of a comprehensive integrated care and support program are required.. Projects should build on programs that provide home-based care and support to people living with HIV/AIDS; ones that provide strong prevention messages; availability of counseling and testing services; and access to treatment when necessary. Supporting pediatric counseling, testing and treatment is strongly encouraged for OVC programs.

8)Promoting Action on Gender Disparities: Careful attention should be given in conceptualizing and implementing OVC activities to ensure that differing needs of boys and girls are identified and addressed appropriate to their developmental stages. Girls and boys living outside of care families often face additional discrimination and threats with the girl child facing disproportional level of risk and vulnerability to HIV, sexual abuse, trafficking and burdens of caring for family members. Programs must address this risk and strive to relive the excessive burden that caring for family members often places on children and youth. Strategies may include ensuring that girl children have access to schooling including secondary or vocational level schooling. Other strategies include creating safe social spaces for pre-adolescent and adolescent girls, such as through youth centers or kids' clubs where they can seek psychosocial support and age-appropriate learning materials are used. Linking girl heads of households to supportive local women's groups, FBSA or local NGOs can also provide them with both psychosocial support and protection.

8)Linking HIV/AIDS Prevention, Treatment and Care Programs
A comprehensive family centered approach to caring for OVC relies upon functioning public sector referral systems. Children of parents benefiting from PEPFAR programs need referral to OVC programs and vice-verse. Referring parents to anti-retroviral therapy programs should be a priority. When parents or family members are terminally ill the other family members including the children need to be prepared for the upcoming transition. The project should ensure that referral systems work for the families and link to prevention and child protection programs, because OVC are particularly vulnerable to sexual exploitation and trafficking and thus risk becoming HIV infected.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* TB

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	[redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	[redacted]

Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	[redacted]

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	[redacted]

Education	
Estimated amount of funding that is planned for Education	[redacted]

Water	
Estimated amount of funding that is planned for Water	[redacted]

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3569.09
Mechanism: Cooperative Agreement
Prime Partner: Ministry of Women and Social Action, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 23800.09
Planned Funds: $60,000
Activity System ID: 23800

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY08 this was part of HBHC Activity ID 5199.08. In FY09 Ministry of Women and Social Action (MMAS) will be provided with ongoing technical assistance to develop Integrated Care and Support networks in Tete, Sofala and Zambezia provinces, particularly emphasizing psychosocial support to PLWHAs and vulnerable family members.

MMAS will coordinate with other sectoral partners (MoH, Ministry of Interior, Ministry of Agriculture) to provide a comprehensive response to the medical and broader social needs of individuals and families made vulnerable by HIV/AIDS. Taking advantage of community led committees being revitalized with the support of the government, MMAS will train community volunteers (who can be characterized as "para social workers") to carry out social evaluations and referrals, and will provide psycho-social support to orphans, vulnerable children and families affected by HIV. Referrals may include links to the formal sector (e.g., MMAS cash grants), the informal sector (such as nutritional supplements and local NGO services and activities), and Home Based Care programs, who, in turn refer to Health clinics as needed. It also includes standardizing, coordinating and supporting Income Generation Activities most appropriate for this target group.

This activity will also benefit from collaboration with USAID, UNICEF, World Bank, FAO and local NGOs who may provide capacity building, referral services or other support. It will result in policy changes, monitoring criteria, supervision and training materials that improve access to the broad array of services needed by this target group. Specifically MMAS will train 12 trainers who will then train 300 volunteers, resulting in 5000 OVC and vulnerable family members served. In FY09 materials for training community committee members will also be tested by MMAS.

FY08 narrative: Continuing with FY07 activities, the Ministry of Women and Social Action (MMAS) will be provided with
ongoing technical assistance to develop Integrated Care and Support networks in Tete, Sofala and Zambezia provinces.

As part of this activity specifically, MMAS will coordinate with other sectoral partners (MoH, Ministry of Interior, Ministry of Agriculture) to provide a comprehensive response to the medical and broader social needs of individuals and families made vulnerable by HIV/AIDS. Taking advantage of community led committees being revitalized with the support of the government, MMAS will train community volunteers (who can be characterized as "para social workers" as we "task shift" to compensate for the lack of Human Resources in the Social Welfare sector) to carry out social evaluations and referrals, and will provide psycho-social support to orphans, vulnerable children and families affected by HIV. Referrals may include links to the formal sector (e.g., MMAS cash grants), the informal sector (such as World Food Program nutritional supplements and local NGO services and activities), and Home Based Care programs, who, in turn refer to Health clinics as needed. It also includes standardizing and coordinating Income Generation Activities most appropriate for this target group.

This activity will also benefit from the support of USAID, UNICEF, the World Bank, FAO and local NGOs who will provide capacity building and other support such as financing cash grants in response to the higher demand for services that will occur. It will result in policy changes, monitoring and evaluation, supervision and training materials that improve access to the broad array of services needed by this target group.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$10,000

Education

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3837.09
Mechanism: Quick Impact Program
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 15915.23028.09
Planned Funds: $150,000
Activity System ID: 23028
Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

The Quick Impact Program will enable new partner organizations at grassroots level to implement modest, targeted orphan care and rehabilitation projects. Small grants will be provided to help NGOs/CBOs/FBOs implement innovative projects, particularly with regard to vocational training for orphans, educational assistance, training of caregivers, and micro-credit for caretakers. The Quick Impact Program also will operate in the Emergency Plan program areas of Palliative Care, AB, and Other Prevention. Projects will target areas of northern and central Mozambique where start-up of USG-supported HIV/AIDS care and ART services is planned for 2005-6. Monitoring of the projects by DOS staff will identify particularly successful projects and organizations that offer an opportunity to replicate approaches or strengthen new partners elsewhere. Grant opportunities will be published in the press, and grantees will be selected based on ability to contribute to Emergency Plan's 2-7-10 goals.

New/Continuing Activity: Continuing Activity
Continuing Activity: 15915

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15915	15915.08	Department of State / African Affairs	US Department of State	7076	3837.08	Quick Impact Program	$51,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood
* TB

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$20,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery	$25,000
Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$25,000
Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$10,000
Education	
Estimated amount of funding that is planned for Education	$50,000
Water	

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3528.09 **Mechanism:** Peace Corps-Peace Corps-GHAI-Local

Prime Partner: US Peace Corps **USG Agency:** Peace Corps

Funding Source: GHCS (State) **Program Area:** Care: OVC

Budget Code: HKID

Activity ID: 5062.21518.09

Activity System ID: 21518

Program Budget Code: 13

Planned Funds: $175,000

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Addition of permaculture training and community projects

This activity relates to Peace Corps activities HVMS 21521, HVAB 21515, HBHC 21517, HTXS 21519, and HVOP 21516.

In FY09, Peace Corps/Mozambique (PC/MZ) will continue and expand its OVC activities. Funds will be used for technical training for Volunteers, staff, and counterparts, and to cover costs associated with placing and supporting Volunteers working with organizations that provide OVC support services.

Funds will also be used to support small-scale, capacity-building projects among CBOs, FBOs, NGOs, schools and community groups that work with or provide care and support services to OVC and their caretakers. Peace Corps Volunteers will work with the organizations to build their capacity in project design, proposal development, funds management, and monitoring and evaluation.

Volunteers will be placed with small Mozambican NGOs and CBOs and international and national umbrella NGOs that provide assistance to Mozambican OVC organizations. Volunteers will assist these organizations to establish systems, policies and practices that ensure the delivery of adequate standards of care and services; and develop programs that prepare OVC 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.

At the community level, Volunteers will assist communities and organizations to conduct household and community vulnerability studies, develop community-wide OVC support networks, coordinate basic services for OVC, and provide training to communities on a range of health topics, such as nutrition and nutritional gardening, and basic health and hygiene. Volunteer activities with communities will aim to reduce stigma and discrimination against OVC, as well as address traditional gender roles and social norms that create discrimination and put males and females at risk of HIV infection.

The USG team has identified food and nutrition as an area to strengthen to address Mozambique's significant food security challenges, which disproportionately affect OVC and PLWHA. PC/MZ will provide technical training to Volunteers and counterparts in "permaculture" techniques, a low-labor, low-cost agricultural approach that promotes the use of local resources and sustainable gardening to improve the nutrition and food security of OVC and their families, and provide OVC with income-generating skills and opportunities.

PC/MZ will continue to administer a PEPFAR-funded small grants program that is available to Volunteers and their counterparts for community-initiated projects designed to benefit OVC.

With the concurrence of the USG PEPFAR team, PC/MZ will not report specific targets in this program area as Volunteers primarily support other PEPFAR-funded organizations and groups providing support to OVC.

Peace Corps is continuing the same activities from the FY '07 COP. The amount from '07 has increased to support: the increase in Volunteers in the Mozambique program, and the expanding scope of OVC activities, including the boys and girls club projects, among others. It will also provide Volunteers with the opportunity to apply for Volunteer Activities Support & Training (VAST) grants used to support small-scale, capacity-building projects among CBOs, FBOs, and/or NGOs that work with or provide services to, local communities to fight HIV/AIDS.

This activity relates to Peace Corps activities HVOP 9464, HVMS 9465, HVAB 9466, HTXS 9472 and the new HBHC Peace Corps activity.

This activity serves in providing wrap around services for communities that support OVC and with partner NGOs/CBOs/FBOs and therefore, no specific targets are listed for "reaching" OVC.

During the period of the 2008 COP, Health Peace Corps Volunteers will be assisting organizations and communities to support orphans and vulnerable children (OVCs). They will assist in service provision for OVCs, and in the training of caretakers or service providers. Volunteers will be placed either directly with small Mozambican NGOs or CBOs, or in international or national umbrella NGOs that provide assistance to Mozambican OVC organizations. At the community level, 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 providing 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 and personnel operating OVC centers. Their support activities will include the establishment of systems, policies and practices that ensure the delivery of adequate standards of care and services, 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 '08 proposed budget for OVC support will allow PC/M to continue its planned strategy of expansion of the Volunteers, geographically and numerically, focusing on less-served areas, and providing enhancements to their training and support to ensure improved output. The budget will support both Health PCVs and Education PCVs working in OVC-related activities. It will be used for OVC materials development

Activity Narrative: and reproduction; pre-service and in-service training enhancements for improved OVC skills and knowledge; accommodation rentals and security enhancements for the Volunteers so that they can be placed with organizations that, otherwise, could not afford to house them; organizational exchange visits, allowing 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. PEPFAR resources will also be used for special school or community events and projects and activities related to OVCs and OVC programs.

Per Agency instructions, approximately 15% of the budgeted amount will be directed to PC/HQ to cover overhead costs for supporting PC PEPFAR activities in this program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12958

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12958	5062.08	Peace Corps	US Peace Corps	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	$100,000
9467	5062.07	Peace Corps	US Peace Corps	5198	3528.07	Peace Corps-Peace Corps-GHAI-Local	$45,000
5062	5062.06	Peace Corps	US Peace Corps	3528	3528.06		$86,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery $10,000

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: $7,854,581

Program Area Narrative:

The HIV prevalence among pregnant women aged 15-49 is calculated at 16%, based on ANC surveillance data, and 1.6 million people are living with HIV/AIDS. It is estimated that 160,000 new infections occur each year. Provision of Counseling and

Testing (CT) services began at four sites in Mozambique in 2000. Access to CT services is one of the crucial elements of the HIV service scale-up in Mozambique; Mozambique is currently providing CT services through three strategies: (1) Provider-Initiated CT (PICT) in clinical settings; (2) Community-based CT (CCT); and (3) Voluntary Counseling and Testing (VCT), which was nationally adapted into CT in Health (CTH).
In FY08, PEPFAR Mozambique provided CT services (individuals who received counseling and testing for HIV and received their test results, including TB) to 391,776 individuals in 235 counseling and testing sites. In FY09, PEPFAR hopes to provide CT services in 326 sites and target 521,768 people.
The MOH has taken a clear leadership role in defining CT models, and the approach throughout the country tends to be uniform. USG and partners have assisted the MOH in revising CT data collection and routine monitoring tools during FY08. One key area of concentration for the USG in FY09 will be to assess and correct how partners are reporting PICT numbers, as anecdotal evidence suggests that partners are not reporting PICT data in a systematic manner or are reporting as CTH data. This may underestimate PICT services that are being provided. A new CT register, aiming at standardizing HIV testing registers, was proposed and piloted in FY08 and it is now ready for national roll out. For FY09, a new data system will be put in place and it is expected that it will enhance MOH capacity to collect quality data and make proper use of it for program monitoring and design of interventions.
The PEPFAR team has undergone a clinical partner rationalization exercise which will streamline support to cover all clinical services in a whole district by one clinical partner. For FY09, clinical partners will receive budget allocations to cover facility-based counseling and testing interventions (PICT and CTH). As clinical partners currently work in all eleven provinces of Mozambique, the coverage and scale up of PICT and CTH will increase during COP09. This harmonization is expected to enhance the collaboration between implementing partners and MOH at district, provincial, and national levels. The USG expects the new approach to be more responsive to the Government of Mozambique needs. This model is more efficient than the current system, and will also prove to be more cost effective as the harmonization will prevent duplicate services being offered by more than one partner in a district or facility.
The overarching CT themes during FY09 will be: Quality Assurance (QA), Quality Improvement (QI), and transition to greater integration with both HIV and non-HIV health services. For a successful CT expansion and scale-up it is imperative to ensure that these critical factors are functioning to their fullest potential so as to provide better service to the population.
PICT, CTH and CCT implementation has been achieved in collaboration with PEPFAR and its implementing partners, as well as other donors. Training materials were improved, adapted or developed to help implement CT services. However, the country still lacks one unified national guideline document defining CT service standards. Following recommendations of the CT Task Force of the National Prevention Reference Group and the June OGAC CT TA team visit, a National Committee for Accreditation of Services will be established in 2009 with the participation of USG, implementing partners, MOH, National AIDS Council and civil society organizations (CSO). A national guideline will be developed in order to define the minimum standards for all CT services. It will include clear operational definitions regarding confidentiality, consent and counseling as well as quality definitions for both counseling and testing. Clear policies surrounding certification and site supervision will also be established within this framework. Finally, the national guidelines will reflect the training and educational requirements of counseling staff and define the role of lay counselors in CT settings. With the goal of rapidly expanding services across all CT strategies in the near future, it is essential that the quality of all services are enhanced and assured with a set of minimum standards required to be met for all programs and services before replicating and scaling-up. These minimum standards will be required for all existing CT sites as well as all newly registered sites.
Having one national guideline will also be the basis for and first step in development of a systematic approach to quality assurance (QA) for HIV testing. The current proficiency panel for quality of testing needs to encompass all CT sites. The lack of QA across most sites leads to poor quality of testing. In FY09 QA measures will also be maximized through the collaboration of the National Immunology Reference Laboratory and the MOH CT program. The existing QA program, which has documented testing issues in some service delivery sites and programs, will be expanded in FY09. The USG team hopes to include regular proficiency panel testing, the use of dried blood spots, as well as onsite monitoring by a trained laboratory supervisor in each province. USG clinical care partners will assist in counseling and testing and lab supervision during FY09. Finally, PEPFAR Mozambique will strive to ensure that lab log books are used to record and make use of appropriate information.
Quality improvement for the Information Education Communication (IEC)/Behavioral Change Communication (BCC) strategy, as an interface between HIV prevention and CT, is critical for FY09. More access to these materials, particularly in the facility-based setting, will strengthen the role of CT as a necessary and useful prevention tool to reinforce risk perceptions to better understand behavior; this will also be relevant for a specific focus on discordant couples. Strengthening the quality of both pre- and post-test counseling with a particular emphasis on positive prevention, will be reinforced throughout FY09. Additionally, educational messaging to reinforce individualized counseling with risk-reduction strategies will be effectively put into place across partners. In FY09, CT program will also support the development of materials and interventions to increase CT uptake and partners counseling among health workers. In FY09 the CT program in Mozambique has proposed to participate in the multi-country public health evaluation (PHE) to identify methods to increase partner uptake of CT and maximize the prevention effectiveness of HIV CT among high risk individuals who test negative for HIV.
Provision of PICT in the clinical context will be particularly strengthened during FY09. An ongoing assessment of PICT implementation in each region will further support the expansion and implementation of PICT in all health settings.
After approval of the Counseling and Testing strategy by the Minister of Health in late 2007, Community based Counseling and Testing (CCT) is being widely expanded in Mozambique. In FY08 one USG-funded partner developed a mechanism for selection of national Civil Society Organizations in order to include national partners in the CCT rollout and increase access of rural population to these services. Six organizations were selected and had community counselors trained. FY09 funds will support ten organizations distributed among provinces, and it is expected that an additional 200,000 people will access CT services. Scaling-up quality community-based mobile programs will complement facility-based CT and also ensure greater access to rural communities, high-risk populations, families, and children. A new Sexual Transmission Prevention-focused RFA for COP09 includes CT funding to support PICT, CCT, CTH, and establishment of the national CT QA program.
Plans for 2009 place a stronger emphasis on the targeting and reaching of Most At Risk Populations (MARP) and youth through a greater expansion of current activities and building greater peer-educator networks in particular risky populations, including sex workers.
The proposal for FY09 includes continuation of South-to-South collaboration with Brazil to assist MOH CT program staff in the

expansion of CTH, as well as support implementation of trainings, develop monitoring tools, introduce the integrated supervision system, and continue activities with blood transfusion program staff on the introduction of CT and blood donor notification in blood banks.
Another focus of FY09 will include a USG and MOH orchestrated approach to further support human capacity development of all the partners. The development of Terms of Reference for “Multi-Task” Counselors and a National Curriculum for training trainers on PICT, CTH and CCT with a system of accreditation is planned for wide adoption. A decentralized approach of supporting the provincial level staff to become trained trainers and supervisors in the Provinces will create an opportunity to rapidly expand the healthcare workforce for PICT and monitor the quality of services provision.
Emphasis in trainings for couples and children CT is also planned, so that counselors can better encourage and facilitate disclosure among couples and provide psychosocial support to children and parents. CT partners in both community and clinical settings will provide couples and children’s counseling and testing in a concerted manner in FY09.
Linkages with other program areas will be reinforced in FY09. CT will be closely coordinated with care and treatment (adult and pediatric) as well as PMTCT as a gateway to services; CT will also be linked to male circumcision as an essential component for safe MC activities. Adults and children who test positive will also be linked to OVC and HBC care programs for additional support.
All rapid test kits are procured through Supply Chain Management System (SCMS) while partners are allocated a small amount of funds to cover buffer stocks. Recent site supervision visits have documented the use of expired test kits and failure to implement the National Rapid Test Algorithm. The USG is already working with the Ministry of Health to clarify issues around the use of expired test kits and the need to follow the national algorithm to all health providers involved in CT activities. Further efforts in FY09 will also be invested in test kit purchases, as well in addressing the storage, transportation and supply chain system to ensure adequate conditions for expansion and scale up.

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3720.09
Mechanism: Twinning_AIHA
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 15808.23401.09
Planned Funds: $55,000
Activity System ID: 23401

Activity Narrative: Continuing Activity:

This is a continued activity between lay counselors in Mozambique and the Kenya Association of Professional Counselors in Nairobi, Kenya.

With FY08 funds an assessment was conducted to evaluate existing trainings in integrated counseling for HIV prevention and positive living. This assessment included extensive evaluation of the existing trainings programs currently preparing lay counselors in Mozambique and assessed the impact of training on counseling service delivery and on the uptake of VCT, PMTCT, and HIV Care services.

CDC/Mozambique and the MOH Mozambique conducted an assessment in Kenya, visiting the Kenyan Association of Professional Counselors, visit facilitated by AIHA Twinning Center.

Currently there is a cadre of lay counselors in Mozambique who are providing basic Counseling and Testing (CT) services in the Counseling and Testing in Health Units (CTH - ATS). There is a need to strengthen the capacity of the existing lay counselors to provide integrated counseling services and referrals and also to increase the number of lay counselors. In an effort to create a cadre of multitask counselors who can provide counseling and testing for HIV in CT sites and clinical settings, appropriate referrals for HIV positive and negative clients, counseling for treatment and treatment education among many other duties, technical assistance will be provided to the Ministry of Health to define the role of multitask counselor and outline competencies for this professional cadre.

This activity will bring together the Kenyan Association of Professional Counselors and counselors throughout Mozambique to strengthen their access to resources in training, sharing information, and communication. The goal is to create an association of counselors in Mozambique which can work together to create a sustainable environment to build on training and exchange of resources.

Discussions are underway with the MOH Human Resources Department to establish competencies for new cadre of lay counselors able to provide counseling in all aspects of HIV/AIDS prevention (including positive prevention), treatment and care, testing, discordant results, mother-to-child-transmission, treatment adherence, palliative care etc, and develop a support system to address issues such as counselor burn-out.

Activities for FY09 will include close collaboration with stakeholders, particularly the National Department of Medical Assistance (DNAM), Counseling and Testing Program and supporting Human Resources and Training Department within the Ministry of Health to develop competencies for the lay counseling profession, develop a standardized curriculum to train lay counselors - who will be able to take on lower-level nursing responsibilities and contribute to task-shifting efforts - and develop check lists to address supervisory issues. Further, suggestions will be made on the implementation of this new cadre of professionals.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15808

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15808	15808.08	HHS/Health Resources Services Administration	American International Health Alliance	6411	3720.08	Twinning	$250,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3583.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 15800.23223.09

Planned Funds: $100,000

Activity System ID: 23223

Activity Narrative: Activity unchanged from FY08:

This narrative describes Counseling and Testing (CT) actvities related to two areas, namely the support to the Ministry of Health (MoH) to develop CT activities for health workers ($40,000) and the most at risk populations (MAPRS) ($60,000).

FY08 funds were used for the following activities:
(a) MOH: Support development of materials and interventions targeting health workers to increase Counseling and Testing (CT) uptake and partners counseling among health workers. One of the key objectives of the Ministry of Health (MoH) Strategic Plan to Combat STIs, HIV, and AIDS is to reduce the impact of HIV/AIDS on health care workers.
One area that the MoH has singled out for special attention is that of counseling and testing (CT). Considered a “gateway” behavior, CT and determination of serostatus is prerequisite to many other behavioral efforts. Mozambique currently offers free counseling and testing services available at 334 centers throughout the country. Although it is presently unknown how many health workers themselves have undergone testing and counseling, analysis of data gathered as part of a quantitative survey in 2007 will provide a much clearer picture. According to anecdotal information, the confidentiality of information and fears of discrimination within one’s work environment are concerns of health care workers when considering whether to access counseling and testing services. These concerns represent barriers to accessing services, seeking accurate information and examining the risk associated with their personal and professional behaviors. It is unlikely that HIV risk among health workers can be overcome without significant changes to attitudes and behaviors.

FY08 funds are being used to support Global Health Communications (GHC) to assist the MoH team to identify appropriate methods for facilitating behavior change among health workers and their partners, develop an action plan for conducting appropriate interventions to support health workers in reducing risk behaviors, pilot and design interventions and create an environment conducive and supportive to changes of health worker behaviors and attitudes. In addition, interventions to reduce barriers to use of CT and ART services among health workers such as mobile units for counseling and testing are being piloted. The technical assistance provider is working with teachers and students at MoH training institutions to design and pilot interventions at pre-service training institutions where young doctors technicians and nurses are training.

A priority area singled out by MOH for special focus is counseling and testing (CT) FY 09. As perhaps the most significant “gateway” behavior, CT and determination of serostatus is prerequisite to many other behavioral and educational efforts. Mozambique currently offers free counseling and testing services available at 334 health centers throughout the country and free testing is, technically, available to all health workers. The BANK (Behavior, Attitudes, Norms and Knowledge) study and other data gathering has provided greater insight into relatively low testing uptake. Similar to what was found in FY08 visits to Tanzania and Botswana, the confidentiality of information and fears of discrimination within one’s work environment are major concerns for health care workers wanting to access counseling and testing services. These concerns represent barriers to accessing services, seeking accurate information and examining the risk associated with their personal and professional behaviors. It is unlikely that HIV risk among health workers can be overcome without changing both attitudes towards HIV status and creation of a system in which health workers can seek confidential testing and counseling away from their workplace.

FY09 funds will be used to identify in collaboration with MOH, appropriate methods to increase CT uptake among health workers and their partners, assist in reducing risk behaviors, and design and pilot interventions in line with the MOH/Stakeholder/CDC sponsored meeting in late FY08. It would also be desirable to create an HIV+ network of health workers who can offer peer support at workplace. Finally, the partners will assess whether materials/teaching aids, provide multi-faceted narratives that encourage health workers to identify and overcome barriers to counseling and testing. Activities to be supported in FY09 include:

(a) Conduct of an in-depth review of workplace counseling and testing programs in Botswana and Tanzania and possibly other countries in the region to analyze activities currently undertaken in those countries with an eye towards how successful elements can be recombined and applied to the Mozambican context. Initial visits in FY08 have provided the foundation for these more targeted visits;

(b) Continue to provide technical assistance to MoH in applying BANK survey findings and the accompanying qualitative assessment to the task of designing behavioral and informational interventions with the aim of increasing counseling and testing uptake;
(c) Develop behavioral and educational interventions focused on counseling and testing issues, using ideas drawn from small groups of health workers and health institute students who will be trained in prevention strategies and simultaneously encouraged to identify means to improve the uptake of counseling and testing;
(d) Create and support a network of HIV+ health workers to lead and facilitate discussion groups, offer personal stories regarding the importance of Counseling and Testing (CT), establish peer support to help people through the entire CT process seeking to counter stigma.
(e) Train local organizations and stakeholders to implement MoH recommendations for counseling and testing.

Deliverables:
1. A detailed structural review proposing how elements of regional CT programs for health workers can be applied to Mozambique. The report will examine the intrastructural, policy, and financial cost of these elements and anticipate problems with adapting them to the Mozambican context.

2. A set of reports suggesting how the BANK (Behavior, Attitudes, Norms and Knowledge) study and subsequent qualitative research might shape MoH CT priorities.

Activity Narrative: 3. The workshop/training curricula in which BANK and qualitative study findings are introduced to MoH and other stakeholders and a written report of the CT intervention design outputs created as a result of these meetings. Outputs will include activities to establish a system whereby individuals can priority test at neighboring clinics rather than their home clinics. Rosters of all training participants will be submitted.

4. All workplans and reports on the piloting of activities that arise out of MoH workshops described in #3 above.

5. Roster and organizational chart of a network of self-identified HIV+ health workers willing to be trained to participate in health center activities (e.g., buddy systems, discussion groups using health worker videos, etc.) and advocate CT uptake.

6. The curriculum and materials used to train HIV+ health workers to perform the role indicated in #5 above along with the roster of trained health workers.

(b) MARPS:
Sex work in Mozambique is driven largely by the lack of employment opportunities, and facilitated by the demand of migrant and mobile laborers, as well as members of the general population (World Vision, 2005). Young women are at particular risk; the age of sexual debut in Mozambique is low (15.4 years) and the mean age for women entering sex work is 17.8, with an age range of 9-28 years (World Vision 2005). While the extent of drug use among sex workers is not known, a 2004 survey reported that 13% (15/111) of female sex workers used drugs, including cocaine, up from 7.4% in 2002 (World Vision 2005). Another study has documented drug dealers as frequent clients of sex workers in the Maputo corridor area (Wilson 2001). These factors indicate that the potential for increasing drug use among sex workers and mixing of sex worker and drug using populations exists, and may serve to spread HIV further into the general population. In response to this situation, Mozambique's International Rapid Assessment Response and Evaluation (I-RARE) has been designed to better understand, assess, and make recommendations for how to respond to rapidly changing sexual risk and drug using patterns that increase vulnerability to HIV infection among sex workers and drug users in three cities in Mozambique, Maputo, Beira, and Nacala Porto, Mozambique. One of the foci of this assessment is the identification and description of the range of available counseling and testing (CT) services for sex workers and drug users as well as the understanding of the personal, social, and environmental barriers that sex workers and drug users perceive as inhibiting access to CT services. Service providers' perspectives on CT availability and access are also important, and this activity is aimed at assisting them in making CT services more desirable and convenient. FY 09 funds are being requested to continue to undertake the development, implementation and evaluation of prevention activities relating to at risk populations. Activities that this partner will support in Mozambique include:

(a) Supporting local partner in developing outreach programs and possibly bar and other drinking venues where alcohol consumption and sexual mixing may present opportunities for targeted CT interventions. In addition to CT, such interventions may deliver a range of informational and behavioral content. This activity may also include reviewing models of CT processes and procedures based on the South African rapid assessment experience;

(b) Developing outreach programs for most at risk populations including the use of narrative strategies that elicit ideas for interventions with sex workers and drug users. Subsequently, the piloting of CT-related activities that NGOs/CBOs deem to be sustainable.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15800

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15800	15800.08	HHS/Health Resources Services Administration	University of Washington	6417	3583.08	I-TECH	$125,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6127.09 **Mechanism:** CDC-Vanderbilt CoAg

Prime Partner: Vanderbilt University **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing

Budget Code: HVCT **Program Budget Code:** 14

Activity ID: 23626.09

Activity System ID: 23626

Planned Funds: $242,400

Activity Narrative: This is a new activity.

Summary and Background:

To date FGH has been supporting HIV Care and Treatment in 6 rural districts of Zambezia Province with ongoing plans to scale-up care and treatment to a total of 24 clinical sites throughout these 6 districts. FGH support has included direct support to the HIV Care and Treatment programs with clinicians who live and work in the above districts. This approach has allowed us to provide one-on-one supervision, clinical mentoring, and technical assistance to programmatic areas and to focus our other activities which include training, logistical support, community development, infrastructure development, monitoring and evaluation, technical assistance to DPS Zambezia, provincial human capacity development and information technology development.

In FY2009, FGH will be expanding its support activities to 6 more rural districts of Zambezia Province for a total of 12 districts.

Through partner re-location which will be taking place in FY2009, FGH will assume support responsibilities for all facility-based HIV services including HIV Care and Treatment, PMTCT and Counseling and Testing in the districts it supports. This will allow for improved coordination and integration of services offered within the health units as well as a budgetary scale down of the costs to support these services as a result of economy of scale. FGH will assume and continue CT services in those sites currently being supported by other USG CT partners (7 sites) and based on the DPS Zambezia plans for CT expansion will expand services to 29 other sites not currently being supported by another USG partner.

Program Area: Assume support responsibilities for Counseling and Testing Units (UATS) in FGH supported districts that were previously supported by other USG partners (7).

Activity 1: The first activity will be to assume responsibility for and continuity of care for Counseling and Testing Units (UATS) in the 7 main district health centers that were previously supported by other USG partners. Transition plans are currently being developed in collaboration with our partners to ensure a smooth transition without loss of service quality. Conforming to MISAU national directives, FGH will support a comprehensive package of services within the UATS. Pre and post test HIV counseling and testing will be offered ensuring general information about HIV, as well as an individualized approach to risk reduction education. Test results will be offered to the patient immediately and appropriate follow-up determined depending on result. UATS services will also include general health education focusing on those illnesses highly endemic in Mozambique such as TB, malaria, and sexually transmitted infections; hygiene practices such as clean water, safe cooking methods, and personal hygiene; and nutritional education. FGH will provide salary support ($8000/yr) for one counselor per UATS and ensure they receive proper training on counseling and testing techniques with ongoing clinical mentoring to ensure a high level of and sustained quality of services. FGH will provide technical assistance with regards to patient referrals amongst the various health center services and utilize pre-existing resources to ensure the patients who have received counseling and testing also are appropriately referred for follow-up. As well, FGH will provide technical assistance to ensure appropriate supply chain management of needed commodities and tests by helping coordinate the national SCMS with provincial and district distribution systems. FGH will ensure the appropriate purchase and creation of educational materials for all services offered in the UATS ($2000/unit).
Estimated budget: $86,400.00

Program Area: Assume support responsibilities for Counseling and Testing Units (UATS) in FGH supported districts that were NOT previously supported by other USG partners (5).

Activity 1: The second activity will be to replicate the above services in the 5 main district health centers not previously supported by another USG partner. It is anticipated that additional resources wil be needed to bring these UATS up to USG standards.
Estimated budget: $120,000.00

Program Area: Support Provider Initiated Counseling and Testing (PICT) for HIV within other services of the health center.

Activity 1: Currently all FGH supported sites provide "Opt out" PICT with the goal of offering HIV counseling and testing to all women entering antenatal clinics and the maternity, TB programs, and both adult and pediatric in-patient wards. FGH clinicians provide clinical mentoring and technical assistance to local health workers with regards to implementation, future planning of needed commodities, and appropriate referral of patients post testing. Due to already existing infrastructure and organization of programs in relation to the establishment of the HIV Care and Treatment programs, no additional funds are required to support this service. This strategy will be incorporated into all sites in the future that FGH provides support.
Estimated budget: $0.00

Program Area: Health information system support for CT at district level

Activity 1: FGH is currently undertaking a roll-out of an OpenSource medical record system in the health units in which it supports HIV care and treatment which will help integration of services, improve patient tracking, improve monitoring and evaluation activities, improve implementation of HIVQUAL and will be used for all reporting requirements for PEPFAR and MISAU. This will not be a parallel system but will support the national rollout. As a result, FGH´s CT activities will easily be incorporated into this system at a minimal cost per health unit. FGH estimates an initial start up cost of $1000 per site.
Estimated budget: $36,000.00

Program Area: Human Capacity Development

Activity Narrative: Activity 1: FGH will facilitate and/or support provincial level trainings of health workers on the following themes: Counseling and Testing and Counseling and Adherence. Target audiences include those health workers that work in the UATS as well as all health workers involved in provider initiated counseling and testing. It is estimated that approximately 60 health workers will be trained.
Estimated budget: $50,000.00

Total Budget Estimate: $256,000.00

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* TB

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education	
Estimated amount of funding that is planned for Education	$50,000

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3586.09
Mechanism: HRSA IAA
Prime Partner: New York AIDS Institute
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 15806.23590.09
Planned Funds: $86,400
Activity System ID: 23590

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

This activity will expand upon the USG support of HIVQUAL-MOZ which began in FY06 to improve capability of HIV healthcare providers to monitor the quality of care in 45 HIV clinics throughout the country. The HIVQUAL model emphasizes integrating performance measurement and quality improvement, and developing a quality management program to support activities at the clinic level. In FY08 the program will be expanded by including quality monitoring of Counseling and Testing (CT) services in three selected pilot sites.

The national CT expansion strategy has undergone some major changes which aside from greater emphasis on expansion of Provider Initiated CT (PICT), and the implementation of first pilot experiences in Community-based CT (CCT), a new approach has been promoted and piloted in three sites in Maputo City. The “CT in Health” (CTH) approach was promoted by the Health Minister in 2006 as a way to implement health promotion and prevention activities aiming at enhancing the number of people that access health services. This health promotion package proposes continuation and expansion of HIV counseling and testing as well as the inclusion of TB, Sexually Transmitted Diseases (STD) and hypertension screening and referrals where necessary, counseling on malaria prevention, environmental health education, and sexual reproductive health orientation – especially in relation to early pregnancy diagnosis and institutional delivery. One of the results of the CTH pilot was an increased number of HIV-negative clients screened for TB, STDs and hypertension and referred to services when necessary for early diagnosis, care, and treatment related to these diseases.

In FY09, the continuation and expansion of HIVQUAL-Mozambique will continue to be executed under the leadership of the Ministry of Health (MOH) in close collaboration with CDC-Mozambique and the US-based HIVQUAL team for technical support. HIVQUAL indicators will be devised and extended to include CT program indicators. Cooperation with implementing partners, other donors and WHO will occur so that a participatory process is implemented for indicator development. Activities will include: 1) Quality Improvement (QI) training of CT providers and program staff; 2) assessment of quality management programs at the participating CT sites 3) performance measurement (at six month intervals) of selected CT core indicators; 4) ongoing quality improvement coaching at participating CT sites; and 5) promotion of client engagement in HIV Care. Data analysis and planning for expansion based on the results of the pilot will also occur. Activities will result in strengthening CT services delivery through improved information available on potential gaps and opportunities for improving the quality of CT services. The emphasis of this method is to develop skills for use of performance data by providers within their settings and for the specific purpose of driving improvements in their systems of care. Quality improvement training will be conducted for groups of CT providers and to key MOH CT staff at the provincial level. The HIVQUAL team will expand its focus to build quality improvement coaching skills among MOH CT staff and CT providers in Mozambique, and provide advanced level trainings for sites as well as basic trainings for new participants. The training activities will be done in collaboration with JHPIEGO and the University of Pittsburgh through subcontracts with the New York State AIDS Institute funded through USG/HRSA. This project will work in partnership with all CT partners in Mozambique who will help disseminate quality improvement strategies and activities throughout their networks.

Funding for these expansion activities will benefit from economy of scale since HIVQUAL-MOZ has already been supported for implementation in health care facilities. Part of the funds will be used to support additional specific activities and travel to CT sites, development of program-specific materials and engagement of consultants with expertise in these fields.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15806

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15806	15806.08	HHS/Health Resources Services Administration	New York AIDS Institute	6418	3586.08	HRSA IAA	$120,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6904.09

Mechanism: DoD-PSI-GHAI-Local

Prime Partner: Population Services International

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 23125.09 **Planned Funds:** $440,000

Activity System ID: 23125

Activity Narrative: HIV counseling and testing are important cornerstones of HIV prevention and care programs in military settings. The Mozambican military (FADM) has small clinics in all military bases throughout the country. While a doctor and nurse are assigned to provide medical assistance full time in these sites, currently, C/T is not available in all base clinics. In order to bring CT services closer to the troops, military doctors and nurses based in these small military clinics will be trained as HIV counselors. They will learn how to correctly perform HIV testing, and will have HIV test kits and supplies available for use. The FADM recruit training camps, which are the military entry points, will be the first locations to be targeted for expansion of the C/T sites.

Supporting the increase in availability of HIV C/T services a new FADM – wide HIV C/T oriented prevention campaign will be conducted at the military bases. As military culture is extremely group oriented FADM leadership will be highly involved in the campaign with leaders promoting C/T and HIV prevention. The "I know my status! Do you know yours?" HIV testing campaign will be launched. This campaign will include the distribution of military designed wrist bands to all military people who get tested. After the initial launching of the campaign, all military people that subsequently get tested in any military VCT will also receive a campaign wrist band. Wearing the wristband will show commitment to knowing one's status, improving HIV prevention behavior, and for those who test positive getting into care and treatment.

This activity has a component of infrastructure development, training and supplies.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $10,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3629.09 **Mechanism:** USAID-Health Alliance International-GHAI-Local

Prime Partner: Health Alliance International **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing

Budget Code: HVCT **Program Budget Code:** 14

Activity ID: 5235.24055.09 **Planned Funds:** $249,146

Activity System ID: 24055

Activity Narrative: April09 Reprogramming: Increased $249,146.

This is a continuing activity for COP09 funded at zero dollars. Reprogramming August08: Funding decrease $150,000. Funds reprogrammed to support Mission RFA funded across 3 SOs to ensure an integrated package of services, leveraging each SO's strengths.

This is a continuing activity under COP08.

HAI will increase the number of counseling and testing sites, both mobile and fixed sites, to a total of 93 sites in order to increase the number of people being tested. HAI will become increasingly involved in social mobilization to not only increase the number of people who test but also to strengthen the link to treatment as well as avoiding missed opportunities for care. HAI will continue to integrate cousneling and testing into the components of the integrated health netwrok system and strengthen the monitoring and evaluation system. To better ensure access to comprehensive services HAI will continue to use moments within pre and post-test counseling to appropriately refer HIV positive clients to other health services of importance such as family planning, MCH, TB, etc. HIV-negative clients are also referred but more active referral mechanisms are either being developed or are already in place for those who are HIV-positive.

The activity narrative below from FY2007 has not been updated.

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 77 sites, 19 of which will be new during COP07, and testing approximately 90,000 people, 45% of which will be women. Since many of these new sites will be satellites, HAI will train 15 new counselors and include a refresher training for 75 existing counselors. In addition, HAI will train 240 health workers in "ATS".

With COP06 resources, HAI expanded to 32 CT sites, including services in 5 "youth friendly" health centers and in training of new counselors and refresher training of existing counselors and the referrals 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 by strengthening the link with HCB groups and PLWHA associations. Each CT site is linked to ongoing HIV clinical services, where clinical and home care. Psychosocial support for PLWHA is 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 will train clinical staff in at least 240 health staff to do "C&T in health" as part of their routine activities in the context of the implementation of the MOH policy of integration of services. HAI's emphasis on provision of a continuum of care and treatment is fundamental to its approach to CT. Community mobilization is also an integral part of our activities to encourage people to go for testing and treatment, when necessary. These mobilization activities include HIV education on prevention, stigma reduction, and the importance of testing and treatment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15868

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15868	5235.08	U.S. Agency for International Development	Health Alliance International	7278	3629.08	USAID-Health Alliance International-GHAI-Local	$2,750,000
9113	5235.07	U.S. Agency for International Development	Health Alliance International	5041	3629.07	USAID-Health Alliance International-GHAI-Local	$1,541,447
5235	5235.06	U.S. Agency for International Development	Health Alliance International	3629	3629.06		$700,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6128.09 **Mechanism:** FURJ

Prime Partner: Federal University of Rio De Janeiro **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing

Budget Code: HVCT **Program Budget Code:** 14

Activity ID: 15780.23780.09 **Planned Funds:** $0

Activity System ID: 23780

Activity Narrative: Continuing Activity: (No new funds for FY09)

The Federal University of Rio de Janeiro (FURJ) has been providing technical assistance (TA) for the Mozambican Counseling and Testing (CT) Program since FY05. Main focus of activities has been in the strengthening of CT program training and monitoring through the development and improvement of CT training materials and supervision tools. This activity is a continuation of South-to-South collaboration with Brazilian experts to support and provide short-term TA to the Mozambican National Counseling and Testing Program.

This activity will support TA provided by Brazilian HIV/AIDS, CT and training experts to assist the MOH CT Program and technical staff to improve existing national CT guidelines, revise training materials as well as support its piloting, to reflect the new CT directions taken by the MOH: 1) the Counseling and Testing in Health (CTH) approach, which integrates the HIV testing with TB, Sexual Transmitted Diseases (STD) and hypertension screenings and referral when needed, as well as with counseling on malaria prevention, Sexual and Reproductive Health orientation - especially in relation to early pregnancy diagnosis and institutional delivery - and environmental health education; 2) the expansion of Provider Initiated CT (PICT) in clinical settings.

In the COP08 period FURJ will continue to provide TA support to the CT program. Activities planned for COP08 are:

1. Provide technical assistance on materials development and revision, training implementation for CTH expansion;
2. Translation and adaptation of couples counseling and testing materials addressing issues of disclosure and discordance, as well as transition towards family focused CT services and;
3. Support the operationalization of the HIV rapid testing training package.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15780

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15780	15780.08	HHS/Centers for Disease Control & Prevention	Federal University of Rio De Janeiro	6416	6128.08	FURJ	$275,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 6124.09 **Mechanism:** CDC CARE INTL

Prime Partner: CARE International **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Prevention: Counseling and Testing

Budget Code: HVCT **Program Budget Code:** 14

Activity ID: 15783.23652.09 **Planned Funds:** $100,000

Activity System ID: 23652

Activity Narrative: Continuing Activity:

CARE started providing comprehensive community counseling and testing in Vilanculos district in FY08 through training and provision of testing kits to 5 counselors. Activities were carried out to promote counseling at testing through use of stand alone points, target populations like prisoners, motor parks and construction workers. On job training, supervision and monitoring and evaluation of the activities of lays counselors were provided through CARE district supervisors and MOH staff in order to ensure national guidelines and standard are maintained in counseling and testing at the community level

For FY09 CARE project staff will continue to work with Inhambane Health Directorates at Provincial and District levels to enable and support them to expand CT activities at the community level in 2 more districts of north of Inhambane province (Inhassoro and Mabote) which will go a long way in promoting positive living, reducing stigmatization associated with facility based testing. Training workshops will be conducted for project and clinical staff on CT, and to introduce the concept and the approaches used based on MOH guidelines and experiences.

CARE will facilitate development of a community outreach CT schedule in collaboration with hospital based services and as well as with local leaders to ensure coordination and mobilization of the population for the CT services at the selected sites is well organized.
In order to increase access to CT within clinical contexts, CARE will use FY09 funds to revitalize Provider Initiated Counseling and Testing in clinical settings through awareness campaigns including refreshing trainings and supervison (4 districts). Additional efforts will be put in place to implement an integrated approach for supervision in close colaboration with the DPS and the Provincial laboratory.
Training of lay counselors and Community Based Organizations will be achieved in the FY09 and these people will serve as a link between the health facilities and the community in promotion of safe sex, and other preventive measures as well to care and treatment.
Estimated budget: $56,000

In FY09 CARE will promote and support the establishment of HIV post- test clubs to promote positive living and initiate activities for prevention through positive living. The project staff will train and carryout monthly meetings to support and supervise work being carried out by HBC volunteer activists to form and/or strengthen groups of people living with HIV and identify counselors to champion prevention with positives activities with members of the post test clubs.
Estimated budget: $ 23,540

CARE will continue to provide materials and other equipment to be used in delivering CT services, like disposable supplies, bicycles, furniture and testing kits. Funding will also support reproduction and dissemination of nationally developed CT IEC materials to be used both at facility base and at community level
Estimated budget: $ 20,460

New/Continuing Activity: Continuing Activity

Continuing Activity: 15783

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15783	15783.08	HHS/Centers for Disease Control & Prevention	CARE International	6414	6124.08	CDC CARE INTL	$100,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3568.09	**Mechanism:**	Track 1 ARV Moz Supplement
Prime Partner:	Columbia University	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	16274.23682.09	**Planned Funds:**	$923,800
Activity System ID:	23682		

Activity Narrative: Continuing Activity:

To date Columbia University (CU) has supported HIV Care and Treatment in districts in Zambezia, Nampula and Gaza Provinces as well as in Maputo City. CU provides supervision, clinical mentoring, and technical assistance to include training, infrastructure development, capacity building to Provincial Health Directorates (DPS). For FY09 PEPFAR Mozambique team has undergone a clinical partner rationalization exercise in order to streamline support to cover all clinical services in a whole district by one clinical care partner. For FY09 CU will receive budget allocations to cover facility based counseling and testing interventions – Provider Initiated Counseling and Testing and CT in Health. CU will assume and continue CT services in sites supported to other USG partners and include PICT in all sites where treatment is being implemented.

CU will continue to support activities related to C&T and disclosure for children in partnership with CDC and Mozambican Ministry of Health and provider initiative counseling and testing (PICT) strategy. For the COP 09 CU will finalize training material, and will support national TOT and provincial trainings.

As a new programatic area CU will hire one C&T technical advisor to be based in Maputo headquarter to oversee all C&T activities and operationalize a national plan that includes PICT and VCT according to MoH guidance. To achieve its goals CU will take advantage of its adherence and psycho social support staff already based in the provinces (Maputo City, Gaza, Inhambane, Zambezia and Nampula Province), and peer educators groups, support groups and health providers in a comprehensive package of psycho social support. The pshycho social structure already existing will serve as a backbone of counseling and testing related activities in all CU supported districts.

CU will use subagreements established with Pathfinder International and TDB NGO with Track 1.0 funds to identify and refer to C&T household/family members and potential new HIV infected individuals.

Aiming the objectives of the transition plan CU designed a plan to take over (including human resources, technical assistance, training and supervision on a monthly bases) the exisiting VCT according to the following plan:
1. first quarter - 8 sites
2. second quarter - plus 10 sites
3. third quarter - plus 13 sites
4. fourth quarter - plus 15 sites

In addition to that, CU will enhance providers skills to conduct PICT in 4 CU supported sites, in special for pediatric and adults wards/outpatients units through mentorship system in Nampula and Maputo City or Zambezia Province. Anticipated components of the mentorship system will include assessing each site's set up for PITC implementation and supply chain management and interacting with the trained and untrained PITC health care workers in different departments where PITC is being implemented. Mentorship will also involve observation of pretest information and post test counseling sessions guided by a checklist, mentoring of specified skills especially on testing and counseling procedures and observing procedures in conducting HIV testing using national testing algorithm. The final area of emphasis will be ensuring that quality PITC data is recorded properly in HIV testing and counseling registers."

New/Continuing Activity: Continuing Activity

Continuing Activity: 16274

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16274	16274.08	HHS/Centers for Disease Control & Prevention	Columbia University	7403	3568.08	Track 1 ARV Moz Supplement	$80,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3570.09

Mechanism: Cooperative Agreement

Prime Partner: Ministry of Health, Mozambique

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 8579.23790.09

Planned Funds: $130,000

Activity System ID: 23790

Activity Narrative: Continuing Activity:

This is a continued activity to expand and improve Client Initiated CT provision

Early in 2006, the Ministry of Health (MOH) started a process of redefining and revising national policies and program directions for counseling and testing (CT) services. Since then the national CT expansion strategy has undergone some major changes which aside from greater emphasis on expansion of Provider Initiated CT (PICT) in clinical settings, the “Counseling and Testing in Health” (CTH) approach is being extensively promoted by the Health Minister as a way to implement health promotion and prevention activities aiming at enhancing the number of people that access health services. This health promotion package proposes continuation and expansion of HIV counseling and testing as well as the inclusion of TB, Sexually Transmitted Diseases (STD) and hypertension screening and referrals where necessary, counseling on malaria prevention, environmental health education, and sexual reproductive health orientation – especially in relation to early pregnancy diagnosis and institutional delivery. Community-based CT is being piloted and will be expanded in FY08.

The requested funds will contribute to and support the following activities in FY09:

(a) Reproduction of CT program materials: Support the revision of the National CT Training Manual; Print and disseminate revised guidelines and training materials for CT in clinical settings, CT in Health and community-based CT.

(b) CTH training : CT training course to provide CT in Health knowledge and skills - including contents on TB, Sexually Transmitted Diseases (STD) and hypertension screening, counseling on malaria prevention, environmental health education, and sexual reproductive health orientation.

(c) Improvement of CT program management through Monitoring and Evaluation (M&E): Funds will be utilized training of key MOH personel involved in managing CT program data.

(d) Support for CT program supervision: Funding proposed for FY08 will continue to support travel of the central level CT staff and provincial CT trainers and supervisors for supervision of training activities. These supervisors will monitor the quality of service provider training and accreditation of newly trained CT trainers, and give feedback to staff at existing and newly opened CT service sites to help to improve services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13194

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13194	8579.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6408	3570.08	Cooperative Agreement	$550,000
8579	8579.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	$391,700

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8784.09
Mechanism: JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 8568.23834.09
Planned Funds: $1,061,000
Activity System ID: 23834

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The partner will be changed: TBD.

Continuing Activity:

This activity sheet describes activities for a TBD partner to continue support and technical assistance for Community Based CT. The major activity is to provide continuity to current partner's support for implementation of this strategy newly accepted by the Ministry of Health to increase the number of Mozambicans who know their HIV status.

The national CT expansion strategy has undergone major changes since 2005, which aside from greater emphasis on expansion of Provider Initiated CT (PICT) in clinical settings, includes the “Counseling and Testing in Health” (CTH) approach being introduced to include health promotion and prevention activities aimed at increasing the number of people who access health services. This health promotion package proposes continuation and expansion of HIV counseling and testing as well as the inclusion of Tuberculosis (TB), Sexually Transmitted Infections (STIs) and hypertension screening and referrals where necessary, counseling on malaria prevention, environmental health education, and sexual reproductive health orientation – especially in relation to early pregnancy diagnosis and promotion of institutional delivery.

Partners have supported the MOH and National AIDS Council (NAC) in the establishment of the first community-based CT (CCT) services in Mozambique since 2006. The Community CT strategy follows the same approach of the facility-based CT in Health. The pilot program implemented with the support of JHPIEGO in 2007 and 2008 took place in five provinces of Mozambique with strong support from international and national NGOs, and Faith Based Organizations (FBOs) testing different models such as: CT services delivered at non-traditional locations (e.g. churches and mosques); mobile CT teams providing services at health facilities where CT services are not yet available on a daily basis; CT campaigns at markets and other non-traditional locations; and home-based (door-to-door) CT services. A significant result of this initiative is women and children accessing CT and being referred for treatment and care through home-based CT. The expansion of CCT activities has been approved by the Minister of Health at the end of 2007 ensuring direct MOH and NAC involvement, coordination, and quality assurance.

Efforts for FY09 increase the participation of national civil society organizations in the implementation of Community based CT.

Objectives:

1. Increase the number of Mozambicans who know their HIV status
2. Expand community CT activities in terms of numbers of implementing NGOs and numbers of clients served

A. Measurable Outcomes

• NGO staff and volunteers trained in community CT
• NGOs providing integrated community CT increased
• Number of individuals counseled and tested at the community level increased
• Number of individuals referred to care and treatment as a result of integrated community CT services increased

Main activities
• Perform supportive supervision for community CT
• Monitor and evaluate expansion of community CT
• Provide sub-grants to approximately ten local NGOs for the implementation of community CT activities
• Support the MOH on the creation of minimum standards for CT in community settings

In addition to the activities mentioned above, technical assistance to the MOH will be continued to rapidly identify and address the needs of gender-based violence clients within PMTCT and CT services using Mozambique-specific screening tools and materials for the identification of women that access HIV testing services and as a result are at risk of sexual and/or domestic violence. Objectives are to identify women that access HIV testing services and as a result are at risk of sexual and/or domestic violence; and to propose strategies to address these needs. A strategy to address gender-based violence clients within PMTCT and CT services will be developed and implemented at 6 selected health facilities with up to 40 health care workers trained on how to implement the screening tools and support women at risk of sexual and/or domestic violence.

New/Continuing Activity: New Activity

Continuing Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13207	8568.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	8784	8784.08		$1,405,000
8568	8568.07	HHS/Centers for Disease Control & Prevention	To Be Determined	4879	3640.07	TBD Cooperative Agreement	[redacted]

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8784.09
Mechanism: JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 15931.23835.09
Planned Funds: $150,000
Activity System ID: 23835

Activity Narrative: ACTIVITY UNCHANGED FROM FYO8 BUT NARRATIVE HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continued activity to establish and enhance CT service provision in existing youth programs in Mozambique through a TBD partner.

In many developing countries, youth encounter significant barriers to receiving sexual and reproductive health (SRH) services and to obtaining effective, modern contraception and condoms to protect against sexually transmitted infections (STIs), including HIV. According to UNAIDS, two-thirds of all young people living with HIV/AIDS in the world live in sub-Saharan Africa. Young people frequently lack access to SRH information or even services specifically addressed to them that emphasize STI/HIV prevention, as well as the life skills needed to protect themselves. Social norms - such as gender imbalance, sexual exploitation, alcohol use, and lack of sexual negotiation skills increase young people's vulnerability to HIV/AIDS. In many areas of Mozambique, high HIV prevalence seems to be associated with a low median age at sexual debut among female youth, low levels of condom use, a low level of of HIV knowledge and high levels of young women engaged in intergenerational sexual relations. These risk factors underscore the need for integrated and confidential family planning (FP)/SRH and Counseling and Testing (CT) for HIV services specifically targeting vulnerable youth.

Scaling up CT services into existing FP/SRH youth health services can draw a range of clients that do not access CT sites for the general population due to lack of information and access, fear of stigma, and because they may as well perceive themselves as at "low risk" for HIV.
HIV CT is a good time for young people to think about other issues related to sexual behaviors, including the prevention of other STIs and unintended pregnancy. Although a few counseling sessions are usually not enough to affect long-term behavior change, HIV counseling can be a crucial first step. Comprehensive HIV CT services and appropriate follow-up referrals have the potential to: increase general awareness of HIV/AIDS; increase clients' understanding that they are vulnerable; encourage both HIV-positive and HIV-negative youth to adopt safer behaviors, such as abstinence, faithfulness, and condom use as appropriate; encourage HIV-positive youth to seek proper care and, when necessary and available, appropriate treatment; reduce the likelihood of unintended pregnancy by providing information about contraception and referrals as needed; encourage young people to seek other medical and support services, as needed; and introduce other life skills, such as thinking critically and improving assertiveness. Additionally, youth friendly CT services have proven successful in reaching more young men with prevention strategies, and encouraging male involvement and access to FP/SRH services while increasing the predominantly female clients' access to HIV testing and services.

The TBD partner will provide comprehensive CT services that are able to effectively attract young people, meet their needs comfortably and responsively, and succeed in retaining these young clients for continuing care. Basic components will include specially trained providers, privacy, confidentiality, and accessibility. The intent is to increase access to affordable CT services and useful information while minimizing the embarrassment of being seen at clinics, fear that confidentiality will not be honored, and concern that staff members will be
hostile and judgmental.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15931

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15931	15931.08	HHS/Centers for Disease Control & Prevention	To Be Determined	6412	3640.08	TBD Cooperative Agreement	[redacted]

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	3650.09	**Mechanism:**	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	26464.09	**Planned Funds:**	$1,200,000
Activity System ID:	26464		

Activity Narrative: NEW ACTIVITY
Funds for procurement of test kits were allocated in previous COP years under other program areas but not under HVCT.

The Ministry of Health (MOH) Center for Medicines and Medical Supplies (CMAM) is responsible for managing and implementing logistics for all medical and laboratory supplies. The CMAM-managed supply chain is a fully integrated system, which handles the essential drugs program, in addition to all consumable commodities for all priority programs, including HIV, TB, and Malaria. All commodities procured regardless of the funding source or procurement source enter into the national importation and distribution system.

The Partnership for Supply Chain Management (SCMS) is the lead procurement agent for the majority of HIV-related commodities for USG and USG partners, including ARVs for treatment and PMTCT prophylaxis, rapid test kits (RTKs), and OI and other palliative care medicines. Procurement of lab reagents and equipment was transferred to SCMS's responsibility from APHL during FY 2008. In addition, SCMS provides significant technical assistance to CMAM and the MOH in logistics management, including forecasting and supply planning, procurement procedures, warehousing and distribution, and LMIS for all essential medicines and laboratory reagents.

While some USG partners have continued to receive small funding amounts for procurement of various commodities, for FY09 no additional funds have been allocated to treatment partners for procurement of commodities. This avoids duplication of funding and maximizes economies of scale and efficiencies HIV-commodity procurement

This activity comprises two components: 1) procurement of test kits ($1,000,000); and 2) technical assistance ($200,000).

Procurement of rapid test kits:
Rapid test kits are used to support the following programs: Blood Safety, CT, PMTCT, Clinical Diagnosis, and sentinel surveillance. In FY 08, SCMS has procured RTKs totaling $ 2,216,405.22, representing 86.6% of the RTKs imported into Mozambique in 2008. For FY 09, USG has allocated $1,000,000 of funds to support the procurement of 1,015,000 test kits to reach X clients tested in different settings. This represents a total of 49% contribution in this program area (the total funding allocation for RTKs across program areas is 1,565,000, or a 70% contribution to the national need and a 15% reduction in USG contribution). Clinton Foundation/CHAI will procure test kits for testing of children in pediatric settings and CMAM, with Global Fund money, will procure the remaining rapid test kit needs.

Technical Assistance:

SCMS provides technical assistance in the forecasting, supply planning, monitoring and management of the incoming HIV test kit pipeline and distribution of HIV test kits in country. In 2007 and 2008 coordinated procurement enabled adjustments to supply plans that ensured a full supply of RTKs when the MOH was having financial management problems that prevented them from procuring these commodities on time.

During FY 09, SCMS will continue to provide technical assistance to CMAM and other partners in forecasting, supply planning, and management of rapid test kits. SCMS will facilitate quarterly updates to the national forecast and supply plan, enabling timely identification and response to any inbound supply constraints that may arise. SCMS will help CMAM to facilitate communication between the MOH and PEPFAR partners regarding RTK availability. The planned FY09 rollout of the rapid test LMIS and SOPs will greatly improve availability of essential logistics data for improved distribution, accountability, and quantification of needs.

In addition, along with USG's overall strategy to support the decentralization of activities, SCMS will expand its existing central level support to support the work of provincial pharmaceutical and laboratory advisors funded by USG under the treatment partners. Specific activities for supporting the provincial level warehouses and distribution will depend largely on the result of the PLMP that has not yet been developed. SCMS will serve as a resource for the orientation and capacity building of these staff. These provincial advisors will participate in all national logistics systems building activities implemented by SCMS, such as training of trainers for rollout of LMIS SOPs for all HIV-related commodities, including RTKs. SCMS will work closely with these advisors to strengthen the ability of the provincial health management teams to provide training, supervision, and monitoring of logistics management of key HIV/AIDS medicines, reagents, and consummables. In addition, CMAM conducts routine supervision and monitoring visits to provincial warehouses. SCMS will support CMAM's efforts in supervision and monitoring of these warehouses in collaboration with Provincial Advisors.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$125,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3579.09
Mechanism: USAID-Population Services International-GHAI-Local
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 4978.24312.09
Planned Funds: $0
Activity System ID: 24312

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY 2008.

This is a continuing activity under COP08.

PSI will expand its cousenling and testing sites located in the community and in the workplace and will include the Counseling for Health Approach. Further, PSI will be chiefly responsible for promoting testing among a wide variety of demographic groups (youth, men, pregnant women, MAARPS) in a variety of different languages and in a multitude of forums including radio, billboards, pamphlets, stickers, and possibly a multi-media event and/or series.

The activity narrative below from FY2007 has not been updated.

Plus-up: Utilizing plus up funds PSI will research, develop, and test new IEC campaign materials surrounding the new testing and counselling for health strategy (ATS). The materials will also target the new opt-out and integrated counselling and testing strategy, which is expected to positively enhance scale-up opportunities. The strategy and approach is currently in the first phase of implementation so materials will be reproduced on a limited basis to cover those areas where ATS is currently underway.

Original COP: This activity is related to C&OP 9150 and MTCT 9141.

PSI will continue to provide technical support to 27 existing CT sites in MOH health facilities, and will scale up CT services in approximately 35 satellite sites. 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 follow and support the MOH's new policy, and work with the local health departments to implement a community CT program. 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. 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 health facilities. PSI will continue to provide CT services to military personnel at 7 sites established with FY06 funding, in Maputo, Tete, Sofala, and Manica, Zambezia, Niassa, and Nampula provinces. With FY07 resources, two new military CT sites will be established, in Cabo Delgado province and one to be determined with the Ministries of Health and Defense. 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. PSI will also working with the Ministry of Defense to expand the satellite CT program to approximately two sites out of each military hospital with a PSI-supported fixed site.

Through these efforts a total of 72 CT outlets will be established, 110,000 people will receive CT and 90 people will be trained.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14527

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14527	4978.08	U.S. Agency for International Development	Population Services International	6856	3579.08	USAID-Population Services International-GHAI-Local	$2,159,954
9114	4978.07	U.S. Agency for International Development	Population Services International	5042	3579.07	USAID-Population Services International-GHAI-Local	$1,595,927
4978	4978.06	U.S. Agency for International Development	Population Services International	3579	3579.06		$1,670,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3640.09 **Mechanism:** TBD Cooperative Agreement

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 15737.24301.09

Planned Funds: [redacted]

Activity System ID: 24301

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 (No new funds for FY09)

This PHE activity, “The validation, acceptability and feasibility of oral fluid based rapid antibody testing in Mozambique”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.07.0075

Continuing activity - FY 07 COP activity number: 8633 - Title: The validation, acceptability and feasibility of oral fluid based rapid antibody testing in Mozambique.

Principal Investigators:

Cynthia Sema - National Institute of Health, Ministry of Health (MOH)

Kenete Mabjaia – Counseling and Testing (CT) Program, MOH

Project description: The purpose of this study is to evaluate the performance, acceptability and the feasibility of two HIV 1/2 oral fluid test (Oraquick® and Calypte Advance) in Mozambique. The tests’ performance, as compared to the gold standard, will be evaluated in a first stage with specimens collected from clients at selected Counseling and Testing (CT) centers in Maputo City and processed at the Mozambique National Health Institute reference laboratory for HIV testing. After this validation, the test’s acceptability and feasibility will be assessed in remote areas and communities within the context of youthfriendly
HIV/AIDS services and community-based CT (CCT).

Progress to-date: Turnover of staff at the Ministry of Health including a new CT Program Director delayed the development of this protocol during the first year. Substantial progress has been made since new MOH Principal Investigators have been identified, and support for development of the study protocol been providing through USG supported consultancies and fellowships. The protocol and tools are now in final stages and expected to be submitted for reviews in the US as well as the Mozambican Bioethics Committee in country late September/early October 2007. An in-country working group has been formed, composed of MOH laboratory and CT program staff, USG supported CT stakeholders (JHPIEGO, PSI and Pathfinder), and USG technical staff. Preliminary preparations at sites selected and identification of staff to be involved has started and will be in place for implementation once approval has been obtained.

Lessons Learned: Frequent changes and transfers of MoH personnel require constant re-briefing of new CT personnel coming from a variety of professional backgrounds and potentially limited prior CT experience. Recruitment for a USG study coordinator is in process and expected to be completed by end of FY07. This staff will ensure continuity of activities, briefing of new MOH personnel and working group members, and helping to move this activity forward without major delays in the future.

Information Dissemination Plan: Stakeholders that are also part of the MOH lead study working group will participate in the planning and presenting of the data at meetings and conferences. Results of the study will be disseminated to all participants including counselors in the study. Possibilities to publish results in a peer reviewed journal will be explored.

Planned FY08 activities: The study will be comprised of two phases. The first phase will consist of a laboratory-based evaluation of the test performance of the two oral HIV tests, i.e., its sensitivity, specificity and predictive values. Approximately 400 HIV-positive samples will be required and will be collected at Counseling and Testing (CT) sites in Maputo City. Two sites with high client volumes have been selected as sites for collection of samples. Besides the oral fluid test, to be performed at the facility, whole blood samples will collected using Dried Blood Spots (DBS) and sent to the National reference laboratory for HIV testing. It is anticipated that this phase will take approximately 3 months. The second phase will entail taking the test into communities with little or no access to facility-based HIV testing as well as to youth services. Qualitative methods, specifically group interviews and semi-structured individual interviews will be conducted in order to obtain in-depth information about community members’ and youths’ views regarding rapid oral HIV testing. It is estimated that this second phase will take approximately 4 months, including the analysis of the qualitative data collected.

Budget Justification for FY08 monies: While funding from previous years will contribute to completion of the 1st phase of this study and cover expenditures such as the procurement and importation of Oraquick® test kits, procurement of supplies for testing and implementation of adequate biosafety measures, transport of samples between sites and the reference laboratory, training and contracting of short-term laboratory personnel for study-related HIV testing; funding requested for FY08 will cover costs for the second qualitative phase such as training and contracting of interviewers for the qualitative assessment, travel and per diems for in-country travel, short-term local contracts for transcription, translations, data entry and data analysis.

Activity Narrative: Salary/fringe benefits: not applicable (na)

Equipment: $ 15.000

Supplies: $ 20.000

Travel: $ 30.000

Participant incentives: na

Laboratory testing: na (covered through previous years funding)

Other: $ 25.000 (Meetings and results dissemination)

Total: $90,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 15737

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15737	15737.08	HHS/Centers for Disease Control & Prevention	To Be Determined	6412	3640.08	TBD Cooperative Agreement	[redacted]

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3627.09

Mechanism: USAID-World Vision International-GHAI-Local

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5264.24369.09

Planned Funds: $0

Activity System ID: 24369

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY 2008.

This is a continuing activity under COP08. The targets and funding levels remain the same as in FY2007.

The activity narrative below from FY2007 has not been updated.

In this activity, WV will continue to support 4 CT sites in Zambezia province (in Mocuba, Namacurra, Quelimane and Gile) and their 8 Satellites sites (2 per fixed service site) offering counseling and testing to19,584 people by 12 trained counselors in Zambezia Province. WV will provide supervision and additional training to strengthen the quality of counseling and to promote couple and family counseling and testing. This activity is linked with the development of the HIV care and treatment integrated network, including essential and effective two way referral systems. WV will continue to involve churches, other local partners 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.

A second activity builds on a pilot authorized by the Ministry of Health in July 2006 for the implementation of community-based counseling and testing. World Vision in cooperation with sub-partner, ADPP in Sofala, will implement community based counseling and testing in Sofala and Maputo provinces expanding upon lessons learned from the MOH approved community-based counseling pilot phase. In both provinces one training for 25 counselors will be held and it is expected that 24,000 people will have access to CT services (12,000 in Sofala and 12,000 in Maputo province) within COP07 implementation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14547

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14547	5264.08	U.S. Agency for International Development	World Vision International	6863	3627.08	USAID-World Vision International-GHAI-Local	$300,000
5264	5264.06	U.S. Agency for International Development	World Vision International	3627	3627.06		$200,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3526.09

Mechanism: GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5210.24433.09

Planned Funds: $131,805

Activity System ID: 24433

Activity Narrative: Continuing Activity:

Proposed funding under this activity supports the salary and benefits package of the CDC HVCT Technical Advisor's position. The CDC CT Technical Advisor works directly with the MoH HIV/AIDS Program Directors, CT Program staff on the development and review of National CT program policies, guidelines and training materials, co-facilitates training of trainers, and provides on-the-job mentoring to MOH CT program staff.

The CT Advisor also co-chairs the CT Task Force of the National Prevention Reference Group, chairs the USG CT Partners' working group, that meets periodically to exchange information to discuss implementation challenges encountered across partners, to develop plans and provide recommendations as to overcome these challenges. The CT Advisor facilitates linkages between the MOH PMTCT team and the USG CT implementing partners.

The CT and M&E Advisors work together to provide technical assistance and inputs relevant to M&E aspects of the PMTCT program, including improvements in regards to CT data compilation, analysis, use and improvement of CT M&E registers and tools.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12936

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12936	5210.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$205,410
8620	5210.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	$211,738
5210	5210.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHAI_CDC_HQ	$118,606

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3529.09
Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 5211.24449.09
Planned Funds: $138,776
Activity System ID: 24449
Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Since the beginning of Counseling and Testing (CT) service delivery in 2001/2, the USG has supported the establishment and expansion of CT services. The national CT expansion strategy has undergone some major changes since early 2005. CDC has been providing Technical Assistance (TA) to scale up Provider Initiated Counseling and Testing (PICT) in clinical settings, and promote, pilot and expand the "Counseling and Testing in Health" (CTH) approach.

The proposed funds will contribute to and support the following activities:

(a) Reproduction of CT materials and CT M&E contracts and activities ($57,925) - Printing and disseminating revised guidelines and training materials for CT; support the transition from the current CT database to a new system and new procedures of data collection.

(b) Partially fund the salary and benefits package for the current CT/PMTCT Study Advisor who leads the implementation of two related areas studies; Partially fund the salary and benefits package for the CT Youth Advisor who will be responsible for supporting CT activities related to the Youth FOA. ($80,851)

New/Continuing Activity: Continuing Activity
Continuing Activity: 12946

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12946	5211.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$395,748
8633	5211.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4867	3529.07	GHAI_CDC_POST	$305,000
5211	5211.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3529	3529.06	GHAI_CDC_POST	$28,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8784.09
Mechanism: JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 24308.09
Planned Funds: $200,000
Activity System ID: 24308

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

THIS ACTIVITY IS A CONTINUATION FROM FY2008 (Activity ID 15780.08). HOWEVER, FUNDING MAY GO TO A NEW PARTNER TBD.

Federal University of Rio de Janeiro has been providing technical assistance (TA) for the Mozambican Counseling and Testing (CT) Program since FY05. Main focus of activities has been in the strengthening of CT program training and monitoring through the development and improvement of CT training materials and supervision tools. This activity is a continuation of South-to-South collaboration with Brazilian experts to support and provide TA to the Mozambican National Counseling and Testing Program.

FY2009 funds, administered through Brazilian Partner, TBD, will support a full time position for a Brazilian HIV/AIDS, CT and training expert to provide technical assistance and build capacity within the Mozambican National Counseling and Testing Program aiming at increased access to and improving quality of CT services. The CT Program Support Officer will assist in all matters related to the development and strengthening of the CT Program of the Ministry of Health in Mozambique. Specifically, the CT Program Support Officer will work to strengthen MOH CT Program staff capacity to expand CT in the CT in Health Units (UATS). The key objectives of this position are as follow:

Build the capacity and provide support to the MOH team responsible for managing and implementing CT activities. This will be done in close collaboration with CDC to foster national counseling and testing goals supported by the USG in Mozambique.
Provide technical assistance to ensure that CT activities are based on the latest relevant science and that scientific knowledge is translated into programs guidelines and activities.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5083.09

Mechanism: USAID-Samaritans Purse-GHAI-HQ

Prime Partner: Samaritan's Purse

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 9256.24337.09

Planned Funds: $200,000

Activity System ID: 24337

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS

Community-Based Counseling and Testing (CCT) Activities will be expanded to reach Guija and Bilene District of Gaza Province, where prevalence rate is currently at 27%. SP is currently implementing care and prevention activities in Guija and Bilene districts. CCT activities will serve as a complimentary intervention and wrap around service to existing SP implemented activities.

This Community Based Counseling and Testing activity is related to USAID_HVAB_Activity 8231 and USAID_HVAB_Activity 9391, Samaritan Purse's Track 1 and Field Support AB activities. It is also linked to CDC_HVCT Activity 8572, as JHPIEGO will continue provision of technical assistance and support National AIDS Council efforts in coordinating the community-based Counseling and Testing activities.

This funding will provide Samaritan's Purse resources to provide community based counseling and testing, in Massinga and Zavala district of Inhambane as well as Guija and Bilene District of Gaza Province. This wrap around service will reinforce SP's current AB program and will help to further achieve PEPFAR's Five Year strategy prevention objective of "Strengthening Access to the Ministry of Health's Integrated Health Networks".
The main emphasis area of this new activity is community mobilization/participation. Through networks and relationships built through SP's exisiting AB and Care interventions, individuals will be easily identified for participation in community based CT. Target populations include Secondary School students, Adults, HIV/AIDS affected families, community and religious leaders, traditional birth attendants, and traditional healers.

Training of counselors and integration of CCT activities under the supervision of both Provincial and District level health services contributes to strengthening access to MISAU's "Integrated Health Networks." The training of counselors and partnership with health facilities at the District level in monitoring quality assurance of testing activities and defining referral mechanisms between community and clinic activities enhances the capacity of both health systems and health care workers.

This is a continuing activity under COP08 funded through Field Support.

SP will expand community counseling and testing (CCT) services to Zavala District, which is considered a corridor and high risk area with a population of 176,000 (UNICEF 2007 projection). Currently, Zavala has one fixed VCT site that is managed through the district health facility with no funding from PEPFAR. SP will establish 2 community-based counseling and testing satellite sites in Zavala district with COP08 funding. Services to be funded include staff, training, materials and equipment, transportation and other operating costs.

Through networks and relationships established under SP's existing AB PEPFAR activity and non-USG funded HBC program, individuals will be easily identified for participation in CCT. Target populations include secondary school students, teachers, adults, out of school youth, HIV/AIDS affected families, as well as community and religious leaders. Trainings will be organized to train a total of eight new community based counselors. There will be community based CT services at two new sites and a targeted 5,000 people will receive HIV counseling and testing and receive their results.

The activity narrative below from FY2007 has not been updated.

This is a new activity for this partner and is funded through Field Support. This Community Based Counseling and Testing activity is related to: USAID_HVAB_Activity 8231, Samaritan Purse's Track One activity for $475,596 and USAID_HVAB_Activity 9391, Samaritan Purse's Field Support funded activity for $400,000. It is also linked to CDC_HVCT Activity 8572, as JHPIEGO will continue provision of technical assistance and support National AIDS Council efforts in coordinating the community-based Counseling and Testing activities.

In late 2005-early 2006, the National AIDS Council (CNCS) with technical assistance from JPHIEGO, organized a pilot project for four organizations (ADPP, Anglican Church, HAMUZA and PSI) to provide community based CT in five pilot sites in Moma District in Nampula, Milange District in Zambezia, Maciene District in Gaza, Matola and Boane Districts in Maputo province, and Dondo District in Sofala. The initial pilot project is on-going, with partner trainings in managing community based counseling and testing. It is expected that the Ministry of Health will expand community based CT to other partners and geographic areas in the second semester of 2007.

This funding will provide Samaritan's Purse resources to participate in the first post-pilot group of organizations to initiate community based counseling and testing, slated to begin in the second semester of FY07 or early FY08. Samaritan's Purse is currently an AB Track One partner in Inhambane province, implementing its Mobilizing, Equipping and Training (MET) program in Mabote, Massinga and Zavala districts. Samaritan's Purse will modify its AB Track One cooperative agreement to include provision of community based counseling and testing in Massinga district. This wrap around service will reinforce SP's current AB program and will help to further achieve PEPFAR's Five Year strategy prevention objective of "Strengthening Access to the Ministry of Health's Integrated Health Networks".

Access to VCT services is extremely limited in Massinga district. Currently, there is only one fixed VCT site managed through the district health facility and zero PEPFAR funded VCT services. With this funding, SP will establish two (2) community based counseling and testing satellite sites in Massinga district including staff, materials and equipment, transport, and other operating costs. Columbia University is currently a USG funded treatment partner in Massinga and SP will work with them to coordinate a system of referral.

Activity Narrative: Access to VCT services is extremely limited in Massinga district. Currently, there is only one fixed VCT site managed through the district health facility and zero PEPFAR funded VCT services. With this funding, SP will establish two (2) community based counseling and testing satellite sites in Massinga district including staff, materials and equipment, transport, and other operating costs. Columbia University is currently a USG funded treatment partner in Massinga and SP will work with them to coordinate a system of referral.

The main emphasis area of this new activity is community mobilization/participation. Through networks and relationships built through SP's two year old MET AB program, individuals will be easily identified for participation in community based CT. Target populations include Secondary School students, Adults, HIV/AIDS affected families, community and religious leaders, traditional birth attendants, and traditional healers. Trainings will be organized to train a total of ten community based counselors. There will be community based CT services at two sites and a targeted 3,000 people will receive HIV counseling and testing and receive their results.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14334

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14334	9256.08	U.S. Agency for International Development	Samaritan's Purse	6781	5083.08	USAID-Samaritans Purse-GHAI-HQ	$200,000
9256	9256.07	U.S. Agency for International Development	Samaritan's Purse	5083	5083.07	USAID-Samaritans Purse-GHAI-HQ	$100,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3574.09

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 23770.09

Planned Funds: $317,600

Activity System ID: 23770

Activity Narrative: This is a new activity.

For FY09 PEPFAR Mozambique team has undergone a clinical partner rationalization exercise in order to streamline support to cover all clinical services in a whole district by one clinical care partner. EGPAF will have FY09 budget allocations to cover facility based counseling and testing interventions – Provider Initiated Counseling and Testing and CT in Health.

In COP09, former GATV that are co-located with health facilities will be integrated with PICT programs under the supervision of health facilities and clinical partners, while community-based outreach testing will be managed by community partners. EGPAF will train health facility staff and support lay counselors to provide HIV testing at 100% of EGPAF-supported facilities. EGPAF currently supports testing within health facilities as part of PMTCT and PITC. At 16 former PSI-supported GATV services, these services will continue to provide voluntary testing to patients at high risk, partners and family members who come to the health facility. EGPAF will work closely with PSI to assure service continuity while maximizing the efficiency of the model of testing. EGPAF will continue to work closely with community-based counseling and testing to maximize population access to testing. When patients test positive, they will be enrolled into or effectively referred to follow-up for enrollment in care and treatment.

Primary target population: Partners of pregnant women will be actively encouraged to come in for testing. Family members of HIV+ patients will be encouraged to come in for testing. Provider-initiated testing will be systematically implemented at all facilities, focusing on high risk groups, including all malnourished children, hospitalized children, TB patients and family members.

Organizations implementing project: EGPAF will subgrant to DPS and DDS to provide comprehensive, high quality HIV clinical services, including CT. EGPAF will support districts and health facilities to manage previously autonomous GATV services.

PEPFAR funding will include in a subgrant to the DDS and DPS which will include staff and other direct operating costs to support the service.

PSI has been supporting CT at 16 sites in EGPAF supported districts. As part of partner rationalization, responsibility to support CT will be transferred to EGPAF. EGPAF will support these new CT services at a level consistent with funding and with support at other district sites.

Over 50% of these funds will go to service expansion, as sites that previously did not support out-patient testing of high risk patients, family planning and PITC services will be initiated.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 9305.09

Mechanism: TBD RFA Nampula and Zambezia Integrated Community Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 21422.24424.09

Planned Funds: [redacted]

Activity System ID: 24424

Activity Narrative: This is a continuing activity in COP09, but at zero funding.

Reprogramming August08: The new USAID integrated RFA will combine activities from health, HIV, agriculture, Food for Peace and rural income growth. Award is expected in early calendar year 2009.

The activities to be supported under the integrated RFA are expected to operate within the context of and be coordinated with other USG-supported activities underway in Mozambique, including PEPFAR and PMI, as well as USAID-supported activities such as the Title II Food for Peace program, other agricultural and health activities. The proposed activities should also fit within the context of the Government of Mozambique's (GRM) policies, strategies and programs in health and agriculture, its Action Plan for the Reduction of Absolute Poverty (PARPA), its Strategic Plan for the Health Sector (PESS) and its Food and Nutrition Security Strategy.

Strategic linkages to other U.S. Government (USG) programs should be used wherever feasible to help leverage programmatic results. The holistic approach encouraged in the RFA is also meant to improve communication among key partners, empower our provincial and district-level government counterparts, and provide more cost-effective approaches to achieving development results. Activities under the RFA are expected to increase synergy across USAID/Mozambique's programs to amplify their collective impact at provincial, district, and community levels. Opportunities to integrate at the community level are particularly important. Activities are meant to complement current and future activities of Food for Peace Title II Multi-Year Assistance Programs (MYAPs).

New/Continuing Activity: Continuing Activity

Continuing Activity: 21422

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21422	21422.08	U.S. Agency for International Development	To Be Determined	9305	9305.08	RFA H/HIV	[redacted]

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 10419.09

Mechanism: USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 6429.24298.09

Planned Funds: $91,578

Activity System ID: 24298

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY 2008.

This is a continuing activity under COP08

FHI will continue to provide technical resources and information, by supporting policy development, and by documenting best practices in relationship to counseling and testing. The objective is to strengthen quality counseling and testing services offered in Zambezia while expanding to three new sites. This activity will also include establishing comprehensive and integrated counseling and testing services in Niassa province. To better ensure access to comprehensive services FHI uses moments within pre and post-test counseling to appropriately refer HIV positive clients to other health services of importance such as family planning, MCH, TB, etc. HIV-negative clients are also referred but more active referral mechanisms are either being developed or are already in place for those who are HIV-positive.

The activity narrative below from FY2007 has not been updated.

Continuation of 3 CT services (Nicoadala, Ile, Quelimane) and 9 new sites in Zambezia - integrated into other existing health services such as TB, OI and STI treatment (request from the DPS in Zambezia to have the same NGO support CT and PMTCT); This activity is expected to reach 48,960 individuals with C&T results and to train 27 individuals in C&T.

FHI is planning to carry out the following activities under COP07:

1. Technical assistance to the MOH, through support in the conceptualization and conducting program and monitoring and evaluation supervisions

2. Implement a model for the integration of STIs, PMTCT, CT, ART and management of opportunistic infection including TB in Zambezia, moving towards the MOH's goal of creating Counselling and Testing in Health units.

3. Conduct trainings using newly developed syndrome approach in at least 8 sites

4. Conduct community activities for HIV and STI prevention in partnership with local organizations, using and reproducing materials centrally produced

5. Maintain a buffer stock of test kits and materials, to avoid stockouts in the sites where implementing the integrated model.

The second activity will allow FHI to continue to provide home-based care and support activities for HIV/AIDS-infected and affected households in the sites were HBC services were provided with PEPFAR funds during COP06 including selected sites in Quelimane, Mocuba, Nicoadala and Ile and expand to four new sites within these districts. FHI will sign a Memorandum of Understanding (MoU) with PSI to continue the distribution of mosquito nets and "certeza" which will complement the benefit of those served under the HBC program and in addition will try to establish collaboration with WFP to provide food to patients in selected cases.

The identification of additional entry points to the continuum of care (e.g. PMTCT, CT and linkages for clinical care to PLHA) will be encouraged through FHI's facilitation of linkages between health facilities and programs. The DPS-Zambézia and local partners will benefit from technical assistance to bolster their capacity to implement, monitor, improve, and evaluate service delivery for chronically ill individuals as well as share innovative caring practices for these populations ($1,200,000).

New/Continuing Activity: Continuing Activity

Continuing Activity: 15863

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15863	6429.08	U.S. Agency for International Development	Family Health International	7277	5078.08	USAID-Family Health International-GHAI-Local	$1,300,000
9111	6429.07	U.S. Agency for International Development	Family Health International	5078	5078.07	USAID-Family Health International-GHAI-Local	$1,200,000
6429	6429.06	U.S. Agency for International Development	Family Health International	3666	3666.06	Follow-on to IMPACT	$300,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 12251.09

Mechanism: MARPs

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 29861.09

Planned Funds: [redacted]

Activity System ID: 29861

Activity Narrative: This is a new activity.

The new MARPs Indefinite Quantity Contract (IQC) is aimed primarily at Commercial Sex Workers (CSW) and secondarily at Mobile and Bridge populations . The latter include groups such as clients of CSW; miners; long distance drivers; uniformed services; migration/border officials; incarcerated populations; 'mukheristas', informal female traders at the border; and partners and families of these populations. This IQC also receives CT funding for community or site based Counseling and testing. This activity is geographically focused on the high prevalence provinces of Maputo city, Maputo and Gaza and in hot spots and corridors identified by the 2008 Mozambique Data Triangulation (Beira, Nacala, Niassa corridors; Pemba, Quelimane, Mabote). While a MARP size estimation and mapping has not yet taken place in Mozambique, preliminary findings from the CSW and IDU I-RARE study, as well as analysis from the 2008 Data triangulation, have identified key hot spots. Activities under this IQC will target these areas and hot spots. Key drivers to be targeted include low risk perception, low condom use, low knowledge of sero-status/low uptake of CT, multiple and concurrent partnerships (MCP)/sexual networks, sero-discordancy, low male circumcision in targeted geographic areas, alchohol abuse, and social and gender-based norms that increase risk and vulnerability.

Components of the MARP IQC will work in a comprehensive and site-based approach to reach CSWs and Mobile/Bridge at the individual, couple, family, institutional, community, social and political level. This activity will build upon and replicate the successful Maputo port night clinic for CSWs and their clients, a 'one-stop shop' site offering peer-based outreach, small group risk reduction BCC, condom distribution and negotiation skills building, CT, STI screening and treatment and ART referrals. The new awardee will be encouraged to establish other night clinics in key hot spots in urban centers and major corridor cross roads Other C&OP funded activities under the new MARPs IQC will include behavioral (peer-based risk reduction, targeted condom distribution); some bio-medical (STI screening and treatment) and structural interventions. Additional services funded under other program areas such as CIRC for male circumcision for mobile men, or Care for mobile CT. Behavioral activities will include peer-based IPC BCC, advocacy and sub-population-appropriate IEC. All sub-population messages and campaigns will be vetted through the Partners' MARP technical working group (TWG) and the USG Prevention TWG to ensure coordination and reinforcement with USG and non-USG funded on-the-ground , interpersonal (IPC), peer-based, risk reduction activities.

New activities aimed at Mobile and Bridge populations are split funded between AB, CT and C&OP funds and are split funded between the IQC for Combination Prevention and the IQC for MARPs. Mobile/Bridge population activities under both IQCs will be institution and peer-based interventions that include risk reduction counseling (individuals and peer-based), venue based outreach, individual.peer-based communication materials and will also address alcohol. In addition to the activities stated above, C&OP funds for the MARP IQC will also promote linkages to clinical health services that are funded under other program areas, such as counseling and testing, ART, family planning and reproductive health, and when policy allows, surgical male circumcision. Mobile pop activities will receive AB funds to address partner reduction components of a risk reduction program. When policy allows, CIRC funds will provide MC services for mobile men. AB funds may also be used to create IEC about the limitations of CIRC to address possible risk compensation, as part of a comprehensive CIRC program.

All peer based and small group BCC programs will go beyond building basic awareness and will strengthen individual risk perception and locus of control. Alcohol abuse as a risky behavior among each of the sub-pops will be addressed, for example, in work place based programs for migration officials or police recruits. Awardee/s of this IQC will be required to have a strong technical and organizational capacity building component and 'graduation' plan for Mozambican sub-partner organizations providing services to these populations. Awardees will be strongly encouraged to take on CSW or mobile pop led community based organizations as sub-partners for capacity building in advocacy and prevention implementation.

This funding will support Community/site-Based and Mobile Counseling and Testing (CBCT) in key hot spots in urban centers and major corridor cross roads and supports existing and new prevention programs for the General Population and MARPs in the targeted provinces and areas listed above. These CBCT activities will be in line with PEPFAR/Mozambique's Couples-Focused CT approach. Counselors will be trained and equipped with the skills and materials necessary to help them provide both quality sexual prevention counseling as well as couple counseling to clients. Counseling will move beyond educational messages to tailor counseling sessions specific to the individual or couples' sexual behaviors and risks and help them identify their risk and discuss different options in minimizing their risk. The limited, existing CBCT programs in Mozambique rely on facility-based CT sites for commodity planning and distribution, client record storage, and assistance with referrals. CBCT sites will be linked to a clinical facility and will be fixed or mobile sites. There are a range of CBCT approaches that include moblie/outreach, satellite and home-based services. CBCT sites aimed at MARPs will be satellite or mobile sites with MARP-friendly hours of operation to increase access and uptake. Examples are night sites near bars, aimed at CSWs and their clients, or mobile sites at major rest stops to reach long distance truck drivers.

CBCT services under this activity will complement other partner programs and will be better placed to reach rural populations and harder to reach groups, such as non-street CSWs, including males, clients of CSWs and migrants. For example, CDC supports facility-based CT in Gaza and Maputo and USAID's Clinical RFA will provide facility-based CT in Sofala, Manica, Tete and Niassa. CBCT services under this Prevention Program will collaborate with and supplement existing and planned clinical CT services.

*Project and impact evaluation of this activity will be funded through a separate activity under SI. Targets are for nine-months of implementation as start up is anticipated for quarter 2 of FY2010.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	12252.09	**Mechanism:**	Combo Prevention IQC
Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	29862.09	**Planned Funds:**	[redacted]
Activity System ID:	29862		

Activity Narrative: This is a new activity.
The new Combination Prevention Indefinite Quantity Contract (IQC) is aimed primarily at General Population adults and secondarily, at Mobile and Bridge populations and people living with HIV (PLH). A Youth component will begin in Year Two through COP 2010 funds (see note on Youth below). This IQC also receives AB and C& OP funding for behavioral and structural interventions and will promote services funded under other program areas such as C&OP, CIRC or Care for Community-based Positive Prevention. This activity is geographically focused on the high prevalence provinces of Maputo city, Maputo and Gaza and in hot spots and corridors identified by the 2008 Mozambique Data Triangulation (Beira, Nacala, Niassa corridors; Pemba, Quelimane, Mabote). Key drivers to be targeted in this new program include multiple and concurrent partnerships (MCP), low condom use, low knowledge of sero-status/low uptake of CT, low risk perception, weak individual locus of control, sero-discordancy, low male circumcision in targeted geographic areas, alchohol abuse, and social and gender-based norms that increase risk and vulnerability. Components of the new IQC for Combination Prevention will work in an integrated and multi-layered approach to reach General Population Adults at the individual, couple, family, institutional, community, social and political level. Behavioral activities will include national, local and folk media through mulitple channels of communication. Large mass media activities will follow guidelines set forth by the National HIV Communication Strategy and, for MCP, the MCP Communications Strategy. All messages and campaigns will be vetted through the Partners' technical working group (TWG) for Communications and the USG Prevention TWG to ensure coordination and reinforcement with USG and non-USG funded on-the-ground , interpersonal (IPC) behavior change communication activities (BCC).

All on-the ground IPC BCC and community mobilization programs will go beyond building basic awareness and will focus on building risk perception to change individual behavior and risky social norms. Alcohol abuse will be addressed, especially in IPC BCC targeting men, for example, in work place based programs. AB funds for the new IQC will also promote linkages to clinical health services that are funded under other program areas, such as counseling and testing, STI screening and diagnosis, ART, family planning and reproductive health, and when policy allows, surgical male circumcision. AB funds may also be used to create IEC about the limitations of CIRC to address possible risk compensation, as part of a comprehensive CIRC program. Awardee/s of this IQC will be required to have a strong technical and organizational capacity building component with 'graduation plans' for Mozambican sub-partner organizations to eventually seek their own funding as prime partners to USG or other donor funding.

Behavioral and structural ctivities aimed at Mobile and Bridge populations and PLH are split funded between AB and C&OP funds and are split funded between the IQC for Combination Prevention and the IQC for MARPs. Mobile/Bridge population activities under both IQCs will be institution and peer-based interventions that include risk reduction counseling (individuals and peer-based), venue based outreach, individual.peer-based communication materials and will also address alcohol. and through C&OP funds, STI screening and treatment and targeted condom distribution. When policy allows, CIRC funds will provide MC services for men in these populations. AB funded activities for community-based Positive Prevention (PP) for PLH include advocacy media linked to on-the-ground community activities to reduce stigma and discrimination,addressing alcohol, disclosure, and risk reduction and through Care funds for the two new IQCs, community based CT. These commnity-based PP interventions will complement and be integrated with clinic-based PP components funded through C&OP and care include STI screening and treatment, FP, Tx adherence, condoms, FP, and facility-based couple and family CT.

This funding will support Community/site-Based and Mobile Counseling and Testing (CBCT) in the three target provinces as well as in hot spots in urban centers and major corridor cross roads. CBCT activities in the Combination Prevention program will be coordinated with CBCT activities currently under JHPIEGO, Samaritan's Purse and other PEPFAR partners as well as planned CBCT activities under the TBD MARP IQC. These CBCT activities will be in line with PEPFAR/Mozambique's Couples-Focused CT approach. Counselors will be trained and equipped with the skills and materials necessary to help them provide both quality sexual prevention counseling as well as couple counseling to clients. Counseling will move beyond educational messages to tailor counseling sessions specific to the individual or couples' sexual behaviors and risks and help them identify their risk and discuss different options in minimizing their risk. The limited, existing CBCT programs in Mozambique rely on facility-based CT sites for commodity planning and distribution, client record storage, and assistance with referrals. CBCT sites will be linked to a clinical facility and will be fixed or mobile sites. There are a range of CBCT approaches that include moblie/outreach, satellite and home-based services. CBCT sites aimed at MARPs will be satellite or mobile sites with MARP-friendly hours of operation to increase access and uptake. Examples are night sites near bars, aimed at CSWs and their clients, or mobile sites at major rest stops to reach long distance truck drivers.

CBCT services under this activity will complement other partner programs and will be better placed to reach rural populations and harder to reach groups, such as non-street CSWs, including males, clients of CSWs and migrants. For example, CDC supports facility-based CT in Gaza and Maputo and USAID’s Clinical RFA will provide facility-based CT in Sofala, Manica, Tete and Niassa. CBCT services under this Prevention Program will collaborate with and supplement existing and planned clinical CT services.

Following recommendations from the June 2008 CT TA team, these funds will also support the development of one national CT guideline document that will define the minimum standards for all CT services including defining confidentiality, consent and counseling; quality definitions of both counseling and HIV testing; site standards; and define requirements for counseling staff. The program will employ innovative means to increase utilization of the CT sites through community mobilization and CT promotion campaigns. These outreach campaigns should specifically target men and couples since these groups have not been utilizing existing services in certain regions. Referrals and linkages will also be supported in the CBCT services in the provinces and corridors. These will include tracking referrals to CBCT and CTH/PICT as well as to other clinical services and to community-based prevention programs for both HIV-negative and HIV-positive clients. Quality assurance for rapid testing will also be emphasized in the CBCT program. Basic procedural issues such as reading test results after assay is complete, ensuring that all sites have timers, guaranteeing that refrigeration and temperature controls are in place, and not using

Activity Narrative: expired tests will be established. All counselors conducting rapid tests will be trained or retrained with the CDC/WHO training package. Lab logbooks used for quality control will be integrated into the CBCT services since they are essential for identifying source and quality problems (i.e. bad test kit lot, operator error, transcription error). Counseling quality assurance will be an essential component of each CBCT program that includes client feedback, counselor de-briefs and mystery clients who are both HIV negative and HIV positive. Counselors need tools such as job aids to facilitate counseling and give reminder of what should be discussed with each client.

*Project and impact evaluation of this activity will be funded through a separate activity under SI. Targets are for nine-months of implementation as start up is anticipated for quarter 2 of FY2010.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3685.09

Mechanism: USAID-USAID-GHAI-Local

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 26460.09

Planned Funds: $230,000

Activity System ID: 26460

Activity Narrative: THIS IS A NEW ACTIVITY

This activity provides partial support to two (2) US PSC positions.

The Behavior Change Communication Advisor position and staff person are continuing but this activity replaces the BCC Advisor activity previously listed under Public Health Institute/Global Health Fellows Program (GHFP).
The position was converted from the GHFP mechanism to a US PSC as the former mechanism did not allow the incumbent full CTO authorization. In addition to continuing management and TA to the sexual prevention (AB and C&OP) portfolio, the conversion also increased the scope of work of the position to include oversight and management of USAID's counseling and testing (CT) activities, both facility and community-based. Half of the position is under AB; the other half of the position is listed under CT.
The BCC Advisor US PSC will 1) serve as CTO and provide technical expertise to oversight of BCC for Sexual Transmission Prevention (STP) and CT activities to the HIV/AIDS Team, PEPFAR Mozambique Interagency Team, the Mission and GRM; 2) Manage assigned STP and CT programs preparing documentation for contracts and agreements and conducting site monitoring visits; 3) Provide technical assistance to partners to ensure STP and CT portfolios that are responsive to the epidemics, effective, linked to other services and in line with the GRM's HIV strategy.

Health Develpment Advisor - This is an existing position - the Health Development Advisor will provide strategic guidance on behalf of USAID and USAID partners in implementation of PMTCT ativities. He/she will provide overall planning and management related to all PMTCT activities, coordinate with the Ministry of Health and other partners involved in PMTCT and MCH-related activities, and collaborate closely with other USG activites supported by SO8/Health, including malaria, family planning, and child survival activities. He/she will actively engage the Ministry and provide overall technical leadership in collaboration with the FSN PMTCT Advisor on integration of family planning and strengthening infant feeding activities for PMTCT. He/she will supervise the Senior FSN PMTCT Advisor. Other half time of this position is under PMTCT.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 10811.09

Mechanism: TBD RFA Sofala, Manica, Tete, Niassa Community & Clinical Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 26459.09

Planned Funds: [redacted]

Activity System ID: 26459

Activity Narrative: NEW ACTIVITY
The Sofala, Manica, Tete & Niassa Community and Clinical Services RFA will support HIV counseling and testing (CT) services in accordance with national guidelines/standards for 306,628 persons at a total of 100 sites in 30 districts. The RFA will be awarded to 1 to 4 partners, following a technical assistance model of one partner per province. Selected partner(s) will directly support targeted districts to ensure that different options exist for community members to learn their status. The RFA will be awarded to partner(s) that demonstrate the ability to implement the Mozambican Ministry of Health's policy for the expansion of CT services and the integration of CT into the primary health care system. Selected partner(s) will also collaborate closely with local health authorities and community partners to support more advanced outreach strategies such as community-based CT and to ensure that provider-initiated CT (PICT) is available at all 100 targeted health care facilities. The RFA will place a particular emphasis on couples testing, disclosure counseling, as well as strengthening linkages with community partners within each district for contact tracing to ensure that family members and sexual partners are reached for CT. Likewise, selected partner (s) will strengthen linkages between CT services and prevention, care, treatment and other support services (e.g. PMTCT, PLHIV support groups, HBC) are available both in health care facilities and the community.

The RFA will emphasize the necessity to build the capacity of local health care providers at the provincial, district and site levels to ensure that CT services are accessible, integrated and sustainable. Selected partner(s) will collaborate with provincial and district health authorities (DPS/DDS) to train and supervise the relevant staff and to ensure compliance to national testing guidelines. Selected partner(s) will work closely with their MOH counterparts at all levels to ensure that systems are in place to collect and manage data relevant to CT, and to ensure that a reliable supply chain of quality-controlled test kits are consistently available.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 10813.09

Mechanism: TBD RFA Communities and Corridors Prevention

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 26462.09

Planned Funds: [redacted]

Activity System ID: 26462

Activity Narrative: NEW ACTIVITY
Under guidance from USAID's Procurement Management Office and Regional Legal Advisors, for COP 09, USAID is discontinuing the majority of its agreements with its partners, including those implementing sexual prevention programs. This activity, awarded through the new Communities & Corridors RFA, a full and open competition RFA comprised of AB, C&OP and CT program area funds, will replace most discontinued sexual prevention and counseling and testing activities previously managed by USAID. Priorities for this activity are region and population-specific, epidemiologically responsive interventions and building Mozambican capacity to plan, implement and evaluate STP programs and quality CT program. This activity, with the RFA award expected late in mid to late FY09, will allow strategically formed consortia of partners, 50% of which is encouraged to be Mozambican, to promote behavior change, especially for reduction of multiple, concurrent partnerships (MCP) at the individual, family, community, and social and environmental levels; build capacity of local leaders and community agents of change to lead the response to the epidemic; and support systems and services for Counseling and Testing (CT).
AB funding will target General Population Adults and some Youth (General Population: 66% of STP activities under this RFA); C&OP funding will target key MARPs in select districts with promotion of condom use and service uptake (MARPS 34% of STP activities under this RFA); and CT funding will provide for facility and community-based CT and a national Quality Assurance in CT program to the Ministry of Health (MoH).
Geographic locations for activities under the Communities & Corridors RFA will be in Maputo and Gaza provinces and in districts and 'hot spots' contained inside the Maputo, Beira and Nacala corridors. CT services sites will concentrate in the Beira and Nacala corridors, with some services in Tete province. Locations for MARP-focused activities will be guided by indicators and assessments for these populations, namely, for CSWs- Cabo Delgado, Nampula City, Beira City and Maputo City; and for men-focused, work-place programs, key districts in Sofala, Tete and Nampula through potential Public-Private Partnerships (PPPs). Earmarked AB and C&OP funds to support potential PPPs include the Carr Foundation/Gorongosa conservation reserve and National Park; the Vale do Rio Doce Coal Mining Project and CETA, a Mozambican construction company. PPP prevention programs will target workers, their families and the communities affected or displaced by these projects.

The primary focus of the AB component of this activity is on reduction of Multiple, Concurrent Partnerships (MCP). Findings from the recent Mozambique modes of transmission study, the 2006 SADC Southern African epidemiological analysis and the 2007 sentinel surveillance survey that the key driver of Mozambique's HIV/AIDS epidemic is the pervasive practice of multiple concurrent partners (MCP) which in Mozambique primarily involves HIV transmission amongst the general population's consenting adults (GCA) who are usually over the age of 25. Experts agree that this is the main driver of the epidemic and there is growing consensus that the key intervention to address this pervasive behavior is to tackle this problem through direct and multi-tiered, systematic prevention strategy which first and foremost directly takes aim at this particular contact pattern. Interpersonal Communications (IPC) prevention activities will address the underlying socio-cultural factors that drive MCP and other risky practices and norms, as well as risk perception, locus of control, and fatalism. Community prevention programs will be linked with services for STI and HIV/AIDS treatment and care, including positive prevention. Community, school, work-place and faith-based setting activities will align and reinforce activities under the Mass Media Prevention RFA. Youth programs will follow recommendations from MEASURE/Evaluation and will focus on building life skills to reduce risk. Programs targeting non-OVC 10-14 year olds focus on delay of sexual initiation but also provide information on the protective factors of partner reduction for sexually active individuals.
In addition to General Population Adults activities outlined above, AB funds will support programs focused on increasing male engagement in HIV prevention and responsible behavior as partners and as fathers in the community and work place setting. Some bar-based interventions and programs focused on alcohol abuse and risk behavior will be included in urban and/or work place settings.
C&OP funds under the Communities & Corridors RFA will target, specficially, MARP populations of commercial sex workers and clients, PLWHA and miners/migrant workers connected to potential Public Private Partnerships. In addition to IPC BCC programs designed to target these different MARPs, C&OP funded activities will include condom promotion, condom social marketing, and promotion of service uptake for CT, STI and HIV treatment.

This activity has earmarked funds for possible PPPs with companies in the mining, tourism/conservation and construction industries. One of the world's largest deposits of coal has been identified in Moatize district in Tete province. Brazilian mining company, Vale do Rio Doce (Vale), one of the largest companies in the world, will begin construction on transport and excavation facilities to extract these deposits beginning in calendar year 2009. While recent surveillance shows that prevalence in Tete has stabilized, a portion of the RFA, through a possible public-private partnership with Vale, will ensure prevention services, as part of Value to workers and families affected by this major project. Extraction of the coal coincides with completion of the renovation of the Sena railroad which will link the Moatize coal region to the port of Beira. C&OP and AB funds will also support expansion of Positive Prevention (PP) community-based activities by providing PLWHA and sero-discordant couples focused messages and prevention packages in partnership with USG home-based care activities. PP activities will also utilize CDC-managed PP training resources and materials.
Male and female condom social marketing will deliver life saving products in places where MARPS congregate. The program will ensure 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 targeted high-risk populations. 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 will be encouraged to prevent unwanted pregnancies and transmission of STIs/HIV through condom use. Female condoms will be added to both the commercial and free distribution contraceptive product line.

CT funds for the Communities & Corridors activity will specifically fund facility based CT in Health and PICT and community-based CT in Health services, training and support. Approximately 200,000 is earmarked to support the MoH's efforts to begin a National Quality Assurance in CT program, following the Kenya model.

Activity Narrative: A July 2008 Interagency CT Technical Assistance Team assessed CT in MOzambique and provided guidance and recommendations to PEPFAR's support of MoH's CT programs. Mozambique currently does not have one National CT Guideline defining minimum standards for CT programs. This activity will support the MoH to determine
minimum standards for all CT services, including standard definitions for 'confidentiality', 'consent', and 'counseling'; quality definitions for both counseling and testing; site standards and requirements for CT staff.

This activity, together with funding from the Mass Media RFA activity, will also support campaigns and promotion for CT, with strong focus on men and couples. This activity will also ensure linkages with the AB and C&OP activities of the Communites and Corridors activity, referring HIV negative clients to community based BCC programs and referring HIV positive clients to positive prevention activities. This activity will also have MARP specific CT activities in work place or community settings. Night clinics will ensure access to sex workers and clients. Work place based CT will be integrated with the PPP activities.

Community based CT (mobile, satellite and to a limited extent, house to house) will also be supported under this activity and all CCT sites will have formal relationships with facilities.

Provider-initiated CT (PICT) will be implemented in all facilities and PICT training provided to facility HCWers.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: $13,541,522

Program Area Narrative:

The Ministry of Health (MOH) Center for Medicines and Medical Supplies (CMAM) is responsible for managing and implementing logistics for all medicines and medical supplies, which includes the following HIV/AIDS program commodities: ARVs, OI, STI and other palliative care drugs, rapid HIV test, and clinical laboratory reagents and consumables. The CMAM managed supply chain is a fully integrated supply chain, which handles the essential drugs program and commodities for all priority programs such as HIV, TB, and Malaria. CMAM currently reports to the MOH National Medical Care Department (DNAM), which in turn reports to the MOH. CMAM is the main beneficiary of USG support in the area of commodity and logistics support. This support through PEPFAR reinforces the efforts of the Presidential Malaria Initiative to ensure a reliable supply of anti-malaria drugs and test kits.

CMAM is responsible for forecasting needs, conducting procurement, coordinating importation, managing the central warehouses in Beira and Maputo, and managing the distribution to the provincial warehouses and hospitals. CMAM assumed direct

responsibility for conducting procurement, distribution and central warehouse management in 2008. In September 2008, CMAM was officially mandated to take over from the MOH Laboratory Section the responsibility for the forecasting, procurement, and distribution of Laboratory commodities, including rapid HIV tests, reagents and consumables for clinical laboratories, including those that support HIV care and treatment.

ARVs, OI and STI drugs financed by PEPFAR and procured by the Supply Chain Management Systems (SCMS) enter the CMAM importation and distribution system and become MOH property upon arrival in Mozambique. Virtually all other donor support for ARV procurement is managed by CMAM, which ensures complete coordination of all ARV procurement for Mozambique, regardless of the source of financing.

USG support to the national ARV supply: In FY08, SCMS procured $10,138,020 worth of ARVs (representing 72% of the national ARV drug procurement and supply), with Clinton Foundation/CHAI UNITAID donating almost 100% of the pediatric needs and adult 2nd line regimens, and CMAM procuring the remainder of ARV drug needs using Global Fund and Common Fund sources. In the past, other USG treatment partners have also procured and managed ARVs; however, since FY08 SCMS is responsible for the procurement of all ARVs financed by PEPFAR in Mozambique

As of end August 2008, 115,665 patients were on ART nationally, including 8,112 children. According to official MOH data, Mozambique is still on track to achieve the 2008 total target of 132,280 in treatment on December 31, including 8,855 children. Estimated patients based on the MOH targets for end 2010 are 190,000 ART patients, of which approximately 18,000 will be children. Although the country has faced challenges in recent years with scaling up pediatric treatment, the goal is to increase pediatric treatment to at least 10% of total ART patients. With the revised WHO pediatric treatment guidelines and expanded access to DBS PCR in FY08 and FY09, USG expects to reach the national goal.

As of May 2008, 99.4% of all ART patients were on a first-line regimen, of which 83% were on d4T+3TC+NVP. Only 6.4% of patients were on an Efavirenz-based first line regimen. Given the low percentage of patients being switched to 2nd line-based regimens and the insufficient capacity for scaling up HIV viral load testing in the near future, the National Therapeutic Committee in October 2007 revised the percentage of patients switching to a 2nd line regimen downward from 2% to 1.4%. The proportion of USG funds used for generic ARVs has increased substantially. In FY08, 95% of all ARVs procured by USG through SCMS were generic.

During COP09 USG will provide $11,600,000 of funds to SCMS for the procurement of adult firstline ARVs, in line with the national ARV supply plan. This 15% decrease in USG direct support for ARVs is part of a longer-term strategy to shift costs of drug purchases to non-PEPFAR funding sources. The Clinton Foundation via UNITAID will continue to donate almost 100% of the national need for pediatric formulations through December 2010, when responsibility will go to MOH using Global Fund resources. UNITAID will also continue to donate 100% of national adult 2nd line regimens through December 2009 (last shipment to arrive in Q1 of 2010). Although PEPFAR, through SCMS, will ensure no gap in drug availability during these transitions, PEPFAR and the Government of Mozambique will continue efforts to solidify long-term drug funding through Global Fund and other donors.

The National Therapeutic Committee is responsible for ARV regimen selection based on National Treatment Guidelines and other technical resources. The selection of pediatric formulations is based on the decision taken by the MOH Pediatric committee and ART program. In September 2008, this committee decided that children under 14 kilos should be treated with pediatric specific formulations and children above 14 kilos should be treated with regular adult formulations.

Forecasting and Procurement Planning: USG through SCMS provides ongoing technical assistance and support to CMAM staff in forecasting. Quantification and forecasting for ARVs is done in a multilateral and coordinated manner with CMAM, SCMS, and Clinton Foundation. Future consumption is based on a scaling-up model using MOH-reported actual patients and MOH program goals, which were based on targets set during the Round 8 Global Fund Proposal development process. Mozambique coordinated procurement was recognized as a best practice at the USAID State Of The Art conference in Johannesburg and Implementer's conference in Kigali in 2007.

SCMS Mozambique staff provides technical assistance in the forecasting, supply planning, monitoring, ARV LMIS and management of the incoming ARV pipeline and distribution of ARVs in country. In 2007 and 2008 coordinated procurement enabled adjustments to supply plans that ensured a full supply of ARVs when the MOH was having financial management problems that prevented them from procuring these commodities on time. SCMS has worked closely with CHAI and CMAM to improve the forecasting methodology for pediatric ARVs. Forecast accuracy for adult formulations is generally high in Mozambique.

Donor Coordination: USG is an active player in the health commodities sector in Mozambique and has recently been nominated as co-chair of the Technical Working Group for Medicines (GTM), a sub-group of the SWAP Health Partners Donor Coordination mechanism. Through the GTM, USG will have an opportunity to work with other donors and the Government to leverage funding and support for implementation of critical activities to strengthen the entire supply chain system.

Current challenges: Warehousing operation and distribution: Currently, the country is facing significant warehousing and distribution challenges, for which the USG through SCMS is providing substantial technical assistance and financial support. CMAM assumed direct management of the central warehouses under challenging circumstances (inexperienced staff and inadequate physical infrastructure, processes, and systems). In FY08, SCMS supported CMAM to consolidate Maputo warehousing at an interim, rented warehouse while the MOH completed construction on a modern central warehouse being built in Zimpeto, to be completed at the end of 2008. USAID currently funds the rent for the interim warehouse through the USAID/DELIVER PROJECT. A September 2008 Warehousing and Distribution Needs Assessment conducted by SCMS has identified a series of urgent and follow-up activities to enable the new Zimpeto warehouse systems and equipment to be ready for implementation, as well as steps leading up to the preparation of a 3-5 year Pharmaceutical Logistics Master Plan, that will cover

the policy, infrastructure, supply-chain, and financial needs of CMAM that will be needed to achieve lasting improvements in HIV/AIDS commodity security.

In addition, the transportation of commodities is one of the greatest bottlenecks facing distributions, and the country is facing a funding shortage for distribution; warehouse space is filling up requiring shipments to be delayed. This situation is affecting all commodities in the country. The USG is working closely with the Government to identify a short-term solution while a plan is developed for longer-term sustainable financial management.

Procurement: Procurement capacity at CMAM is in its development stage and lacks systems for good procurement practices. CMAM procures products on an annual basis through binding contracts, which does not allow for flexibility in supply plan updating, changes in consumption, or changes in treatment regimens or the national formulary. With the current warehouse and distribution challenges, this has led to an overstock of product that expires.

LMIS: The USG through JSI/DELIVER has invested heavily in developing and implementing an Integrated Pharmaceutical Management System (SIGM) at several Provincial Warehouses. The goal of SIGM was to allow for an integrated LMIS that was linked from the Provincial Warehouses to CMAM, and is used for both HIV and non-HIV medicines. In 2008, the Situational Analysis of the SIGM followed by the Warehouse and Distribution Needs Assessment identified the need for an alternative logistics management information system that responds to the needs of today's CMAM. With the modernization of the central warehouses, and the future PLMP, a warehouse management system that supports key functionality required for modern warehouse management, such as fluid bin location and bar-coding, will need to be implemented.

Human Resources: In 2005-06, the MOH underwent a series of human resource reforms that resulted in a new team of staff at CMAM early 2006. Previously, CMAM was staffed primarily with contractors on salaries that were competitive with the private sector; throughout the MOH, however, most contract employees have been replaced with civil servants in the interest of sustainability. New staff, inexperienced in supply chain management, was assigned to all levels of CMAM in 2006-07, with new staff turnover in 2008 as some key CMAM employees with close to 2 years experience were reassigned to new areas of the MOH. During the last 2 years, the technical assistance provided by PEPFAR through SCMS has been critical to ensure availability of key HIV/AIDS commodities such as ARVs, OI and STI medicines, rapid HIV test kits and other laboratory reagents and consumables. In FY08, updated SOPs for management of ARVs, OI and STI drugs, rapid HIV tests were completed with support of SCMS, and will be rolled out nationally in 2009 with COP 08 funding.

Key activities during FY2008–FY2010

Given the significant challenges faced by the country in delivering and managing the commodities, SCMS through USG support, will provide significant technical assistance and capacity building to support the entire system. The support provided by SCMS to strengthen the MOH pharmaceuticals and medical supplies systems also complements and reinforces the efforts of the President's Malaria Initiative to ensure a reliable supply of anti-malarial drugs and test kits, as well as support for contraceptive commodities. Activities highlighted below will be initiated during late 2008, and will continue through COP09.

Pharmaceutical Logistics Master Plan (PLMP): SCMS will develop a 3-5 year PMLP to ensure that essential drugs and health commodities of approved quality will be readily available to public sector health facilities for use in the prevention, diagnosis, and treatment of priority health problems and in adequate quantities and at the lowest possible cost. The PMLP looks at the whole supply chain and the external factors influencing the quality and performance of this supply chain. This plan covers procurement, warehousing, distribution, finances, coordination and harmonization, policy and legislation, and human resource management. Many of the activities during the next few years will be guided by the results of the PLMP. USG will work with all donors through the donor coordination mechanism to garner support for the financing and implementation of this PLMP.

Warehousing Infrastructure and Management Systems: Given the weak state of CMAM's infrastructure, systems, and staff capacity, USG will focus its technical support and systems strengthening on all areas of warehouse management with the goal of establishing good warehousing practices at CMAM, tracked by key performance indicators. Additionally, USG will strengthen its technical support by placing technical advisors to work along side CMAM staff to conduct systems building and mentoring in the key technical areas of warehouse management, material handling and operations, IT systems, procurement, and process development. These advisors will be key contributors to the PLMP and drivers of its implementation. Substantial funding for COP09 has been allocated to a program of major infrastructure renovation and construction projects, which will include upgrading and extending the Beira warehouse and, (subject to study), increasing warehouse capacity in the Northern Provinces.

Distribution and Transportation: A main area of focus for the PLMP is to assess and redesign a distribution network to improve the effectiveness and efficiency of transportation of medicines, lab reagents and other medical consumables throughout the health system in Mozambique.

Procurement: USG will support the strengthening of CMAM's procurement systems with the end goal of enabling CMAM to manage procurement for all commodities in the future. SCMS will conduct an assessment of CMAM's procurement systems in early 2009 and will develop a procurement capacity building plan to support supply-chain improvements. A particular focus will be given to the overlap of procurement financing mechanisms, management of lead time, and procurement methodologies to support supply planning and good warehouse management practices.

Provincial Focus: USG will expand its current central level support to increased support at the provinces in logistics management, including funding provincial pharmaceutical and laboratory advisors through clinical partners in FY09. Additionally, SCMS will provide additional reinforcement and support to these advisors and the provincial warehouses by building the capacity of these advisors, as well as the provincial warehouse managers, and provincial health management teams to provide training, supervision, and monitoring of logistics management for HIV/AIDS commodities and other medicines.

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID:	3650.09	**Mechanism:**	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	ARV Drugs
Budget Code:	HTXD	**Program Budget Code:**	15
Activity ID:	5232.24306.09	**Planned Funds:**	$13,150,000
Activity System ID:	24306		

Activity Narrative: THIS IS A CONTINUING ACTIVITY UNDER FY09. Due to recent activities during the current funding period, however, the narrative below replaces all previous narratives.

Since FY 07, the Partnership for Supply Chain Management (SCMS) has been the lead procurement agent for the majority of HIV-related commodities for USG and USG partners, including ARVs, rapid test kits (RTKs), and medicines for opportunistic infections (OIs) and other palliative care medicines. Procurement of lab reagents and equipment was transferred to SCMS's responsibility from the Association of Public Health Laboratories (APHL) in FY 08. In addition, SCMS provides the bulk of the technical assistance to Central de Medicamentos e Aartigos Medicos (CMAM) and the MOH in logistics management, including forecasting and supply planning, procurement procedures, warehousing and distribution, and Logistics Management Information Systems (LMIS) for all essential medicines and laboratory reagents. The support provided by SCMS to strengthen the Ministry of Health (MOH) pharmaceuticals and medical supplies systems also complements and reinforces the efforts of the Presidential Malaria Initiative (PMI) to ensure a reliable supply of anti-malarial drugs and test kits. Because SCMS is co-located with the USAID/DELIVER PROJECT, there is close collaboration and synergy between both mechanisms that support logistics system strengthening of Central de Medicamentos e Artigos Médicos (CMAM).

During FY 08 SCMS has so far procured $10,138,019.97 of ARVs, accounting for 72% of the national ARV need. This amount is less than the originally approved amount, as $1,000,000 were re-programmed for the procurement of rapid test kits to cover a shortfall in that area. These funds covered the bulk of the adult first line regimen need (d4T/3TC/NVP), 95% of which were generic ARV drugs. Clinton Foundation/CHAI through UNITAID covered almost 100% of pediatric formulations and adult 2nd line regimen ARV drugs. Remaining needs were to be procured directly by CMAM using Global Fund money and Common Fund resources. Due to cash flow problems and difficulties accessing Global Fund money, however, CMAM has not been able to adhere to its ARV drug procurement commitment for the current fiscal year, requiring USG to continue to fund the majority of first line adult regimen needs of the country.

In addition, during the current funding period, SCMS has conducted several technical assistance activities, which have helped inform budget and activity planning for the next 3-5 years. This includes a situational analysis of SIGM, the current national LMIS for managing commodities between the provinces and CMAM, and a recent warehouse design and operations assessment, which highlighted key problems in the current warehouse operations. During the current fiscal year, SCMS will provide emergency support and renovations to the Beira Warehouse and significant technical assistance to the transfer from the temporary warehouse from Adil to Zimpeto.

The country is also facing challenges with distribution from CMAM to the provinces and from provinces down to the districts and sites, demonstrating a fundamental weakness in the overall supply chain system. These assessments and the current vulnerabilities in the existing supply chain system require significant technical support and long-term strategic planning for systems building.

FY 09 funds will support two components: 1) procurement of ARV drugs ($11,600,000), and 2) technical assistance ($1,550,000).

Procurement of ARV drugs:
SCMS will procure ARV drugs for X patients. This amounts to a 15% reduction from the initial FY 08 funding allocation and represents about 50% contribution to the overall national need. SCMS procured ARVs will cover first line adult regimens, and a portion of the 2nd line adult regimen needs to fill the gap in second line ARV drug needs after Clinton Foundation transitions out in FY2010. Clinton Foundation/CHAI will continue to support almost 100% of pediatric ARV needs through end of December 2010 (last shipment to arrive during Q1 of 2011), and 100% of 2nd line ARV drugs through December 2009 (last shipment to arrive during Q1 of 2010). CMAM through Global Fund money and Common Fund sources will procure the remaining ARV needs with technical assistance from SCMS.

While some USG partners have continued to receive small funding amounts for procurement of various commodities, for FY09 no additional funds have been allocated to treatment partners for procurement of commodities. This avoids duplication of funding and maximizes economies of scale and efficiencies HIV-commodity procurement.

Technical Assistance:
SCMS will continue to provide technical assistance to CMAM in forecasting and supply planning, procurement, warehousing and distribution, and LMIS for ARV drugs, RTKs, laboratory reagents, and OI, CTX, and other palliative care drugs. In addition, given the recent assessment findings and current vulnerabilities, USG is requesting greater emphasis in long-term capacity building in procurement and provincial level support.

Starting in FY08 and continuing with FY 09 funding, SCMS will conduct the following activities:

Central level Technical Assistance:

Pharmaceutical Logistics Master Plan (PLMP):
FY 08 and 09 will see the beginning of the implementation of an emergency central warehousing improvement plan that will lead into a 3-5 year Pharmaceutical Logistics Master Plan. The objective for the execution of a PLMP is to ensure that vital and essential drugs and health commodities of approved quality will be readily available to public sector health facilities, for use in the prevention, diagnosis, and treatment of priority health problems, in adequate quantities and at the lowest possible cost. The PLMP looks at the whole supply chain and the external factors influencing the quality and performance of this supply chain. This includes areas as procurement, warehousing, distribution but also finances, coordination & harmonization, policy and legislation and human resource management. USG and SCMS will engage other donors and stakeholders to leverage support for its development and implementation.

Activity Narrative: The PLMP will be the overall guiding strategy for the following activities:

- Forecasting and supply planning: SCMS will continue to provide technical assistance in the area of supply planning and forecasting. SCMS will strengthen its efforts to provide training and TA to a larger number of CMAM staff and other relevant technical people participating in the forecasting process, including a forecasting/quantification training in Maputo by quantification experts. SCMS will provide specific training in forecasting of laboratory reagents to CMAM as this is a new area of management for the organization, as well as improved forecasting for OI and palliative are drugs.
- Procurement: An overall goal of USG is that CMAM has the capacity to manage procurement of public health commodities for the country, including establishing adequate supplier relations, managing lead time, and following good procurement practices. SCMS will assess CMAM's procurement systems in early 2009, and developing a procurement capacity building plan to support supply-chain improvements. A particular focus will be given to the overlap of procurement financing mechanisms, management of lead time, and procurement methodologies to support supply planning and good warehouse management practices, such as flexible contracting. With FY 09 funds, SCMS will continue to support these procurement strengthening activities.

- Human Resources: SCMS will support CMAM to strengthen its human resource capacity, by conducting an HR skills assessment to identify the current strengths and weaknesses in the current staffing. In addition, SCMS will identify staffing requirements, job descriptions and criteria for all levels of CMAM, such as staff for managing the central warehouse and procurement staff.

- Warehousing Infrastructure and Management Systems: Given the weak state of CMAM's infrastructure, systems, and staff capacity, SCMS technical assistance will include focus on all areas of warehouse management with the goal of establishing good warehousing practices at CMAM as tracked by key performance indicators. A new SCMS strategy is the placing of technical advisors to work along side CMAM staff to conduct systems building and mentoring in the key technical areas of warehouse management, material handling and operations, IT systems, procurement, process development, while directly contributing to achieve improved performance. These advisors will be key contributors to the PLMP and drivers of its implementation. An important focus will be the continued support to the transfer and management of operations from Adil, the current temporary central warehouse to Zimpeto, a state-of-the art warehouse that is in its final stages of completion.

- Pharmaceutical logistics information systems: SCMS has implemented the Integrated Pharmaceutical Management System (SIGM) at the Maputo, Zambézia, and Sofala, Cabo Delgado and Niassa Provincial Warehouses. In FY 08, SCMS supported CMAM to re-implement the SIGM at the Central Warehouses. This was needed following the transfer of management mandate to CMAM, and the Maputo stocks consolidation move to the temporary central warehouse. The Situational Analysis of the SIGM followed by the Warehouse and Distribution Needs Assessment identified the need for an alternative logistics management information system that responds to the needs of today's CMAM. With the modernization of the central warehouses, and the future PLMP, a warehouse management system such as MACS (XXXXX) that supports key functionality required for modern warehouse management, such as fluid bin location and bar-coding, will need to be implemented.

- Distribution and Transportation: Transportation is one of the greatest bottlenecks facing distribution from Central to Province and within the provinces. A main area of focus for the PLMP is to assess and redesign a distribution network to improve the effectiveness and efficiency of transportation of medicines, lab reagents and other medical consumables throughout the health system in Mozambique.

- Monitoring and Evaluation/Key Performance Indicators: SCMS will assist CMAM to develop a monitoring and evaluation plan including classic supply chain key performance indicators (KPIs). To measure improvements in the supply chain delivering ARVs, RTKs, OIs STIs, and lab reagents and consummables, a nationally representative facility-based stock availability indicator survey will be conducted as a baseline. Follow up surveys will be conducted during PLMP implementation.

Provincial-level support
Along with USG's overall strategy to support the decentralization of activities, SCMS will expand its existing central level support to support the work of provincial pharmaceutical and laboratory advisors funded by USG under the treatment partners. Specific activities for supporting the provincial level warehouses and distribution will depend largely on the result of the PLMP that has not yet been developed. SCMS will serve as a resource for the orientation and capacity building of these staff. These provincial advisors will participate in all national logistics systems building activities implemented by SCMS, such as training of trainers for rollout of LMIS SOPs for ARVs, Via Classica, RTKs, and clinical Lab reagents and consumables. SCMS will work closely with these advisors to strengthen the ability of the provincial health management teams to provide training, supervision, and monitoring of logistics management of key HIV/AIDS medicines, reagents, and consummables. In addition, CMAM conducts routine supervision and monitoring visits to provincial warehouses. SCMS will support CMAM's efforts in supervision and monitoring of these warehouses in collaboration with Provincial Advisors.

Coordination, Support and Information Sharing with USG and USG partners:

SCMS will continue to organize 3-4 ½ day Coordination and Information Sharing Forums for PEPFAR Agencies and Implementing Partners with the objective of sharing progress on supply chain improvements, issues requiring coordination, and HIV/AIDS commodity security information. They will also continue to provide important updates to partners and USG as they arise, and participate or organize ad-hoc meetings to discuss emergent problems or topics of USG and USG partner interest.

SCMS Mozambique Office in Maputo:

SCMS expatriate staff will include a Lead Resident Advisor (Country Director, shared with USAID/DELIVER

Activity Narrative: PROJECT), a Deputy Director for Commodity Security, a Senior HIV/AIDS Advisor, a Laboratory Logistics Advisor, and a Procurement Manager. From 4-5 technical advisors in warehousing, distribution, and procurement will be placed at CMAM for 2-3 years, beginning in FY 09 to build systems in these functional supply chain areas. A number of other technical staff, primarily Mozambicans, with specific capacity in IT, information systems, warehousing, and forecasting, supply planning, supply chain monitoring, training and capacity building in key HIV/AIDS commodity areas will work for SCMS supporting either PEPFAR procurement or technical assistance to build the CMAM systems. SCMS technical staff will be supported by a Finance and Administration Team shared with the USAID|DELIVER PROJECT. SCMS Mozambique managerial and technical backstopping will be provided by a Country Program Manager, a Program Coordinator, LMIS and Lab technical advisors at SCMS in Washington, and Financial and Administrative backstopping provided through JSI/Washington.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14557

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14557	5232.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6868	3650.08	Supply Chain Management System	$21,017,161
9117	5232.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5045	3650.07	Supply Chain Management System	$14,204,518
5232	5232.06	U.S. Agency for International Development	Partnership for Supply Chain Management	3650	3650.06	Supply Chain Management System	$7,800,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $700,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3529.09

Mechanism: GHAI_CDC_POST

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 15691.24450.09

Planned Funds: $95,290

Activity System ID: 24450

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Funding in this activity supports the partial salaries and benefits for the ART site support assistants (2); who work within the treatment team to Support care and treatment scale-up at site level--this involves frequent travel and close linkages with staff from partner organizations in the field as well as support activities to improve quality of treatment scale-up (e.g. HIVQUAL)

New/Continuing Activity: Continuing Activity

Continuing Activity: 15691

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15691	15691.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$6,940

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3526.09 **Mechanism:** GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** ARV Drugs

Budget Code: HTXD **Program Budget Code:** 15

Activity ID: 8621.24434.09 **Planned Funds:** $128,232

Activity System ID: 24434

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Funding in this activity supports the partial salaries and benefits for two positions: The senior treatment Coordinator and the ART site Coordinator.
The Senior treatment coordinator: Is responsible for USG-supported HIV treatment scale-up, chairs the USG Interagency Treatment Working Group, is the main liaison with SCMS (Supply Chain Mgmt. System) for ARV drug related issues, oversees COP planning related to HIV treatment activities, provides technical leadership to MOH, USG and partners on treatment issues and supervises the Pediatric Treatment position (to be recruited)

The ART site coordinator: Works to support all aspects of care and treatment scale-up at site level, this involves frequent travel and close linkages with staff from partner organizations in the field including supporting activities to improve quality of treatment scale-up (e.g. HIVQUAL). The position holder is responsible to coordinate monthly USG Treatment Partner's Meeting; oversees all USG-funded renovation and construction activities and supervises the ART site assistant

New/Continuing Activity: Continuing Activity

Continuing Activity: 12937

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12937	8621.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$116,307
8621	8621.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	$49,948

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3685.09
Mechanism: USAID-USAID-GHAI-Local
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: ARV Drugs
Budget Code: HTXD
Program Budget Code: 15
Activity ID: 26499.09
Planned Funds: $168,000
Activity System ID: 26499
Activity Narrative: THIS IS A NEW ACTIVITY

FY 09 funds will support salaries for an offshore USPSC Senior Pharmaceutical Logistics Advisor and a local FSN Logistics Manager. these are existing positions. These staff are funded to provide almost 100% of their time to managing pharmaceutical logistics activities. Activities include the management of SCMS and monitoring of SCMS activities in collaboration with other USG agencies, providing strategic planning and guidance to SCMS and USG in line with USG and GOM priorities, coordinating and planning with relevant CDC counterparts and other USG agency counterparts, providing technical assistance to CMAM and other stakeholders, coordinating with SWAP donors, coordinating meetings between SCMS and relevant partners, and informing USG agencies and their partners of all pharmaceutical related developments.

New/Continuing Activity: New Activity
Continuing Activity:

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: $11,230,166

Program Area Narrative:

The tiered public health laboratory network in Mozambique is organized into 4 levels: Quaternary (Central Hospitals), Tertiary (Provincial Hospitals), Secondary (District, General, and Rural Hospitals), and Primary (Health Clinics). The National Directorate of Medical Assistance oversees the Clinical Laboratory section, which coordinates the activities of the clinical labs in general. The laboratory network currently consists of 254 laboratories (3 Central, 7 Provincial, 35 District/Rural/General Hospitals (Hsp), and 209 Health Clinic Labs). Additionally, there are three Military Hsp Laboratories, under the oversight of the Ministry of Defense, and three National Reference Laboratories: Immunology and Virology, Malaria, and Tuberculosis. National Reference Laboratories for Immunology and Virology and Malaria fall under the National Institute of Health Directorate and the National Tuberculosis Reference Laboratory falls under the National TB Program. To date, the USG provides support to 30 clinical labs (3 Central Hsp Labs, 7 Provincial Hsp Labs, 15 District/Rural/General Hsp Labs, 3 Health Center Labs, 2 Military Hsp Labs) and 2 National Reference Labs (Immunology and Virology and TB).

Challenges: The public health laboratory system in Mozambique continues to face multiple challenges, the most critical of which is the shortage of qualified personnel to staff and manage the laboratory network. Furthermore, the ability to recruit and retain young and promising individuals to the public health sector is threatened by low salaries and lack of career development opportunities. A second critical challenge to ongoing access to quality laboratory testing services is a weak, understaffed, and underfunded system for forecasting, procuring, and distributing laboratory reagents and commodities. Other challenges include: deficient physical infrastructure; sub-optimal coordination between laboratory and clinical services; absence of National Laboratory Quality Assurance Program; absence of expertise in laboratory equipment maintenance and repair; and absence of policies and processes for decentralization of laboratory services to support the ongoing decentralization and integration of clinical services into primary health care. A third critical challenge to the National Public Health System is the fragmented nature of management and oversight of public health functions as well as the lack of co-location and unsafe working conditions for the nation's Public Health Reference Laboratories. The majority of the country's reference laboratories are located within the MoH administrative building, which is inadequate for housing laboratories and lacks appropriate barriers and biosafety features to protect the laboratorians as well as others working in the building. Recent discussions between USG and International Association for National Public Health Institutes (IANPHI) focused on how best to work together with the MOH to develop a National Public Health Strategic Plan that includes construction of a National Public Health Institute that would co-locate all functions of public health including all National Reference Laboratories. Following a recent assessment by IANPHI, the MOH developed a National Public Health Strategic Plan and asked for USG assistance in planning and constructing this new facility.

Policy: An August 2007 MOH-approved National Strategic Plan for Laboratory focuses on the clinical laboratory network. Subsequently, an effort led by WHO was undertaken to draft a new national strategic plan for laboratory, which integrated clinical and public health laboratory functions. MOH, however, has not decided whether this new plan will supersede the existing plan. Primary objectives of the currently approved Strategic Plan include:
1) To improve capacity and access to testing services by strengthening the organizational structure of lab services; implementing a hierarchical system for testing; reinforcing and standardizing equipment; putting in place staff development programs; and

promoting research.
2) To increase the quality of lab services by establishing a quality management system; strengthening information management; and establishing a biosafety program with necessary policies, resources, and training.
3) To increase the cost-effectiveness of lab services through strengthening the system for forecasting, procurement, warehousing, and distribution of lab commodities and building local capacity to maintain and repair laboratory equipment.

The USG team seeks to support the MOH to improve and expand the clinical laboratory capacity for the provision of quality diagnostic services to support HIV prevention, care and treatment through implementation of the National Strategic Plan for Laboratory. As defined in the Plan, USG-supported partners are improving laboratory and warehouse physical infrastructure; procuring lab equipment and commodities; strengthening logistic systems at Central Level; building human capacity through technical assistance, mentoring and training; and assuring quality lab services through implementation and support of a National Quality Assurance Program. In FY09, clinical partners will add Laboratory Technical Advisors to their programs. As these advisors will be distributed across all 11 Provinces in Mozambique, they represent a network of technical experts to create a link between site level and central level lab capacity building. It is expected that monitoring and evaluation of USG-supported investments in the area of lab will be improved and gaps in human, material, and technical capacity will be rapidly identified and addressed. Technical Lab Advisors will work closely with their Provincial Government counterparts to foster increased ownership and oversight of laboratory supervision and management.

Donor Coordination: PEPFAR support to MOH in the area of laboratory is coordinated with support from other donors including: the World Bank and AXIOS/Abbott for HIV test kit procurement; Global Fund for equipment and general lab commodity procurement; Clinton Foundation and UNITAID for technical assistance, equipment, and reagent procurement for Early Infant Diagnosis and pediatric CD4 testing; Sant' Egidio Community, the Irish Cooperation and the Italian Cooperation for equipment, reagents, and technical assistance; President's Malaria Initiative (PMI) for logistics strengthening of rapid diagnostic tests; and USAID, through the TB-Country Assistance Program (TB-CAP) for TB laboratory diagnostic strengthening.

Additionally, USG worked with the IANPHI and the Mozambique National Institute of Health (INS) to outline the structure and functions of the new public health institute and develop a five-year strategic plan, timeline, and summary of the roles and responsibilities needed to accomplish the project.

Accomplishments and FY09 Priorities: USG-funded achievements to date and FY09 plans include:
1) Physical Infrastructure Improvements. To date, renovations of 3 referral laboratories situated at Mavalane General Hsp (in Maputo City), Quelimane Provincial Hsp, Xai-Xai Provincial Hsp and 12 district and health center laboratories have been completed. Renovations at 2 Central Hsp Laboratories in the north and central regions of the country are currently underway. Infrastructure improvements and equipment placement are currently underway in training laboratories at 2 Provincial Health Science Institutes (Nampula and Zambezia Provinces). Physical infrastructure improvements will continue in FY09 through a new mechanism, whereby, funding for physical infrastructure will be consolidated and awarded through a competitive Funding Opportunity Announcement process to one or more partners with construction expertise. In FY09, funds from the consolidated Infrastructure Budget will be used to support the planning and design of a National Public Health Institute. The MOH has identified property for the facility and roles and responsibilities of the various units that will occupy the facility are being developed. Collaboration with other donors to leverage the necessary funds to complete the construction of this new facility will continue.
2) Equipment and reagents. By end of FY08, USG supported CD4 testing in 26 labs; biochemistry in 20 labs; and hematology in 18 labs, resulting in 250,000 CD4 tests and 800,000 biochemistry and hematology tests performed. By end of FY09, as physical infrastructure projects are completed and additional equipment is placed, these numbers are expected to increase to 350,000 for CD4 and 1,100,000 for biochemistry and hematology. Further expansion of testing capacity will be reduced in FY09 as the emphasis shifts to improving quality of testing at existing sites and maximizing existing capacity by strengthening specimen referral systems. Transition of equipment and reagent support to Supply Chain Management System was completed in FY08 and implementation of a laboratory inventory management system (LIMS; paper-based) was initiated. In FY09, TA to MOH to strengthen procurement and logistics systems at Central Level will be expanded to include laboratory commodities. Support with be coordinated with the President's Malaria Initiative to strengthen logistics system for rapid tests.
3) DNA PCR for Early Infant Diagnosis (EID). In FY08, 15,000 DNA PCR tests for EID were performed to support the pediatric treatment program in all 11 Provinces. A second DNA PCR lab for EID was opened in October 2008 in the northern region of the country (Nampula; supported by Clinton Foundation with plans to transition to USG support). FY09 funds will support a third laboratory in the central region of the country, bringing national EID capacity to 4,000 tests/month by end of FY09. TA to support and strengthen specimen transport will continue in FY09.
4) External Quality Assurance (EQA). Through USG support, EQA programs have been established for CD4, HIV serology, and DNA PCR. All 26 USG-supported CD4 testing labs participate in EQA. The number of sites participating in EQA for HIV serology increased from 80 to 129 in FY08. These sites include clinical labs, blood banks, VCT and PMTCT sites. INS participates in EQA program for EID through International Lab Branch, CDC-Atlanta and facilitates the participation of the Nampula DNA PCR lab in this program. FY09 funding will support EQA for all new CD4 and EID testing sites within the MOH laboratory network; further expansion of HIV serology EQA through decentralization of the program to Provincial Level; and establishment of an EQA program for Biochemistry and Hematology.
5) Laboratory Information System. At end of FY08, electronic laboratory information systems (eLIS) have been implemented in 4 sites, including Mavalane General Hsp, Quelimane and Xai-Xai Provincial Hsps, and the INS. In FY09, USG funds will support installation of eLIS systems in 2 additional sites, as well as expansion and customization of existing eLIS systems to accommodate addition tests, laboratory inventory management, and specimen tracking needs. FY08 funds supported revision of the paper-based laboratory information system to promote standardization across laboratories and reporting of data necessary to monitor laboratory performance at both site level and Central level; FY2009 funds will support implementation and evaluation of the paper-based LIS.
6) Human capacity building. To address the critical shortage in qualified laboratory personnel, several approaches to human capacity building have been implemented. USG funding via South-to-South collaboration has included upgrading of technical skills for existing lab technicians through on-site laboratory mentoring and technical training in Brazil. These programs will

continue through South-to-South partnership in FY09 and will include assessment of impact of investments to meet the human resource needs of the lab network. A second strategy is to capacitate Biologists working in the MoH system to staff clinical laboratories and serve as focal points for quality assurance and biosafety. This activity will extend into FY09 and follow up assessment of performance of Biologists will be conducted. Various in-service trainings (refresher and first time courses) will continue as in previous years to expand and strengthen technical as well as management capacity of technicians within the MoH system. Microbiology capacity building through on-site lab mentorship will continue in Central Hsps and include development of mechanisms and strategies to expand microbiology testing capacity to lower level labs through Central Level staff who have worked closely with mentors and have gained the skills to facilitate trainings for Provincial and District level staff.
7) Strengthening of Central Level Laboratory Section, MoH. At the request of the MOH and in accordance with the National Strategic Plan, FY09 USG funds will support the development of the Central Level Lab Section Head and staff to organize, implement, and monitor Quality Assurance of the Laboratory Network. To date, there is no National Quality Assurance Program for Laboratory and no one within MOH with the skills and knowledge to implement and manage such a program. This program will bring together the current test-specific EQA programs; organize and oversee integrated site supervision; coordinate initial and follow-up training; and manage the process of lab accreditation across the network.

Sustainability: USG supported activities for FY09 are intended to build upon previous years' accomplishments with an intentional focus on human capacity building, both technical and managerial, and sustainability through infrastructure and systems strengthening. All activities implemented by PEPFAR funded lab partners will be planned in collaboration with MOH counterparts and strive to transition ownership, responsibility, and oversight of programs and activities to Mozambicans. USG-funded partners will continue to use the MOH approved National Strategic Plan for Laboratory to guide activities and investments and will continue to encourage and support the MoH to implement their Plan and monitor their progress towards accomplishing the goals and objectives therein.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	6128.09	**Mechanism:**	FURJ
Prime Partner:	Federal University of Rio De Janeiro	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Budget Code:**	16
Activity ID:	12276.25609.09	**Planned Funds:**	$0
Activity System ID:	25609		

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 - NO NEW FUNDING IN FY09

April08 Reprogramming Change: Increase in funding by $50,000 for training.

Federal Universityof Rio De Janeiro will provide long term training in Brazil to a clincial pathologist from Mozambique. It is expected that the Mozambician pathologist will be able to draw on experiences and resources obtained while in Brazil to strengthen and reinforce the national lab services in Mozambique.

Continuing activity: This activity has several different components of continuing and new activities with emphasis on in-service and pre-service training. The Federal University of Rio de Janeiro is supporting the Ministry of health in its efforts to build the capacity of Laboratory technicians within the lab network. With FY08 funds, FURJ will implement the following activities.

1 - Continuation of technical training for Mozambican Lab Technicians in Brazil. This training will provide a four month technical/practical training in immunology, biochemistry, hematology,as well as laboratory and quality management training for 15 (superior and medium level) Mozambican Lab technicians in Brazil.

2 - Continuation of TA for the PT program. FURJ will continue to support the National Institute of Health Immunology lab (NIH) to maintain and expand the national proficiency testing program for HIV serology to include sending out of dry plasma spots for remote laboratories performing HIV rapid tests and to introduce a PT program for HBsAg TA. In addition TA will also be provided to the NIH to in its efforts to become the MOH reference laboratory for serology in the country.

3 - Continuation of TA for the implementation of Quality Systems and a Bio-safety program at the NIH. This will include supervision visits to maintain both programs.

4 – Continuation of the In Country Project Manager (ICPM). One Brazilian laboratory professional will be stationed in Mozambique as the ICPM and a second recruited. They responsibilities will include: preparation of training courses and technical material for lab staff, supervision visits to laboratories, as well as planning of continued education activities for lab network. They will also ensure collaboration between FURJ/FUJB, CDC-Mozambique and the MOH.

5 - Continuation of Mentorship training program in laboratories performing CD4 lymphocyte count by flow cytometry, biochemical and hematological tests. Three trainings for a period of 9 months will be conducted with 25 people trained and laboratories that received this training in FY2008 will receive supervision visits to support the maintenance of good laboratory practice.

6 - To provide two faculty to teach courses for the superior level laboratory technicians, for a period of one year. The aim of this activity is to assist the MOH increase the critical mass of well trained professionals. Teachers will follow curriculum developed by the MOH and Mozambican teaching institutions and 30 people will be trained.

7 – Conduct a workshop to promote collaboration between clinicians and laboratorians.

8 - Provide TA to the TB reference laboratories in Mozambique to implement TB culture diagnostics and DST in the regional labs in Beira, Maputo and Nampula.

9- Support a position within the MOH Laboratory section, to build capacity of the department in strategic program planning and implementation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13216

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13216	12276.08	HHS/Centers for Disease Control & Prevention	Federal University of Rio De Janeiro	6416	6128.08	FURJ	$2,598,000
12276	12276.07	HHS/Centers for Disease Control & Prevention	Federal University of Rio De Janeiro	6128	6128.07	FURJ	$1,400,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3529.09 **Mechanism:** GHAI_CDC_POST

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 15692.24453.09

Planned Funds: $96,402

Activity System ID: 24453

Activity Narrative: THIS IS A CONTINUING ACTIVITY:

This activity will partially fund the salary and benefits package for the Lab Technical Assistant (50%) and two approved but yet to be filled positions which are: the ART Site Assistant I (20%), the Art Site Support Assistant II (20%).

CDC - GHAI-Local-Salary Distribution

This activity will also fund travel of CDC and MoH staff in the Laboratory Section to participate in site visits and attend scientific conferences.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15692

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15692	15692.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$49,143

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3526.09

Mechanism: GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 5268.24437.09

Planned Funds: $183,687

Activity System ID: 24437

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Funding in this activity will be used to pay partial salary and benefits packages for the Treatment and Lab Monitoring and Evaluation Officer (50%) and the full salary and benefits package of the Sr. Laboratory Specialist. Each of these positions provides significant support to the Laboratory Infrastructure program, one of the key PEPFAR programs.

CDC - GHAI-HQ-Salary Distribution: Senior laboratorian (100%)

CDC - GHAI-HQ-Contract Distribution: Treatment /lab M and E officer (50%)

New/Continuing Activity: Continuing Activity

Continuing Activity: 12939

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12939	5268.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$240,942
8623	5268.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	$201,275
5268	5268.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHAI_CDC_HQ	$40,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3650.09

Mechanism: Supply Chain Management System

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 9254.24307.09

Planned Funds: $6,301,000

Activity System ID: 24307

Activity Narrative: April09 Reprogramming: Increased $2,345,976.

THIS IS A CONTINUING ACTIVITY FROM under COP09.

The narrative has been replaced.

This activity is linked to activities implemented by APHL, ASM, MoH, and Brazilian TBD partner.

Since FY 07, SCMS has been the lead procurement agent for the majority of HIV-related commodities for USG and USG partners, including ARVs, rapid test kits (RTKs), and OI and other palliative care medicines. In July 2008, the responsibility for the procurement of PEPFAR funded CD4 reagents transitioned from APHL to SCMS. Hematology and biochemistry reagents transitioned to SCMS in October of 2008. SCMS will continue to work with APHL to ensure the transition continues to go smoothly. APHL will continue to provide technical assitance and advice to SCMS regarding site readiness, prior to equipment installation and will advise on types of equipment appropriate for placement in a given laboratory. Furthermore, SCMS will work with APHL to incorporate logistics and lab inventory management components into Lab Management Workshops to be conducted by APHL, such that trainees will benefit from from both partners' areas of expertise. SCMS also provides technical assistance to the Center for Medicines and Medical Supplies (CMAM) and the MOH in logistics management, including forecasting and supply planning, procurement procedures, warehousing and distribution, and LMIS for all essential medicines and laboratory reagents. The CMAM-managed supply chain is a fully integrated system, which handles the essential drugs program, in addition to all consumable commodities for all priority programs, including HIV, TB, and Malaria. All of the activities are related to increasing the ability of MOH staff at all levels to collect and use information for decision-making and will contribute directly to improving the availability of drugs and related medical supplies.

Two components are included under this activity: 1) procurement of lab reagents, supplies and equipment ($3,554,024; and 2) technical assistance to CMAM and Provinces ($400,000).

Procurement of laboratory reagents, consummables and equipment

SCMS will procure and deliver CD4, hematology, and biochemistry instruments, reagents and associated consumables to support the testing at PEPFAR supported sites. Instrument maintenance and servicing contracts for PEPFAR supported instruments will be managed as well. SCMS will procure equipment and reagents for new laboratories as the PEPFAR supported laboratory network expands, as determined by the MoH and PEPFAR. By end of FY2008, USG supports CD4 testing in 26 labs; biochemistry in 20 labs; and hematology in 18 labs, resulting in 250,000 CD4 tests and 800,000 biochemistry and hematology tests performed. By end of FY2009, as physical infrastructure projects are completed and additional equipment is placed, these numbers are expected to increase to 350,000 for CD4 and 1,100,000 for biochemistry and hematology. Further expansion of testing capacity will be reduced in FY2009 as the emphasis shifts to systems strengthing and quality improvement.

Technical Assistance

As part of the PEPFAR reagents procurement activity, SCMS designed a paper-based laboratory LMIS and a distribution management tool which is being piloted in the PEPFAR supported network, and which will be assessed for rollout to the national clinical laboratory network. The LMIS will provide consumables consumption, stock and hand, and losses data to inform forecasting, procurement, and resupply decisions, and enable the collection and reporting of key performance indicators, such as data on stockouts. An equipment maintenance log will enable tracking of equipment down time, reason for equipment failure, and resolution of the problem. SCMS will maintain a updated database listing equipment inventory and contractual status by site. The pilot phase will be monitored through two logistics supervision site visits to each laboratory per year.

With the transition of laboratory commodity logistics responsibilities to CMAM, SCMS will provide technical assistance to CMAM to support them with this additional mandate expansion. Laboratory commodities will be included in the 3-5 year PLMP, and as such, key steps in the prioritization, harmonization, and standardization of the testing and methods will be included. SCMS technical assistance will aim to improve information flow, availability and quality of essential logistics data for decision making, and best practice logistics management for laboratory reagents by:
- Implementing a national LMIS for Lab reagents and consumables, managed by CMAM, to enable tracking and monitoring of real consumption, to inform more accurate forecasting, procurement and distribution to provinces and individual laboratories, based on consumption data, and resulting in fewer stockouts.
- Collaborating with other partners in the training of provincial laboratory technical advisors and laboratorians to support LMIS implementation, supervision, and institutionalization
- Support the integration of laboratory reagents and consumables into the warehouse management and inventory control system to be implemented in Zimpeto and Beira.

New/Continuing Activity: Continuing Activity

Continuing Activity: 14558

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14558	9254.08	U.S. Agency for International Development	Partnership for Supply Chain Management	6868	3650.08	Supply Chain Management System	$2,530,000
9254	9254.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5045	3650.07	Supply Chain Management System	$914,709

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3574.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Budget Code: 16
Activity ID: 23771.09
Planned Funds: $85,000
Activity System ID: 23771

Activity Narrative: THIS IS A NEW ACTIVITY

In FY06 EGPAF started support to MOH in Mozambique for the expansion of HIV Care and Treatment services. In FY06, EGPAF implemented care and treatment services in two Provinces (Nampula and Gaza) and eight districts where EGPAF was already supporting PMTCT services, helping MOH to increase access to quality HIV care and treatment (C&T) services for HIV positive patients. In FY07, EGPAF increased its support to four Provinces and 17 districts while in FY08, the expansion considered the same 4 Provinces but 24 districts. As of June 2008, EGPAF has assisted the MOH to provide access to C&T services to 32,391 patients, including 2,011 children. From these, 10,408 initiated ART including 629 children.

Laboratory services are an integral service component to support optimal care and treatment to HIV patients. As other USG partners supported laboratory services for HIV care and treatment, EGPAFs main activity has been to assess adequacy of laboratory sites and adjusting working environment to optimize laboratory services and practices in some key districts within available resources. This has included laboratory renovations in some districts to ensure that laboratory infrastructure was such that new equipment, provided by APHL, could be placed.

There are important challenges in providing quality laboratory services that are essential to proividing quality HIV care. Biochemistry and hematology equipment is not avilable in all districts and CD4 equipment so far has only been availabe in the provincial capital. Therefore, EGPAF has supported districts in transporting of specimens when necessary. This shall be reduced once districts have been provided with hematology and biochemistry analyzers and also CD4 equipment is placed in additional sites within the province.

EGPAF has supported MOH in its efforts to roll- out DBS PCR program for Early Infant Diagnosis (EID) by facilitating initial trainings, providing supervision at site level and contributing to the EID working group.

During the second half of FY08, to reinforce capacities and practices of laboratory staff and improve the laboratory environment, EGPAF in partnership with Federal University of Rio de Janeiro (FURJ) will be supporting a mentorship program initially in Cabo Delgado Province. This laboratory mentoring program will cover first the provincial laboratory then include two key districts over an initial period of nine months.

ACTIVITIES AND EXPECTED RESULTS
EGPAF will recruit a Technical Advisor for Laboratory Services to be placed at the DPS in the EGPAF lead provinces. This Laboratory Technical Advisor will build capacities at Provincial and district levels, identifying logistic and organizational challenges, analyzing existing systems and procedures, defining priorities and proposing sustainable solutions and improvements, in collaboration with EGPAF teams or other implementing partners in the Province. The laboratory advisor will support training at site level, on the job training of laboratory staff, as well as formal classroom training, including pre-service training as relevant.

The laboratory advisor will build the capacity of the Provincial laboratory counterpart, contribute to his professional development, and improve coordination with different partners, donors and authorities. His work shall be integrated with on-going laboratory activities within the province, specifically regarding the EGPAF-FURJ laboratory mentoring program in the EGPAF lead provinces. The provincial Laboratory Technical Advisor will make significant contributions to improve the quality of laboratory services in the province where he will be posted.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3570.09
Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Budget Code: 16
Activity ID: 8581.23793.09
Planned Funds: $50,000
Activity System ID: 23793

Activity Narrative: THIS IS A CONTINUING ACTIVITY:

This activity is related to lab capacity building activites implemented by APHL, ASM, ASCP, SCMS, and Brazilian partner (TBD).

To expand and improve laboratory services in Mozambique the Ministry of Health is in the process of establishing central level structures to manage the lab network and therefore improve the quality of laboratory services. One of the new positions will include a Quality Assurance Officer with oversight over the implementation of a National Quality Management System.

Funds requested for FY09 will be used to implement and manage the National Laboratory Quality Management System. The funds will support site supervision and training visits to all provinces for a period of one week. The Quality Assurance officer accompanied by his provincial counterpart will visit the provincial hospitals and selected district hospitals; conduct assessments of the quality systems and make recommendations for corrective action where required. These visits are aimed at ensuring compliance to the quality standards developed for the Network. In addition, funds will be allocated for the production of materials required in the implementation of the Quality Assurance Program.

These efforts are expected to result in maintenance of good laboratory practice within the labs in the network in line with set standards which will ensure that laboratories will produce accurate, reliable and reproducible results which will in turn contribute to improved management of patients on or that are to initiate ART.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13196

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13196	8581.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6408	3570.08	Cooperative Agreement	$480,000
8581	8581.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	$604,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 6127.09

Mechanism: CDC-Vanderbilt CoAg

Prime Partner: Vanderbilt University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 23633.09

Planned Funds: $170,000

Activity System ID: 23633

Activity Narrative: THIS IS A NEW ACTIVITY

Position 1:
Title: Provincial Lab Advisor to DPS-Zambezia
Local: Zambezia Province

The MOH has requested that USG Partners support 4 technical advisor positions within the Provincial Directorate for Health Offices (DPS) in each of the 11 Provinces. One of these technical advisors is a Laboratory Technical Advisor. As lead Clinical Partner in Zambezia Province, Vanderbilt will support salary and benefits for the Zambezia Provincial lab technical advisor. The Provincial Lab Technical Advisor will report directly to the DPS and will oversee laboratory activities across the Province. The Provincial level Lab Tech Advisor will create a link between the central level Laboratory Section and the Province to facilitate communication and information flow and to implement policies and practices established by central level MOH. The Advisor will work with implementing partners, DPS, and other donors to strengthen laboratory commodity logistics, quality assurance, monitoring and evaluation of lab services, and human capacity development.

Position 2:

Title: Lab Advisor for Treatment Partner
Local: Zambezia Province

The laboratory Technical Advisor based at the Vanderbilt National Office level will be responsible for overseeing the laboratory component of the PMTCT and Care and Treatment Program within Vanderbilt supported districts and supporting Vanderbilt staff in providing supervision of laboratory services within the program. In addition, (s)he will function as a counterpart for the Laboratory Technical Advisor based in DPS of Zambezia.

The Laboratory Advisor will liaise and coordinate activities related to laboratory services with NGO's and partners assisting the MOH in laboratory issues such as Clinton Foundation, SCMS, and APHL. The Laboratory Advisor will identify weaknesses in laboratory processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at national, provincial and district levels. (S)He will give specific attention to realities and problems emanating from field level, communicate needs and priorities identified and channel solutions to adequate forum and authorities.

The work of the laboratory advisor shall be integrated with on-going or new MOH national and provincial laboratory activities and policies. (S)He shall also respond to priorities identified by the Vanderbilt team or other direct implementers in the Province. Overall, the Venderbilt Laboratory Technical Advisor will improve laboratory services as a crucial component of quality care in the supported province.

Estimated Budget: $170,000.00 ($85,000 per position)

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $85,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3576.09 **Mechanism:** Technical Assistance

Prime Partner: Association of Public Health Laboratories

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 5184.23645.09

Planned Funds: $1,732,053

Activity System ID: 23645

Activity Narrative: THIS IS A CONTINUING ACTIVITY. This activity is linked to lab capacity building activities implemented by ASM, ASCP, SCMS, MoH, and TBD South to South partner.

The Association for Public Health Laboratories has been supporting the Ministry of Health's (MoH) objective to build human capacity to support expansion of laboratory services in Mozambique through implementation of the National Strategic Plan for Laboratory. With PEPFAR support, APHL has been instrumental in establishing and expanding the CD4 Network to increase access to diagnostic testing for all patients on ART. To date, all 11 provinces in Mozambique have CD4 capacity and all have received PEPFAR support to initiate and maintain this testing service. In collaboration with the National Immunology Reference Laboratory (INS), APHL has supported the EQA program for CD4 testing across the entire network, including support of site supervision conducted by INS staff. APHL support to INS has also enabled INS to take the lead in the development and dissemination of CD4 testing SOPs and of both basic and advanced CD4 training of MoH staff conducting CD4 testing across the network. In addition, APHL has assisted in procurement of equipment, supplies and reagents (including internal quality controls) for clinical chemistry and hematology. In collaboration with MoH and PEPFAR treatment partners, APHL supports technical training for biochemistry and hematology, initial and refresher trainings, as well as dissemination of SOPs to perform these tests. However, to date, there is no EQA program for these tests.

With PEPFAR funds, APHL has played an integral role in provision of technical assistance, to MoH and Implementing Partners, for the physical infrastructure design of reference, clinical and training laboratories. APHL has provided guidance on appropriate equipment for placement and has conducted site assessments prior to placement of PEPFAR procured laboratory equipment in either clinical or training laboratories.

APHL has played a lead role in laboratory training activities in Mozambique. They have served as the lead implementing partner for the provision of in-service technical training for laboratory staff to improve their skills in CD4, biochemistry, and hematology testing. APHL conducts ongoing site supervision to PEPFAR supported laboratory sites and provides on the job training in equipment maintenance, laboratory inventory management, biosafety, and record keeping. APHL has conducted laboratory management training workshops for Provincial Laboratory Supervisors which focuses on leadership, supervision, communication and time management skills. Also, at the request of the MoH and to fill the critical shortage of higher level laboratory technical staff, APHL has developed and implemented a novel training approach whereby Mozambican Biologists working within the MoH are capacitated to serve in clinical laboratories across the country. During a 6 month "mini medical technologists training program", Biologists are equipped to: understand the theoretical aspects of HIV disease monitoring tests, perform HIV disease monitoring diagnostic testing, adhere to quality assurance and biosafety practices, and manage laboratory information. This training is implemented through both didactic and practical training in highly functioning institutions in the United States which adhere to best practices and international standards of performance. As a result, Biologists bring back to Mozambique a vision of the excellence they aspire to achieve within the clinical laboratory network and the motivation to actively engage their administration, colleagues, and subordinates to join in the effort to elevate the laboratory network in Mozambique to a higher level.

With PEPFAR funding in previous years, APHL has been instrumental in building the Laboratory Information System (LIS) for laboratories across the network. To date, APHL has successfully implemented the first four of a network of electronic LISs with the goal of implementing electronic LISs in each of the three Central Hospitals, 11 Provincial Hospital Laboratories, and the INS. For laboratories below the Provincial level, an improved paper-based system was developed in collaboration with the MoH (Laboratory Section and Department of Health Information Systems). These LIS systems are designed to be complementary and to collect information which is relevant for monitoring and evaluation of the laboratory services capacity at site level, provincial level, and national level.

In FY09 APHL activities will continue to focus on training, laboratory capacity building and systems strengthening at central and provincial level in line with the National Strategic Plan for Laboratory. APHL's goal is to support laboratory strengthening activities to enable the national laboratory system to provide accessible and quality testing services that produce timely and accurate results. To achieve this APHL will implement the following activities:

1. Expansion of the LIS.
With FY08 funding, an expanded version of the eLIS software, which provides ability to manage results from a full menu of diagnostic tests that are performed in Mozambique, will be piloted. In FY09, eLIS will be placed in two additional sites, bringing the total number of sites with eLIS to six. The expanded eLIS software, once piloted, will be implemented at all six sites with eLIS. Installation of additional eLIS systems as well as new software will be accompanied by appropriate on-site training to ensure relevant staff has the necessary capacity to fully utilize and manage the system. In addition, APHL will implement a central database for the eLIS within the Laboratory Section at the Ministry of Health to allow for improved monitoring and evaluation of the laboratory network by the Central level laboratory section of MoH. These data will also be instrumental in improving the forecasting and supply planning of laboratory commodities across the lab network as accurate data on number of tests performed by site will be readily available. This activity will be implemented in close collaboration with SCMS to ensure standardized techniques in laboratory commodity supply planning. With FY08 funds, APHL will pilot the enhanced paper-based LIS in six representative labs across the network. In FY2009, finalized and MoH-approved paper-based LIS forms will be printed and distributed to all labs across the network. Training on use of forms and follow-up monitoring and evaluation of their use, will be conducted to ensure the utility of the LIS is maximized.

2. Expansion of the specimen referral and tracking system.
The specimen tracking and referral system piloted in FY08 in Maputo will be expanded to the provinces. This activity will be done in collaboration with Clinton Foundation, as they are interested in strengthening specimen referral and transport for early infant diagnosis. In Mozambique, each Province manages specimen referral networks independently of Central Level and each has developed a unique system that takes advantage of available resources in the Province. However, the systems are weak and subject to frequent interruptions. FY09 funds to APHL will be used to assess specimen referral networks by Province

Activity Narrative: in collaboration with Provincial MoH, Clinton Foundation, and Treatment Partners in the given Province. Recommendations which utilize the available resources in the Province will be developed and implemented. To ensure sustainability, reliance on courier contracts, which are funded by PEPFAR, will be avoided and use of transportation networks already working in the Province will be maximized.

3. Strengthening of the national quality management system.
FY09 funds will be used to support technical assistance to MoH to develop a National Laboratory Quality Assurance Plan, in accordance to the National Strategic Plan for Laboratory. To date, Mozambique does not have a culture of quality regarding laboratory diagnostic services and lacks focal points at any level of the laboratory network to implement and oversee a quality assurance program. Further more, the Laboratory section within the MoH lacks staff trained in quality management. With FY09 funds, APHL will support advanced training for the national quality assurance manager, to be appointed by the MoH. It is likely that this training will take place in the U.S. such that the Quality Manager will have the opportunity to observe and understand the key factors to managing a functional Quality Assurance Program for a large laboratory network. He/She will learn how to develop and use tools, policies, and procedures to implement and manage a National Quality Assurance Program. As a follow up to training in the U.S., short term technical assistance by consultants (proposed to be Quality Manager from State Public Health Laboratory) will be given to the MoH Quality Manager to ensure knowledge can be translated and applied to the Mozambican lab network. FY09 funds to APHL will also support quality assurance training at the Provincial level, as the MoH intends to identify quality managers in each Province to serve as the link Central Level Quality Manager and manage the implementation of quality assurance policies and practices with the labs in the Province

4. Supporting human capacity building.
FY 08 funds were used to train 12 in hematology, biochemistry, immunology, microbiology, and molecular biology in the U.S. (Miami Dade College, Medical Technology Program). In FY09, APHL will support specialized, short-term training for these biologists with the expectation that these individuals will become focal points within the Provinces for quality assurance, biochemistry, hematology, immunology, and molecular biology. APHL will coordinate with ASM to provide specialized training for one or more of these Biologists in the area of microbiology, as part of the ongoing process to strengthen microbiology capacity beyond Central Level. To build sustainability and increase the impact of this investment, a mentorship program will be established whereby the trained Mozambican Biologist will spend up to three months working with staff at rural and district hospital laboratories to improve the quality of testing services at these levels. These activities will be coordinated by APHL and will assure integration with other laboratory partner activities. In an effort to build human capacity through improved pre-service training, APHL used FY08 funds to assess the needs of a large Regional Health Science Training Institute in Nampula. With FY09 funds, APHL will rehabilitate and equip this training laboratory. To ensure faculty teaching in this training laboratory have the necessary capacity to train on new and upgraded equipment, APHL will support short-term trainings for faculty on these new and/or upgraded technologies. Prior to the PEPFAR investment in the area, lab trainees would have their first hands-on experiences in the Provincial Clinical Laboratories. With fully equipped training labs and capacitated faculty, students will have the opportunity to gain practical experience before going to the Clinical Labs for additional practical training. This approach both improves the quality of training and relieves the already overburdened Provincial Lab staff of basic training responsibilities.

5. Support to the National Immunology Reference Lab (INS).
With FY09 funds, APHL will continue to support the expansion of quality assurance programs that are currently being managed by the INS (CD4, EID, and HIV rapid test). APHL will support the INS to increase the number of laboratory sites participating in EQA for HIV Rapid Testing, EID, and CD4 testing. To achieve this expansion in EQA for HIV Rapid Testing, management of the program will have to be decentralized. APHL will provide support to INS, in coordination with South to South TBD Partner, to accomplish decentralization. This will include training for staff at Provincial level to manage the program, support for distribution of panels throughout the Province, and collection of results.

APHL will receive FY09 funding in amount of $74,606 within the PDTX program area to support training and logistics of Early Infant Diagnosis.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13188

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13188	5184.08	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	6407	3576.08	Technical Assistance	$4,469,600
8532	5184.07	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	4874	3576.07	Technical Assistance	$5,347,122
5184	5184.06	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	3576	3576.06	Technical Assistance	$3,133,000

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$500,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3574.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Budget Code: 16
Activity ID: 23772.09
Planned Funds: $85,000
Activity System ID: 23772

Activity Narrative: THIS IS A NEW ACTIVITY

In FY06 EGPAF started support to MOH in Mozambique for the expansion of HIV Care and Treatment services. In FY06, EGPAF implemented care and treatment services in two Provinces (Nampula and Gaza) and eight districts where EGPAF was already supporting PMTCT services, helping MOH to increase access to quality HIV care and treatment (C&T) services for HIV positive patients. In FY07, EGPAF increased its support to four Provinces and 17 districts while in FY08, the expansion considered the same 4 Provinces but 24 districts. As of June 2008, EGPAF has assisted the MOH to provide access to C&T services to 32,391 patients, including 2,011 children. From these, 10,408 initiated ART including 629 children.

Laboratory services are an integral service component to support optimal care and treatment to HIV patients. EGPAF has standardized laboratory services in different sites throughout the four Provinces. The main activity has been to assess adequacy of laboratory sites and adjusting working environment to optimize laboratory services and practices in some key districts within available resources. This has included laboratory renovations in some districts to ensure that laboratory infrastructure was such that new equipment, provided by APHL, could be placed.

As CD4 machines are only available in the provincial reference laboratories, EGPAF has supported districts in transporting of specimens when necessary. In some districts the transportation of samples for biochemistry and hematology is supported as equipment is not available in all districts. This shall be reduced once districts have been provided with hematology and biochemistry analyzers and also CD4 equipment is placed in additional sites within the province.

EGPAF has supported MOH in its efforts to roll- out DBS PCR program for Early Infant Diagnosis (EID) by facilitating initial trainings, providing supervision at site level and contributing to the EID working group.

During the second half of FY08, to reinforce capacities and practices of laboratory staff and improve the laboratory environment, EGPAF in partnership with Federal University of Rio de Janeiro (FURJ) will be supporting a mentorship program initially in Cabo Delgado Province. This laboratory mentoring program will cover first the provincial laboratory then include two key districts over an initial period of nine months.

ACTIVITIES AND EXPECTED RESULTS
The laboratory Technical Advisor based at the EGPAF National Office level will be responsible for overseeing the laboratory component of the PMTCT and Care and Treatment Program within the EGPAF supported district and supporting EGPAF staff in providing supervision of laboratory services within the program. In addition, (s)he will function as a counterpart for the three Laboratory Technical Advisor based in DPS of EGPAF lead provinces.

The Laboratory Advisor will liaise and coordinate activities related to laboratory services with NGO's and partners assisting the MOH in laboratory issues such as Clinton Foundation, SCMS, and APHL. The Laboratory Advisor will identify weaknesses in laboratory processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at national, provincial and district levels. He will give specific attention to realities and problems emanating from field level, communicate needs and priorities identified and channel solutions to adequate forum and authorities.

The work of the laboratory advisor shall be integrated with on-going or new MOH national and provincial laboratory activities and policies. He shall also respond to priorities identified by EGPAF teams or other direct implementers in the Province in the lead Provinces., specifically regarding the EGPAF-FURJ laboratory mentoring program in the Province. Overall, the EGPAF Laboratory Technical Advisor will improve laboratory services as a crucial component of quality care in the provinces supported by EGPAF.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$85,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3640.09
Mechanism: TBD Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Budget Code: 16
Activity ID: 23872.09
Planned Funds: [redacted]
Activity System ID: 23872

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

PARTNER IS SOUTH TO SOUTH PARTNER TBD. Activity in 2008 was 12276.08 (Mech ID: 6128.08).

Below is a modified version of the COP08 Narrative:

This activity is related to lab capacity building activities implemented by APHL, ASM, MoH, and SCMS.

This activity has several different components of continuing and new activities with emphasis on in-service training, capacity building at Central and Provincial Levels, and technical assistance to support quality assurance and biosafety at Central Level. This support will utilize partnership through South to South (S to S) collaboration, taking advantage of Portuguese language proficiency and experience developing laboratory capacity in resource-limited settings. The goal of this activity is to provide laboratory expertise to the Mozambican Ministry of Health to improve national laboratory service capacities. Activities will be implemented through a Cooperative Agreement to a "To Be Determined" South to South Collaboration Partner This TBD partner will support the Ministry of Health to implement its Strategic Plan for Laboratory in collaboration with other PEPFAR partners working in the area of laboratory strengthening. FY2009 funding will support the following activities:

1 - Continuation of technical training for Mozambican Lab Technicians in Brazil.
This training will provide a four month technical/practical training in immunology, biochemistry, hematology, microbiology, as well as laboratory and quality management training for 15 (superior and medium level) Mozambican Lab technicians. Training will be conducted in laboratories using modern instrumentation and information management systems to provide trainees with optimal conditions to learn good laboratory practice, work flow, quality assurance, information management, and professionalism. Training will be supervised by specialized professionals and will include participation in daily/weekly laboratory sessions of lecturing, case studies (including preparation of case studies by Mozambican trainee for presentation to the group), and laboratory results review and interpretation. Post-training, Mozambican lab technicians will be assigned to work in renovated and/or specialized laboratories within the Laboratory Network and will play increasingly greater roles in the development and facilitation of in-country trainings in their area of expertise. As technical capacity is built within this cadre of superior and medium level staff, and physical infrastructure improvements at Provincial Hospital laboratories and Health Science Institute training labs is improved, more of the technical training that is currently taking place outside of Mozambique can be shifted back to Mozambique.

2 - Continuation of technical assistance (TA) to the National Immunology Reference Laboratory (INS) to maintain and expand the national HIV rapid test serology External Quality Assurance (EQA) Program. Four rounds of proficiency test (PT) panels (liquid) for HIV serology have been completed. Starting in round three, samples positive for hepatitis B antigen (HBsAg) were included. Blood banks and clinical laboratories routinely perform HBsAg testing and the addition of this parameter is essential to monitor quality of screening and diagnostic procedures for Hepatitis B antigen. Starting with the next round of PT, dried tube spots will be included along with liquid samples and an assessment of results using this alternative sample type will be performed. In FY2009, TA will focus on scale up and decentralization of HIV serology EQA to Provincial Level, including transfer of capacity and responsibility for HIV rapid test serology sight supervision and training to Provincial Level laboratory staff. This will support the MoH's desire to increase the routine training of staff performing HIV rapid tests as well as the efficiency and frequency of intervention and re-training for testing sites that fail a given PT panel. TBD partner will collaborate with APHL, who will receive FY09 funds to continue support to the logistics system to distribute panels and collect reports from the provinces. Finally, TA will focus on simplified HIV sub typing methodologies to be transferred to INS lab. This is to address the discrepancy whereby distribution of HIV-1 sub-type in Mozambique is very heterogeneous and yet, most HIV rapid test technology is based on sub-type B. An important goal of TA will be to address whether PT panel samples of different sub-types will perform equally well across the country. As the INS lab maintains responsibility and expertise for characterization of samples which are selected for PT panels, building capacity for sub-typing in the INS lab is crucial.

3 – Continuation of the In Country Project Manager (ICPM)
Two portuguese-speaking laboratory professional will be stationed in Mozambique as In Country Program Managers (ICPMs). Their responsibilities will include: liaising between MoH, the US Government (USG), USG Treatment Partners, and Project Directors in Brazil to ensure activities are implemented and results are being achieved; preparing and facilitating Mozambican lab technicians for technical training in Brazil and organizing training and mentoring by Brazilian experts in Mozambique; supervision visits to laboratories to monitor performance of staff that have participated in the technical training in Brazil and/or been trained and mentored through the laboratory mentorship program; participation in laboratory training activities with other PEPFAR lab partners through curriculum development, course facilitation, and lecturing; and support to MoH lab section in planning and implementation of National Strategic Plan.

4 - Continuation of Laboratory Mentorship in MoH laboratories performing CD4 lymphocyte count by flow cytometry, biochemical and hematological tests. Three trainings for a period of 6-9 months will be conducted with FY09 funding with 45 people trained. The goal of this program is build capacity through on-the-job training in technical skills, biosafety, quality assurance processes, communication skills, organization of work flow, lab inventory management, lab information management, daily equipment maintenance and troubleshooting, time management and professionalism. Mentors will give weekly seminars on relevant laboratory topics and encourage lab staff to participate in discussion and debate.

5 – Conduct a workshop to promote collaboration between clinicians and laboratorians. Results of previous mentorships revealed that provision of quality laboratory testing services was impeded by the lack of communication and collaboration between clinicians requesting lab tests and laboratorians performing tests. Workshop organization will be lead by Mozambican physician being trained in clinical pathology who has: a passion and understanding for the need to improve communication, respect among Mozambican physicians, and the necessary experience to lead this effort. A small working group including clinical lab

Activity Narrative: directors, hospital medicine directors, and medical school faculty will be formed to develop scientific program and follow up on impact, post-workshop. Participants in workshop will include laboratories, physicians, medical school students and faculty, and laboratory training faculty from Health Science Institutes.

6- FY2009 funds to TBD partner will support a technical advisor position within the MoH Laboratory section, to build capacity of the department in strategic program planning and implementation. The Laboratory Section staff are promising, but relatively inexperienced with little laboratory training and no laboratory management or quality assurance management training. The proposed advisor will be a senior level person with several years experience managing a laboratory network and will work with Laboratory Section Head and his/her staff to define roles and responsibilities, processes, tools, and communication channels to effectively manage the quality of the national laboratory network, in line with the National Laboratory Strategic Plan.

Other activites to be implemented by this partner in other program areas include: $56,250 to laboratory mentor for new Early Infant Diagnosis laboratory in Beira; $200,000 to support Counseling and Testing

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3568.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Budget Code: 16
Activity ID: 23751.09
Planned Funds: $340,000
Activity System ID: 23751

Activity Narrative: THIS IS A NEW ACTIVITY

Laboratory services are an integral service component to support optimal care and treatment to HIV patients. Columbia University (ICAP) has standardized laboratory services in different sites throughout the Provinces in which we work. The main activity in the area of lab strengthening has been to assess adequacy of laboratory sites and to adjust working environments to optimize laboratory services and practices within available resources. This has included laboratory renovations in some districts to ensure that laboratory infrastructure was such that new equipment, provided by APHL, could be placed.

ACTIVITIES AND EXPECTED RESULTS
Treatment Program Lab Advisor: The laboratory Technical Advisor based at the ICAP National Office level will be responsible for overseeing the laboratory component of the PMTCT and Care and Treatment Program within the ICAP supported districts and supporting ICAP staff in providing supervision of laboratory services within the program. In addition, (s)he will function as a counterpart for the Laboratory Technical Advisor based in DPS of each province.

The Laboratory Advisor will liaise and coordinate activities related to laboratory services with NGO's and partners assisting the MOH in laboratory issues such as Clinton Foundation, SCMS, and APHL. The Laboratory Advisor will identify weaknesses in laboratory processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at national, provincial and district levels. He will give specific attention to realities and problems emanating from field level, communicate needs and priorities identified and channel solutions to adequate forum and authorities.

The work of the laboratory advisor shall be integrated with on-going or new MOH national and provincial laboratory activities and policies. (S)He shall also respond to priorities identified by ICAP teams or other direct implementers in the Province. Overall, the ICAP Laboratory Technical Advisor will improve laboratory services as a crucial component of quality care in the provinces supported by ICAP.

Provincial Lab Advisors: The MOH has requested that USG Partners support 4 technical advisor positions within the Provincial Directorate for Health Offices (DPS) each of the 11 Provinces. One of these technical advisors is a Laboratory Technical Advisor. As lead Clinical Partner in three Provinces, ICAP will support salary and benefits for three of the Provincial lab technical advisors. Provincial Lab Technical Advisors will report directly to the DPS and will oversee laboratory activities across the Province, irrespective of what, if any, partner support is given. The Provincial level Lab Tech Advisors will create a link between the central level Laboratory Section and the Province to facilitate communication and information flow and to implement policies and practices established by central level MOH. Advisors will work with implementing partners, DPS, and other donors to strengthen laboratory commodity logistics, quality assurance, monitoring and evaluation of lab services, and human capacity development.

Total Budget: $340,000 (85,000 each for 4 technical advisors)

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $170,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 6124.09 **Mechanism:** CDC CARE INTL

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 25474.09

Planned Funds: $85,000

Activity System ID: 25474

Activity Narrative: THIS IS A NEW ACTIVITY

Program Area: Laboratory Advisor
Prime Partner: CARE International

Summary and Background
CARE provides support to 3 laboratories through purchase of equipment, training and capacity building of lab technicians, infrastructural repairs, and transport of blood samples for CD4, biochemistry, and full blood count analysis. However many errors are still found in most of the results given out by the labs, with this in mind, CARE will hire a Laboratory Advisor who will oversee the overall activity of the laboratories under CARE support with the following activities:
• Work closely with the laboratories to support CARE intervention policies and program support
• Monitor quality of results coming out of each laboratory, detect errors and give appropriate advice
• Provide on the job training for the lab technicians with input from national level laboratory partners
• Track needs for refresher trainings for lab technicians including organizing training workshop when CARE purchase new equipment that require special training
• Liaison with DPS, SCMS and CARE in ensuring materials and other lab consumables are always available and early notification when there will be scarcity
• Ensure appropriate and accurate data entering and collaborate with Provincial Laboratory Technical Advisor to strengthen provincial level management and oversight of laboratory services.

Estimated budget: $ 85,000

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood
* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $42,500

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 8891.09

Mechanism: CDC_ASCP_CoAg

Prime Partner: American Society of Clinical Pathology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 8549.23002.09

Planned Funds: $20,000

Activity System ID: 23002

Activity Narrative: THIS IS A CONTINUING ACTIVITY

This activity is linked to activities implemented by APHL, ASM, MoH, and South to South TBD Partner.

ASCP is providing techical assistance and curriculum support to the National Immunology Reference Lab for advanced CD4 testing training. Using FY2008 funds, ASCP will support the next CD4 training workshop, tentatively scheduled for January 2009, at the National Immunology Reference Laboratory. This is an advanced course for technologists who have initial flow cytometry training developed by APHL. Using FY2008 and FY2009 funds, ASCP will work in conjunction with the National Institute of Health to continue to strengthen the CD4 Network capacity. ASCP's CD4 curriculum can be used for future trainings in Mozambique.

Funding in FY2008 was approved for ASCP to provide ttechnical assistance to the MOH to assist with the establishment of an external quality assurance (EQA) program for biochemistry and hematology. Because a National Reference Laboratory does not exist to lead and manage this program, initiation of the activity was delayed. Recently, the MOH determined that the Maputo Central Hospital would serve as the interim National Reference Laboratory for Biochemistry and Hematology until a National Public Health Reference Laboratory is constructed. ASCP will begin working with the Maputo Central Hospital Director and staff to implement a strategy for biochemistry and hematology EQA and will support the roll-out of this program, first to Central and Provincial Hospital Laboratories and then to rural and district hospital labs performing these tests.

In FY09, ASCP will continue its support to the Mozambican laboratory network by helping to build an adequate resource library for laboratory professionals within Central Hospital Laboratories (which also serve to train new lab technologists) as well as Provincial Health Science Institutes.

Deliverables: Basic and Advanced CD4 training curriculum; journals and reference books for central level laboratories.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13209

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13209	8549.08	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	8891	8891.08	CoAg	$200,000
8549	8549.07	HHS/Centers for Disease Control & Prevention	To Be Determined	4879	3640.07	TBD Cooperative Agreement	[redacted]

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$20,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 6129.09
Mechanism: N/A
Prime Partner: The American Society for Microbiology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Budget Code: 16
Activity ID: 12277.23006.09
Planned Funds: $367,000
Activity System ID: 23006

Activity Narrative: THIS IS A CONTINUING ACTIVITY:

This activity is linked to activities implemented by APHL, ASCP, MoH, and South to South TBD Partner.

The American Society for Microbiology (ASM) is successfully providing technical laboratory support to PEPFAR countries in sub-Saharan Africa. In Mozambique, ASM will continue to work in coordination with the Ministry of Health of Mozambique (MISAU) and CDC-Mozambique to carry out laboratory capacity building activities, with primary emphasis on clinical microbiology laboratory strengthening for Opportunistic Infections (OI).

ASM will continue to offer technical support to the Mozambican primary-tiered (central) laboratories to establish and/or strengthen their clinical microbiology services for HIV/AIDS patients countrywide, as well as develop and present basic microbiology workshops for some lower-tiered (provincial/district) laboratories. In FY09, ASM will assist with pre-service training efforts by selecting three graduating Mozambican biology/medical technology students to undergo an intensive 6-month internship, both didactic and practical, in an external university and laboratory. These students would then return to Mozambique to apply what they learned at the 3 central level laboratories.

The objectives and activities proposed by ASM for FY09 are outlined below.

Objective 1: Improve human resource capacity for clinical microbiology; and Objective 2: Improve quality of lab services

Activity 1: Provide onsite training and supervision to lab supervisor/technologists at central level laboratories

Mentors will provide follow-up for training in new technologies and introduction on mycology and higher level parasitology (cryptosporidium, toxoplasmosis, isosporiasis, etc). Proposed laboratories are located at central hospitals in Maputo, Beira, and Nampula. Mentoring will include onsite supervision and training as needed. Mentors will also work with laboratory supervisors and MISAU to develop and implement a Quality Assurance program for routine clinical microbiology procedures within the Mozambique Lab, possibly integrated with other existing EQA programs. Coverage: National

Activity 2: Hold regional workshops (3 regions) for provincial/district laboratory personnel in basic bacteriology

These 3-5 day workshops will rollout new SOPs and standardized training materials and provide practical and didactic training on basic bacteriology techniques. At least one workshop will be held in each region (southern, central, and northern). Workshops will be short and hands-on targeting microscopists around the country. Goal would be to improve the ability of these microscopists to correctly prepare (slides and gram reagents) and read gram stains. A lab-in-a-box format could be used as part of the training materials. This box would contain several pertinent smears (stained and unstained) and would serve as reference for positive, negative or indeterminate gram smears. A microscope may also be part of the box equipments, since they may not have good microscopes. Coverage: Provincial/District

Activity 3: Select Mozambican trainees for 6-month internship in microbiology in representative lab (i.e. Brazil)

Three graduating Mozambican medical technologists (or biologists) with aptitude in microbiology will be chosen to undergo 6-month internship at a representative university and lab in another country in order to ensure their readiness to start working in central level microbiology labs in Mozambique. Coverage: National

Objective 3: Strengthen the national laboratory network infrastructure
Activity 1: Technical assistance toward supervision and implementation of goals set forth by National Strategic Plan for Clinical Microbiology
Consultant(s) will provide guidance with implementing the goals defined in the National Strategic Plan for Clinical Microbiology, along with determining how to measure, evaluate and redefine these goals over time. Coverage: National

Activity 2: Technical assistance with realization of National Reference Laboratory (NRL) for Microbiology
Consultant(s) will continue to oversee progress toward establishing the NRL for Microbiology, which will include guidance for lab infrastructure needs and defining the roles of the NRL. Coverage: National

New/Continuing Activity: Continuing Activity

Continuing Activity: 16313

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16313	12277.08	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	7409	6129.08		$721,500
12277	12277.07	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	6129	6129.07		$534,400

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 10811.09

Mechanism: TBD RFA Sofala, Manica, Tete, Niassa Community & Clinical Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 26493.09

Planned Funds: [redacted]

Activity System ID: 26493

Activity Narrative: THIS IS A NEW ACTIVITY UNDER FY 09.

In FY 09, USG will consolidate its approach to the provision of community and clinical services by competing out its activities in four provinces - Niassa, Sofala, Manica and Tete Provinces. This includes 7 districts in Niassa, 12 in Sofala, 5 in Manica, and 6 districts in Tete.

The laboratory Technical Advisor based at the XXXX National Office level will be responsible for overseeing the laboratory component of the Care and Treatment Program within the RFA partners' supported sites and supporting RFA parter staff in providing supervision of laboratory services within the program. In addition, (s)he will function as a counterpart for the Provincial Laboratory Technical Advisors based in DPS of each province.

The Laboratory Advisor will liaise and coordinate activities related to laboratory services with NGO's and partners assisting the MOH in laboratory issues such as Clinton Foundation, SCMS, and APHL. The Laboratory Advisor will identify weaknesses in laboratory processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at national, provincial and district levels. He will give specific attention to realities and problems emanating from field level, communicate needs and priorities identified and channel solutions to adequate forum and authorities.

The work of the laboratory advisor shall be integrated with on-going or new MOH national and provincial laboratory activities and policies. He shall also respond to priorities identified by the RFA partner team(s) or other direct implementers in the Province in the lead Provinces. Overall, the RFA Partner Laboratory Technical Advisor will improve laboratory services as a crucial component of quality care in the provinces supported by the RFA Partner(s).

This will complement the RFA Partner funding of Provincial Laboratory Advisors to support the organization and provision of high quality clinical laboratory services through technical assistance to the Direcção Provincial de Saude (DPS). The Provincial Laboratory advisors will work directly with the Section Chief of the Provincial Laboratory to improve the quality and coordination of laboratory services in the entire province. Specific activities include: assistance in planning and implementation of laboratory activities; technical assistance and supervision to laboratory personnel at district and provincial levels; development of SOPs and routine work flow, systems for patient registration, increasing access to testing, and reduction in turn around time for test results, and develop a program for equipment maintenance.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 10419.09

Mechanism: USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 29840.09

Planned Funds: $28,333

Activity System ID: 29840

Activity Narrative: THIS IS A NEW ACTIVITY UNDER FY 09.

With this new activity FHI will be able to provide support in the following areas, in Niassa Province:

The laboratory Technical Advisor based at the partner will be responsible for overseeing the laboratory component of the Care and Treatment Program within the partners' supported sites and supporting partner's staff in providing supervision of laboratory services within the program. In addition, S/he will function as a counterpart for the Provincial Laboratory Technical Advisors based in DPS in the province.

The Laboratory Advisor will liaise and coordinate activities related to laboratory services with NGO's and partners assisting the MOH in laboratory issues such as Clinton Foundation, SCMS, and APHL. The Laboratory Advisor will identify weaknesses in laboratory processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at national, provincial and district levels. S/he will give specific attention to realities and problems emanating from field level, communicate needs and priorities identified and channel solutions to adequate forum and authorities.

The work of the laboratory advisor shall be integrated with on-going or new MOH national and provincial laboratory activities and policies. S/he shall also respond to priorities identified by the partner team(s) or other direct implementers in the Province. Overall, the Partner Laboratory Technical Advisor will improve laboratory services as a crucial component of quality care in the provinces supported by the Partner.

This will complement the Partner funding of Provincial Laboratory Advisors to support the organization and provision of high quality clinical laboratory services through technical assistance to the Direcção Provincial de Saude (DPS). The Provincial Laboratory advisors will work directly with the Section Chief of the Provincial Laboratory to improve the quality and coordination of laboratory services in the entire province. Specific activities include: assistance in planning and implementation of laboratory activities; technical assistance and supervision to laboratory personnel at district and provincial levels; development of SOPs and routine work flow, systems for patient registration, increasing access to testing, and reduction in turn around time for test results, and develop a program for equipment maintenance.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 3629.09

Mechanism: USAID-Health Alliance International-GHAI-Local

Prime Partner: Health Alliance International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 29853.09

Planned Funds: $74,375

Activity System ID: 29853

Activity Narrative: THIS IS A NEW ACTIVITY UNDER FY 09.

With this new activity HAI will be able to provide support in Manica, Sofala and Tete Provinces, in the following areas:

The laboratory Technical Advisors based at the partner will be responsible for overseeing the laboratory component of the Care and Treatment Program within the partners' supported sites and supporting partner's staff in providing supervision of laboratory services within the program. In addition, s/he will function as a counterpart for the Provincial Laboratory Technical Advisors based in DPS of each province.

The Laboratory Advisor will liaise and coordinate activities related to laboratory services with NGO's and partners assisting the MOH in laboratory issues such as Clinton Foundation, SCMS, and APHL. The Laboratory Advisor will identify weaknesses in laboratory processes, procedures, and logistics, propose adequate strategies for improvement, and contribute to a plan towards building capacities at national, provincial and district levels. S/he will give specific attention to realities and problems emanating from field level, communicate needs and priorities identified and channel solutions to adequate forum and authorities.

The work of the laboratory advisor shall be integrated with on-going or new MOH national and provincial laboratory activities and policies. S/he shall also respond to priorities identified by the partner team(s) or other direct implementers in these Provinces. Overall, the Partner Laboratory Technical Advisor will improve laboratory services as a crucial component of quality care in the provinces supported by the Partner.

This will complement the Partner funding of Provincial Laboratory Advisors to support the organization and provision of high quality clinical laboratory services through technical assistance to the Direcção Provincial de Saude (DPS). The Provincial Laboratory advisors will work directly with the Section Chief of the Provincial Laboratory to improve the quality and coordination of laboratory services in the entire province. Specific activities include: assistance in planning and implementation of laboratory activities; technical assistance and supervision to laboratory personnel at district and provincial levels; development of SOPs and routine work flow, systems for patient registration, increasing access to testing, and reduction in turn around time for test results, and develop a program for equipment maintenance.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: $5,894,673

Program Area Narrative:

The PEPFAR Team has developed a comprehensive strategic information (SI) package to ensure that the SI Team, USG partners, and the Government of Mozambique (GOM) have access to and utilize quality data to describe the HIV/AIDS epidemic, monitor the multi-sectoral response, and inform policy and program decision making.

Key SI challenges for Mozambique are:
1) Inadequate human resource capacity in SI within the GOM
2) Inadequate human resources in SI within USG and implementing partners
3) Inadequate standardization and harmonization of M&E systems, and
4) Weak systems for analysis and use of SI data for planning.

The PEPFAR Mozambique SI portfolio is managed by the SI Interagency Technical Working Group (TWG). The SI TWG serves as the primary coordinating body for SI-related activities, including target setting and program reporting. The SI TWG is represented on all other TWGs and provides direct SI assistance to these groups.

USG SI Staffing:
The Senior SI Coordinator (CDC) and the HIV/AIDS Program Officer (USAID) serve as co-chairs for the TWG. The Sr. SI Coordinator also serves as the SI liaison with OGAC. The Senior M&E Specialist (CDC) coordinates M&E activities related to PEPFAR program reporting and MOH M&E systems. A Community M&E Advisor (USAID) joined the USG team in November 2008 to focus on M&E of community-based HIV services. An Associate Director for Science (CDC) serves as Public Health Evaluations (PHE) liaison and manages issues related to PHE implementation, human subjects review, and CDC agency clearance. A PEPFAR Reporting Specialist (Interagency) manages data collection and reporting to OGAC including COP targets, APR/SAPR data, and reprogramming.

PEPFAR Mozambique continues to face challenges in recruitment of SI staff due to a lack of qualified personnel at the local level, a lack of Portuguese language skills among U.S. public health professionals, and significant constraints on using third-country nationals and contractors due to labor regulations in Mozambique. USG is continuing its efforts to fill vacant positions but in the short-term remains dependent on TDY assistance for many areas within SI.

SI Staffing in the Public Sector:
Ultimately, Mozambique needs to implement creative solutions for building a cadre of Mozambican public health professionals with adequate SI skills. Increasing local SI capacity is a priority for USG in FY09. National M&E systems, including MOH, the National AIDS Council (NAC), and other key line ministries remain weak and severely understaffed. There is currently no epidemiologist counterpart at MOH in HIV/AIDS surveillance and most M&E counterparts in MOH HIV programs are staff funded through partners and seconded to MOH. Currently, two partner-funded staff are seconded to play vital roles within MOH's Department of Health Information. Additionally, MOH has requested USG support through COP09 to secure an M&E Advisor to ensure adequate M&E and reporting systems are in place related to Global Fund grants. At the request of MOH, USG will place Provincial M&E technical advisors (Mozambican) in all 11 provinces to assist with M&E issues. Until the human resource capacity improves at MOH, there will be significant needs for technical assistance at every level of the health system.

SI Budget:
The budget for activities funded in the SI program area totals $5,894,673; because of the cross-cutting nature of SI, SI activities funded in other program areas (with the SI secondary-budget code used in Mozambique) total $4,618,892; therefore SI constitutes $10,513,565 (6.8%) of the total program

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID:	3583.09	**Mechanism:**	I-TECH
Prime Partner:	University of Washington	**USG Agency:**	HHS/Health Resources Services Administration
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Budget Code:**	17
Activity ID:	29832.09	**Planned Funds:**	$100,000
Activity System ID:	29832		

Activity Narrative: USG Mozambique works closely with the Mozambican Ministry of Health (MOH) to support Health Information Systems. The current system, Modulo Basico, requires upgrading but due to key staffing vacancies at MOH, there is inadequate technical input and no clear strategic plan for upgrading or replacing this system. The University of Washington through ITECH completed an assessment of the status of Modulo Basico with PEPFAR funding and technical oversight from from CDC in 2008. The MOH has requested continued assistance on this issue as they determine the way forward for the national health information system. This activity is consistent with the priorities of the USG Strategic Information Technical Working Group and with the Mozambican Ministry of Health. Activities will include technical assistance to MOH in determining system and programmatic needs, selection of appropriate contractors for design and implementation of an upgraded system, and integration of existing program-specific information systems and databases into the national system.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7411.09
Mechanism: USAID-BUCEN SCILS Follow On HQ
Prime Partner: US Bureau of the Census
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 29858.09
Planned Funds: $80,525
Activity System ID: 29858

Activity Narrative: The $80,525.00 was originally intended to contribute for a bio-marker portion of the 2009 Demographic Health Survey to be implemented by Macro International (MEASURE Evaluation Phase III) in conjunction with the Mozambican National Institute for Statistics (INE).

Since is was decided that there will be no bio-marker as part of the 2009 DHS, we would like to reprogram these funds to BuCen to assist them in working with the Mozambican Institute of Statistics (INE) in completing the disemmination of the 2009 Mozambican Population Census. Specifically, these fund would be used for the implementation of a data dissemination tool by BuCen to analyze data and results from the Population Census. In addition, BuCen would be reponsible for providing training and technical assistance to INE in the use of the data dissemination tool. This data dissemination tool and master sample is very important for future surveys and data from the Population Census provides demoninators for HIV Demographic Reports, Epidemiologic Modeling and projection data for targeting programs.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3629.09
Mechanism: USAID-Health Alliance International-GHAI-Local
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 29854.09
Planned Funds: $75,315
Activity System ID: 29854

Activity Narrative: This is a new activity under COP09.

This is a new activity in that it is organized as its own separate activity, but is a continuation of the subactivity listed as Activity 8639.08 in COP 08 (Provincial M&E Officers).

Ministry of Health has placed increasing focus on strengthening human and technical resources at the provincial level to improve the coordination and delivery of services in the province. In FY08, Ministry of Health developed a standard set of technical advisor positions to be placed at the Provincial level; these four positions included advisors in Clinical Care, Laboratory, Pharmacy, and Monitoring and Evaluation.

USG was asked to assist with the funding and recruitment of these positions at the provincial level. The primary partner responsible for providing technical assistance in the area of clinical services in a province will also be responsible for the recruitment and support of the four technical advisor positions, including this Monitoring and Evaluation Technical Advisor position.

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

The Partner will be asked to place three (3) M&E Advisors in Manica, Sofala and Tete Provinces as part of its overall support to clinical services in these Provinces.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3721.09

Mechanism: Follow-on to PHRplus

Prime Partner: Abt Associates

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26591.09

Planned Funds: $150,000

Activity System ID: 26591

Activity Narrative: This is a new activity under COP09.

TA to MOH Global Fund Coordinator ($150,000)
The Ministry of Health (MOH) provides a broad range of health services to the population of Mozambique. The MOH is also the recipient of extensive grant funding from the Global Fund for various service delivery activities. Mozambique has well-established donor coordination and financing mechanisms. However, as funding mechanisms have grown dramatically in recent years, the MOH has had difficulty to properly manage, monitor and report on the many programs and projects associated with this funding.

The Ministry of Health has requested immediate technical assistance to establish a unit within its planning department to manage the Global Fund's portfolio and improve the Ministry's capabilities to manage, monitor, and report on its various programs. In doing so, sound processes for specifying, tracking and measuring program results to ensure a sufficient level of accountability will have to be put in place along with the necessary human resources to manage this new unit. This will also require establishing clear links between human resources planning, and the financial and programmatic systems they manage.

The objective of this task is to help the MOH establish a new unit within the Planning Department to manage the Global Fund's portfolio. This will require establishing sound processes to effectively manage the various Global Fund programs and ensure that well trained and competent human resources are staffing the new unit. Finally, this task will require ensuring that both the organizational structure and human resources foundation are in place to sustain the new unit.

Health Systems 20/20 will target its technical assistance to the MOH's Planning Department and assess its readiness to establish a unit to manage the Global Fund's various programs and grants. Particular focus will be placed on the Department's organizational structure and its ability to establish financial monitoring and tracking systems, operational policies and procedures, and human resources needs to manage such a unit effectively.

Proposed activities will proceed in three phases: 1) Assessment of existing organizational structure, financial monitoring and reporting systems, and human resources capacity; 2) Present and agree on implementation plan; and 3) Implementation.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$150,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3673.09
Mechanism: USAID-TBD Local (USAID)-GHAI-Local
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 26556.09
Planned Funds: [redacted]

Activity System ID: 26556

Activity Narrative: April09 Reprogramming: Reduced $80,525.

This is a new activity under COP09

The National Statistics Institute (INE) is planning a Demographic and Health Survey (DHS) in 2010. The last DHS survey was conducted in 2002/3 and included behavioral questions designed to measure risk of HIV infection but did not include a biomarker that would either allow population-based estimation of HIV prevalence or comparison of infected and uninfected groups. Surveys are usually scheduled at 5 year intervals, however due to competing priorities a 7 year delay is currently expected between DHS surveys in Mozambique. A DHS survey with biomarker (DHS+) would target a nationally and provincially representative sample of the adult and child population of Mozambique.

To date no national survey has included a biomarker to allow HIV prevalence estimation. An AIDS Indicator Survey (AIS) including a biomarker is planned for early 2009 by the National Institute of Health (INS) and will receive technical assistance from MACRO International with COP08 funding. Given that no such survey has been completed to-date, and given the complexity of implanting national surveys with HIV testing, technical assistance is currently required to ensure high quality results.

If INE decides to include a biomarker in the next DHS then this funding will be used to fund a partner organization to provide technical assistance to INE to assist with all aspects of the survey related to biomarker collection including ethics reviews, field staff training, sample collection, processing and associated data processing, confidentiality protections and data analysis. It is highly likely that a biomarker will not be collected during the 2010 DHS given that the AIS survey is planned for 2009. Possible reasons why a biomarker would be collected, and hence why this funding would be required are a) if the AIS is not completed, b) if the AIS does not achieve adequate test coverage to allow reliable estimates of HIV prevalence, or c) due to a heavy survey calendar the DHS is delayed until 2011 or beyond, leading to a 2 or more year gap between national serosurveys.

Inclusion of a biomarker in the survey would allow estimation of HIV and possibly other disease prevalence, and possibly incidence, by sex, age group, province, and type of residence (urban/rural). It would also create capacity at INE to handle biomarker-based surveys and integrate with the INS to manage sample processing.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3685.09

Mechanism: USAID-USAID-GHAI-Local

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26558.09

Planned Funds: $293,720

Activity System ID: 26558

Activity Narrative: This is a new activity under COP09.

These funds will cover salary and travel costs for the following SI-related positions in the USAID HIV/AIDS Team:

Community M&E Advisor (USPSC) - this is an existing position - The Community Monitoring and Evaluation (M&E) Specialist provides M&E expertise for the HIV/AIDS Team and implementing partners. S/he also manages implementing partners whose primary activities focus on monitoring and evaluation, and may also support the HIV/AIDS Team in managing selected implementation planning and/or tracking systems. Given that most agreements encompass multiple program areas, s/he will serve as needed as Cognizant Technical Officer (CTO) or Alternate CTO for other CTOs for additional multi-activity agreements as needed.

Site Monitoring Specialist (FSN) - this is an existing position - the Site Monitoring Specialist provides on-site guidance to PEPFAR partners on M&E requirements and tools including data quality assessment; data collection that meets PEPFAR needs; and wrap-around quantification, among others. The incumbent will also feed technical staff with key information to replicate successful models, promote cross-fertilization between programs, and collect and document success stories that demonstrate the breadth of PEPFAR's impact.

M&E Assistant (FSN) - this is an existing position - The M&E Assistant assists the SI Advisor and the Community M&E Advisor in providing the Team with support in the monitoring, evaluation, and impact analysis of Team-administered PEPFAR programs in Mozambique. S/he ensures that the Mission complies with all PEPFAR and Agency requirements for performance monitoring and evaluation, such as the Performance Monitoring Plan and Data Quality Assessments.and serves as the lead Team Specialist in all questions pertaining to evaluation, monitoring, program review, and other strategic exercises relating to Team programs/projects.

Other support costs, e.g. residential rent and maintenance, office maintenance, and training, among others, are being funded under the management and staffing program area.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10811.09

Mechanism: TBD RFA Sofala, Manica, Tete, Niassa Community & Clinical Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26577.09

Planned Funds: [redacted]

Activity System ID: 26577

Activity Narrative: This is a new activity under COP09.

This is a new activity in that it is organized as its own separate activity, but is a continuation of the subactivity listed as Activity 8639.08 in COP 08 (Provincial M&E Officers).

Ministry of Health has placed increasing focus on strengthening human and technical resources at the provincial level to improve the coordination and delivery of services in the province. In FY08, Ministry of Health developed a standard set of technical advisor positions to be placed at the Provincial level; these four positions included advisors in Clinical Care, Laboratory, Pharmacy, and Monitoring and Evaluation.

USG was asked to assist with the funding and recruitment of these positions at the provincial level. The primary partner responsible for providing technical assistance in the area of clinical services in a province will also be responsible for the recruitment and support of the four technical advisor positions, including this Monitoring and Evaluation Technical Advisor position.

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

This TBD Partner will be asked to place 4 M&E Advisors in Manica, Sofala, Niassa, and Tete Provinces as part of their overall support to clinical services in these Provinces.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10419.09

Mechanism: USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26579.09

Planned Funds: $278,691

Activity System ID: 26579

Activity Narrative: A portion of these funds ($28,691) is a continuation of the sub-activity listed as Activity 8639.08 in COP 08 (Provincial M&E Officers). Ministry of Health has placed increasing focus on strengthening human and technical resources at the provincial level to improve the coordination and delivery of services in the province. In FY08, Ministry of Health developed a standard set of technical advisor positions to be placed at the Provincial level; these four positions included advisors in Clinical Care, Laboratory, Pharmacy, and Monitoring and Evaluation. USG was asked to assist with the funding and recruitment of these positions at the provincial level. The primary partner responsible for providing technical assistance in the area of clinical services in a province will also be responsible for the recruitment and support of the four technical advisor positions, including this Monitoring and Evaluation Technical Advisor position.

As lead USG clinical partner in Niassa Province, FHI will be responsible for that province's M&E Provincial Advisor as part of its overall clinical care program until a new agreement is awarded following a full and open competition. He/she will provide support in the coordination of routine activities related to monitoring and evaluation at the Niassa DPS, giving priority to endemic diseases, including HIV. This advisor will help to reinforce and support the implementation of the decentralization of HIV services including related data collection systems. S/he will provide leadership in the supervision and management of data to ensure the quality of data at the district and site level, help to strengthen the flow of data to the district, provincial, and central levels. Additionally this person will support the Provincial Directorate of Health in the analysis and dissemination of data (for example, to the site level, Ministry of Health, and partners.) This person will sit within the Provincial Department of Planning and Cooperation at the Provincial Directorate of Health in Lichinga.

The remaining funds ($250,000) will be used to complement the USAID/W-funded Site Identification and Development Initiative (SIDI). This project builds the capacity and infrastructure necessary for a viable clinical research site. The secondary objective is to develop a "best practices" curriculum and technical toolkit for site identification and development practices. The scope of the project includes: helping to hire and train staff; enhancement of laboratory, clinical and data management infrastructure; working with local ethical review committees; community outreach programs to raise awareness of HIV issues and the role of prevention research; as well as the upgrading of actual facilities as appropriate.

INS Chokwe was identified as a site for the development of research capacity. Chokwe is an impoverished rural community in which every existing facility is utilized beyond capacity. For example, hospital patients are sometimes attended to outdoors, as during a recent cholera epidemic at the hottest time of year when facilities included makeshift tents, a pit latrine, and no running water. COP09 funds are being requested to help construct a facility for clinical research and for assisting with demographic surveillance surveys.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 6127.09 **Mechanism:** CDC-Vanderbilt CoAg

Prime Partner: Vanderbilt University **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Strategic Information

Budget Code: HVSI **Program Budget Code:** 17

Activity ID: 25441.09 **Planned Funds:** $43,037

Activity System ID: 25441

Activity Narrative: THIS IS A NEW ACTIVITY

This is a new activity in that it is organized as its own separate activity, but is a continuation of the subactivity listed as Activity 4993.08 in COP 08.

This is related to the following activities in COP 09:

Ministry of Health has placed increasing focus on strengthening human and technical resources at the provincial level to improve the coordination and delivery of services in the province. In FY08, Ministry of Health developed a standard set of technical advisor positions to be placed at the Provincial level; these four positions included advisors in Clinical Care, Laboratory, Pharmacy, and Monitoring and Evaluation.

USG was asked to assist with the funding and recruitment of these positions at the provincial level. The primary partner responsible for providing technical assistance in the area of clinical services in a province will also be responsible for the recruitment and support of the four technical advisor positions, including this Monitoring and Evaluation Technical Advisor position.

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

Vanderbilt University has been asked to place 1 M&E Advisor in Zambezia Province as part of their overall support to clinical services in these Provinces.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $43,037

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3720.09 **Mechanism:** Twinning_AIHA

Prime Partner: American International Health Alliance **USG Agency:** HHS/Health Resources Services Administration

Funding Source: GHCS (State) **Program Area:** Strategic Information

Budget Code: HVSI **Program Budget Code:** 17

Activity ID: 25443.09 **Planned Funds:** $0

Activity System ID: 25443

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008: (No new funds for FY09)

This is a continuing activity of Activity # 8941.08 (these could not be formally linked). The description of this activity is below.

This activity is also linked to Activities 8639 and 8632.

The USG's SI team's primary challenge in collaborating with the Ministry of Health (MoH) on key public health evaluations and routine data analysis is the limited number of trained staff working at a technical level high enough to support these monitoring and evaluation (M&E) activities. Of specific concern is the entire lack of staff with the capacity to support the SI Team's principal strategy: to address issues around the quality of service delivery for HIV care and treatment programs. Additionally, there are no accredited PhD programs in M&E or public health in Mozambique that can help to build this capacity in the future.

Accordingly, we will support long-term M&E training for one candidate with an M.D. currently working in the MoH's National Institue of Health (INH). The selected candidate, who has been in the MoH for 10 years, will attend an accredited PhD program at a foreign university in health policy, planning and financing. This area of study is directly related to program monitoring and evaluation for quality service delivery improvement. As previously mentioned, there are no in-country opportunities to receive this training at a local university.

To ensure that the MoH and the USG receive maximum benefit from this long-term training, the candidate has agreed that his dissertation will focus on the Cost Effectiveness M&E PHE evaluation described in Activity 8639 and related to Activity 8632. In addition, he will sign a return commitment letter as described in PEPFAR's long term training guidance. We anticipate that the outcomes of the PHE will be more robust with the involvement of this MoH in this capacity.

This will be funded with carryover funds; there have been administrative delays in entering the candidate into the program. No new funds are needed.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3568.09

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 25621.09

Planned Funds: $129,111

Activity System ID: 25621

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a new activity in that it is organized as its own separate activity, but is a continuation of the subactivity listed as Activity 8639.08 in COP 08 (Provincial M&E Officers).

This is related to the following activities in COP 09:

Ministry of Health has placed increasing focus on strengthening human and technical resources at the provincial level to improve the coordination and delivery of services in the province. In FY08, Ministry of Health developed a standard set of technical advisor positions to be placed at the Provincial level; these four positions included advisors in Clinical Care, Laboratory, Pharmacy, and Monitoring and Evaluation.

USG was asked to assist with the funding and recruitment of these positions at the provincial level. The primary partner responsible for providing technical assistance in the area of clinical services in a province will also be responsible for the recruitment and support of the four technical advisor positions, including this Monitoring and Evaluation Technical Advisor position.

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

Columbia University/ICAP has been asked to place 3 M&E Advisor in Maputo City, Nampula, and Inhambane as part of their overall support to clinical services in these Provinces.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3640.09

Mechanism: TBD Cooperative Agreement

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 25472.09

Planned Funds: [redacted]

Activity System ID: 25472

Activity Narrative: THIS IS A NEW ACTIVITY

Many care and treatment sites in Mozambique have been scaled up with the support of one of 6 USG/PEPFAR-supported care and treatment partners as well as two non-USG funded external partners. While many sites are using the standardized MOH-developed tools for data collection and reporting, in some cases, these tools have substituted and/or additional paper based tools have been introduced by partners. In some sites, only paper-based systems are used, while in other cases, partners have introduced electronic systems for data management and reporting.

To better support MOH in improving quality of care, integrating HIV care and treatment services, and ensuring sustainability of systems, USG PEPFAR is conducting an assessment with COP 08 funds to generate recommendations so that PEPFAR-supported sites are better aligned with MOH systems and standards, including the use of standardized MOH tools, flow of data from PEPFAR-supported sites through national reporting systems, and more cost/resource-effective use of electronic patient monitoring systems.

Furthermore, activities currently under discussion by MOH to review and update the national M&E system provide an opportunity to develop national guidelines or standardized operating procedures related to M&E for care and treatment services, as well as a set of national standards for electronic data systems for HIV care and treatment.

This activity will help to generate recommendations on:
1) New or modified data elements to be included as part of the minimum data set for patient monitoring in Mozambique;
2) Best practices or recommended standards for paper-based and electronic data systems in Mozambique.

COP 09 funds are requested to support implementation of recommended priorities generated from the assessment. Recommendations from the assessment with be reviewed and prioritized in consultation with USG, implementing partners, and the Ministry of Health. These might include development of national standards for electronic HIV information (e.g. HL7 standards for ART minimal data set), development and dissemination of national protocols on data quality protocols, and/or technical assistance in modifying existing partner systems to be more in line with the national standards and guidelines. It is expected that preliminary recommendations will be generated by mid-FY09, at which point the partner and specific scope of work will be determined.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3586.09

Mechanism: HRSA IAA

Prime Partner: New York AIDS Institute

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 5121.23591.09

Planned Funds: $300,000

Activity System ID: 23591

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity will continue activities launched in FY 2006 and continued through FY2008. HIVQUAL-Mozambique anticipates expanding beyond the 36 facilities it has successfully worked with in FY2007 and those added in FY2008, totaling 42 sites. The HIVQUAL model is designed to integrate performance measurement and quality improvement at the clinic level and to develop a quality management program to sustain activities. The HIVQUAL model strives to fully integrate quality improvement activities into the national healthcare infrastructure.

In 2009 the program will expand to 18 additional sites as determined by the Ministry of Health in each region with emphasis on community health centers and rural areas. Implementing partners will continue to be engaged to spread HIVQUAL-Moz throughout their networks of supported facilities, as part of their role in providing TA as treatment services begin to transition to local partners. HIVQUAL-Moz will also play a role in monitoring the quality of HIV/AIDS care during the MOH-mandated transition to integrated primary and HIV/AIDS care, adding indicators that reflect chronic disease management as patients respond to antiretroviral therapy. The program will implement the third round of measurement and support QI activities related to PMTCT, while expanding initial work in pediatrics and Counseling and Testing guided by the leadership of the Ministry of Health and DPS officials, in close collaboration with PEPFAR, coordinated by CDC. Indicators and facilities will be selected by the Ministry of Health.

Activities and Expected Results

Activity 1:
Performance Measurement
The goal of HIVQUAL is to allow health services and individual health care providers to engage in a participatory process of quality improvement based on evidence and data collected locally by their own teams. Using the HIVQUAL model, Health Units, Districts, Provinces and the Ministry of Health (MoH) at central level will gauge the quality of services provided to the HIV+ population. Indicators based on national guidelines and chosen by the MoH have been developed and methods for feasible and sustainable strategies to improve quality through implementation of these established standards of treatment and care adopted.

Performance measurement will continue in the 42 participating sites and expand to an additional group as determined by the Ministry of Health, especially targeting underserved area where quality of care may be of concern relative to urban areas and those supported by partners. Although implementing partners will continue to facilitate implementation in clinics they support, HIVQUAL staff will continue to mentor them and technically support MOH leadership of these activities at both national and regional levels.

Established indicators measured through HIVQUAL-MZ determine the level of continuity of care, access to antiretroviral therapy and CD4 monitoring, TB screening, prevention education, adherence assessment and PEP implementation. Data will be collected and reported by participating facilities semi-annually with results being reviewed immediately at the site level for use in quality improvement activities. Indicators will be reviewed by an advisory group following each data collection phase. Facility-specific data that are aggregated provide population-level performance data that indicate priorities for national quality improvement activities and campaigns. The HIVQUAL team will continue to support meetings of key stakeholders led by the Ministry of Health to review data from measurement of quality indicators, evaluate the process of review, refine indicators and prioritize areas for improvement at the national level.

Aggregated results will be reviewed by the Ministry of Health to assess and evaluate progress.

Additional measures are under development for PMTCT (15807.23589.09), Pediatrics ART (23593.09) and Counseling and Testing (15806.23590.09). A narrative description can be found in the respective activity sheets for those program areas.

Activity 2:
Quality Improvement
Results of the data are utilized at the clinic level, adapting the methods of quality improvement to the system and capacity of each organization. Priorities for improvement are established at the site level and QI projects implemented. A central database will be used to track QI activities and intervention strategies. Regional groups will be held semi-annually to promote peer learning and share improvement successes. It is expected that all facilities will implement at least two quality improvement projects in FY 09. Coaching and mentoring of regional and district level personnel will continue, reaching all regions and enhancing penetration of districts in FY09. The unique approach of HIVQUAL-MZ involves fostering regional networks of providers who are engaging in quality improvement activities that enables them to work together, while sharing improvement strategies, to address common problems that are unique to each area, including, for example, human resource shortages, coordination of care among multiple agencies as well as maintenance in care. Quality improvement training will be conducted as needed for providers and government officials. A training-of-trainers program will be facilitated in Portuguese to build capacity for QI training among national, regional and district health officials. The Project will work in partnership with all treatment partners who will help disseminate quality improvement strategies and activities throughout their networks.

Additional staff is necessary to provide coaching and mentoring because of wide geographic territory and constraints of transportation and rural sites, as well as availability of regular flights. Regional staff will continue to be supported through a subcontractual agreements with FGH-Vanderbilt University (Friends of Global Health) who will either second staff to regional health units (DPS) as regional quality leads or hire staff who will work in the office with of a partner agency. In either case these individuals will provide guidance to all of the 11 DPS units and provide coaching and mentoring in their regions in addition to facilitating regional QI groups. The role of these advisors will focus on technical expertise and prioritization of quality management at the regional level as services continue to expand.

Activity Narrative: Activity 3:
Infrastructure development and systems strengthening
An assessment tool to measure the capacity of the quality management program at each facility is used to measure the growth of quality management activities as well as guide the coaching interventions. The USG HIVQUAL team will expand its focus to build quality improvement coaching skills among MOH staff and providers in Mozambique and provide advanced level trainings for sites as well as basic trainings for new participants. Mentoring of MZ-based staff will continue throughout the activity.

Work will continue in partnerships with JHPIEGO and FGH which have recruited the project manager and data manager and supported regional staff. These individuals provide logistical coordination for activities, including data collection, training and QI training as well as assessments of quality management at participating clinics. Working with JHPIEGO facilitates the coordination of other QI activities in Mozambique which address infection control practices.
The HIVQUAL-Mozambique team will also provide training to partners and work closely with MOH staff to implement the national quality management program.

Activity 4:
Support of National Quality Management Program
HIVQUAL-International will continue to support the implementation of the national quality management program in Mozambique. Technical review of the quality management plan and its routine updating will be continued. Assessment of the national quality program will continue to identify areas for improvement. The team will continue to support MoH in this activity and work closely with other units within the Ministry of Health, especially TB services, to assure coordination of activities, under the guidance of MoH officials. The national team will be supported to develop publications and to present their work at international conferences.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13220

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13220	5121.08	HHS/Health Resources Services Administration	New York AIDS Institute	6418	3586.08	HRSA IAA	$550,000
8803	5121.07	HHS/Health Resources Services Administration	New York AIDS Institute	4943	3586.07	HRSA IAA	$500,000
5121	5121.06	HHS/Health Resources Services Administration	New York AIDS Institute	3586	3586.06	HRSA IAA	$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $50,000

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3520.09
Mechanism: DOD-DOD-GHAI-HQ
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 23108.09
Planned Funds: $100,000
Activity System ID: 23108
Activity Narrative: THIS IS A NEW ACTIVITY

As accurate behavioral risk data is the basis for good prevention programming, DOD will support the Mozambican military (FADM) in designing and implementing a KAP-type surveillance survey that targets instructors from military training camps. The instructors at the recruit training camps are the role models and leaders for the new recruits; they set and model the behavioral norms. However, there is some concern that, due to the harshness of recruit training, these recruit training camps put the new recruits at increased risk for HIV. Therefore, the instructors' HIV risk behaviors need to be assessed so that behaviors which are counterproductive for HIV prevention can be addressed with new prevention programming.

This activity is extremely important for ensuring that all individuals in the target group know their own HIV status. Using the information gathered with the survey, we will find out, among other things, about consistency of condom use, alcohol use, and partner characteristics. All of the collected information will be provided to the FADM and, together, we will develop/adapt prevention activities to improve HIV prevention behaviors and the norms which are modeled in these settings.

New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Family Planning
* Malaria (PMI)
* TB

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3568.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 23753.09
Planned Funds: $150,000
Activity System ID: 23753
Activity Narrative: THIS IS A NEW ACTIVITY

The Ministry of Health uses an MS Access-based database (Modulo Basico) to collect, manage, and report routine (monthly) aggregate facility level information at the provincial and national level. This program was developed for Mozambique by an expatriate programmer in 2004 and has been supported by the programmer who is seconded to the Ministry of Health's Department of Health Information since then. This position has been supported by funds from another donor, but these funds are being discontinued. USG has agreed to provide salary support for the continuation of this position, which is being competed in October 2008, to ensure continued basic support of this critical system.

A key focus of this technical advisor is capacity building and systems strengthening within the Department of Health Information. The advisor will actively participate in the training of his Mozambican counterparts, at all levels of the Health System of the Republic of Mozambique and will assist with the integration of National Health Information System with other diverse vertical programs.

Discussions are in progress with the Ministry of Health to identify a specific individual to work on modulo basico. Mentorship of this Mozambican counterpart would be a prioirity for PEPFAR Mozambique.

This advisor will participate in a different but related activity (currently funded with existing funds through I-TECH) to develop recommendations for modifications and enhancements to the Modulo Basico system. It is expected that this advisor would play a key role helping to prioritize enhancements that are needed in the system as well as to participate in the implementation of these enhancements.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3568.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 23754.09
Planned Funds: $150,000
Activity System ID: 23754
Activity Narrative: THIS IS A NEW ACTIVITY

This is listed as a new activity in COP 09 but was funded in previous COPs under a different program area.

The Ministry of Health's Department of Health Information (DIS) is responsible for the overall coordination and strengthening of health information systems in the Ministry of Health. Currently, DIS faces a dire shortage of human resources in terms of number of qualified staff needed to carry out key tasks. Since 2007, CDC has funded a technical advisor secunded to the MOH's DIS to assist with strategic planning and implementation of key activities in the DIS annual workplan.

A key focus of this technical advisor is capacity building and systems strengthening within the Department of Health Information. The advisor will actively participate in the training of Mozambican counterparts, at all levels of the Health System of the Republic of Mozambique and will assist with the integration of National Health Information System with other diverse vertical programs.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3640.09
Mechanism: TBD Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 23861.09
Planned Funds: [redacted]
Activity System ID: 23861
Activity Narrative: THIS IS A NEW ACTIVITY

BACKGROUND AND SUMMARY

Measurement of mortality is an important aspect of HIV surveillance. The Government of Mozambique is working to improve mortality surveillance systems through strengthening of the hospital based reporting systems, by improving collaboration between ministry of justice, national statistics institute, and ministry of health, by revising the official death certificate, by implementing health and demographic surveillance sites, by increased participation in WHO mortality reporting activities, and conducting special surveys. The current process by which death registration moves from community, to health facility, to civil registry, to vital statistics is not well understood. Further, these processes vary from province to province, with Maputo demonstrating death registration rates ten times higher than Nampula in 2001, and with no estimates available of registration rates in rural areas. This activity will cover expenses related to coordination between these various activities.

ACTIVITIES and EXPECTED RESULTS:

Funds may be used to assess how death certificates currently flow through the health system and civil registry system. Funds may be used for diverse activities related to death registration, including to increase collaboration between ministries by sponsoring meetings and workshops on death and birth registration, and to sponsor participation by local counterparts in regional and international meetings related to vital statistics.

Through this activity it is expected that there will be both increased awareness of the limitations of traditional vital registration among ministry technical staff, and improvements in registration rates leading to better estimation of cause and age-specific mortality.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3574.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 23774.09
Planned Funds: $129,111
Activity System ID: 23774

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a new activity in that it is organized as its own separate activity, but is a continuation of the subactivity listed as Activity 8639.08 in COP 08 (Provincial M&E Officers).

This is related to the following activities in COP 09:

Ministry of Health has placed increasing focus on strengthening human and technical resources at the provincial level to improve the coordination and delivery of services in the province. In FY08, Ministry of Health developed a standard set of technical advisor positions to be placed at the Provincial level; these four positions included advisors in Clinical Care, Laboratory, Pharmacy, and Monitoring and Evaluation.

USG was asked to assist with the funding and recruitment of these positions at the provincial level. The primary partner responsible for providing technical assistance in the area of clinical services in a province will also be responsible for the recruitment and support of the four technical advisor positions, including this Monitoring and Evaluation Technical Advisor position.

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

EGPAF has been asked to place 3 M&E Advisor in Maputo Province, Gaza, and Cabo DelGado as part of their overall support to clinical services in these Provinces.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3576.09

Mechanism: Technical Assistance

Prime Partner: Association of Public Health Laboratories

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 15916.23646.09

Planned Funds: $0

Activity System ID: 23646

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: (No new funds for FY09)

Activities 1), 2) and 3) below are in progress; dollar amounts allocated to each subactivity have been removed. No additional funding is requested for this activity in COP09.

The remainder of this narrative is unchanged since COP08.

This activity is comprised of a number of subactivities. These include:

1) Procurement of laboratory tests, supplies and equipment for ART resistance monitoring

2) Procurement of tests, medicines, and sample collection and processing supplies and equipment for Sentinel Surveillance

3) Procurement of laboratory tests, and sample collection and processing supplies and equipment for an AIDS indicator survey

1) Procurement of laboratory tests, supplies and equipment for ART resistance monitoring

For ART monitoring one MOH-supported treatment site will be selected to pilot drug resistance monitoring in a pediatric or adult cohort. Expected sample size is 100 patients, for whom baseline data will be collected. Routinely-collected blood samples will be used for preparing baseline and 12 month genotyping and viral load samples. Funds will cover procuring sample collection supplies and equipment. This is related to activities 12267.08 and 8639.08.

2) Procurement of tests, medicines, and sample collection and processing supplies and equipment for Sentinel Surveillance

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. This is related to activities 10211.08 and 8639.08.

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 2007 during the latest round, sentinel surveillance was conducted at 36 sites throughout the country and dry blood spot (DBS) technology, BED incidence assays, and threshold ARV resistance monitoring were introduced. 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 and are currently the national source for HIV prevalence estimates. 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 2008, funds will be used to procure sample collection equipment and supplies, sample processing equipment and supplies, and test kits necessary to conduct sentinel surveillance.

3) Procurement of laboratory tests, and sample collection and processing supplies and equipment for an AIDS indicator survey

The only source of nationally-representative HIV indicator data in Mozambique to date was collected during the 2003 DHS. In order for the US Census Bureau to be able to estimate the number of infections averted, a key element of the 2-7-10 goals, a second HIV indicator data point is required by mid 2009. In addition, as of yet no nationally-representative HIV serosurvey has been performed in Mozambique. While both of these needs could be met by performing another DHS, due to the recent population census, upcoming elections, and competing survey priorities the National Statistics Institute (INE) has indicated that they will not conduct a DHS until 2010. This is related to activity 10211.08. Early funding for this subactivity is being requested since the procurement must begin by April.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15916

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15916	15916.08	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	6407	3576.08	Technical Assistance	$860,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3640.09

Mechanism: TBD Cooperative Agreement

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 19911.23838.09

Planned Funds: [redacted]

Activity System ID: 23838

Activity Narrative: Continuing Activity: (No new funds in FY09)

SUMMARY AND BACKGROUND:

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.

MOH, in coordination with donor and technical assistant partners, began implementing routine HIV sentinel surveillance among pregnant women in 1998 in 10 sites. Since 2001, CDC has provided complete financial and technical support for sentinel surveillance activities in Mozambique. In 2007 during the latest round, sentinel surveillance was conducted at 36 sites throughout the country and dry blood spot (DBS) technology, BED incidence assays, and threshold ARV resistance monitoring were introduced.

ACTIVITIES and EXPECTED RESULTS:

Funds will be used to train survey personnel including maternal and child health nurses, laboratorians, district and provincial supervisors, as well as prepare data collection instruments, move supplies to and from surveillance sites, and conduct site assessments and supervision for the 2009 sentinel surveillance round. This activity is related to activities 15916.08 and 8639.08.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19911

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19911	19911.08	HHS/Centers for Disease Control & Prevention	To Be Determined	6412	3640.08	TBD Cooperative Agreement	[redacted]

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3570.09

Mechanism: Cooperative Agreement

Prime Partner: Ministry of Health, Mozambique

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 8589.23794.09

Planned Funds: $350,000

Activity System ID: 23794

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This existing activity reflects a general strategy designed to build and strengthen MOH capacity in strategic information. Due to recent reorganizations at MOH and chronic staffing shortages as well as vacancies in key positions, specifics of these activities will be developed later in the year. The Minister of Health has specifically requested USG assistance with surveillance, M&E, information systems, and human capacity development. Areas of emphasis include:

I. Information systems and standards development

1) Create & maintain a national registry of health facilities. This activity provides support to the ongoing development and expansion of an electronic database, in collaboration with the Provincial Directorates of Health, which will provide information of health facilities. Information on health facilities is being collected through GPS mapping. This is a follow up activity to the national inventory of health facilities carried out by the MOH during 2008-2009.

2) Continue to support improved mortality surveillance through consolidating the national integrated system and training and implementing ICD-10 coding.
The consolidated national system for mortality surveillance in the country would be comprised of all data generated at health facilities and elsewhere, creating a unique consolidated database that can be generated and managed by DIS. This consolidation would be facilitated by implementation of the revised death certificate and by making the national database on mortality publicly available through various mechanisms (e.g. published reports or web access). Additionally, mortality surveillance will be improved through training at central and provincial levels on standard ad ICD-10 and through the use of ICD-10 coding to revise the ICD-10 adapted list.

3) Support standards development by supporting the National Standard Commission and its related activities. These activities include the following: continued standardization of definitions for medical procedures and related systems; implementation of these standards at the national level; establishment of communication standards to facilitate interoperability among systems; and production of the implementation guide describing different national health communication standards (e.g. disease reporting, immunization, referral and counter-referral, discharge summary, death and birth registration).

4) Help formalize, disseminate, and implement MOH "infrastructure architecture" by providing hardware, equipment, and TA support. Specifically, this would mean some of the following activities: supporting DIS/MOH in project management activities with regards to the Hospital Information System; providing technical expertise in the assessment, development, adoption, and upgrading of existing health information systems; deployment of the others national health information systems, such as mandatory disease notification, National Immunization Database, and other epidemiologic surveillance systems (specific programs such as Malaria, TB, AIDS and others); and construction of the national health data warehouse strategy, including national registries of birth and deaths.

II. Develop and maintain integrated surveillance systems for HIV/AIDS, OIs, TB, STIs

III. Strengthen the laboratory network as it relates to epidemiological surveillance, referral systems, laboratory confirmation of clinical cases, monitoring of pathogens, resistance and reporting of cases to the central level. To achieve this goal, MOH will develop or revise appropriate guidelines, procure necessary equipment, and strengthen the quality control of procedures at all levels.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13197

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13197	8589.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6408	3570.08	Cooperative Agreement	$865,000
8589	8589.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	$300,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3640.09 **Mechanism:** TBD Cooperative Agreement

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 23863.09
Planned Funds: [redacted]
Activity System ID: 23863
Activity Narrative: THIS IS A NEW ACTIVITY

SUMMARY AND BACKGROUND:

Mozambique will conduct its first population-based AIDS Indicator Survey (AIS) in early 2009. Further, this is the Ministry of Health's first attempt to conduct a national seroprevalence survey. Conducting this survey in Mozambique is presenting many challenges that lead to uncertainty regarding budgeted activities. These uncertainties are due in part to fluctuating fuel prices, delays which have led to implementation during the rainy season, lack of infrastructure, concerns about social mobilization, and the need to produce materials in English and Portuguese.

While the survey fieldwork is funded via the NAC, and technical assistance and laboratory support, including procurement, is funded in COP08, this activity will provide additional funding to cover unexpected expenses associated with the survey.

ACTIVITIES and EXPECTED RESULTS:

Activities to be conducted with these funds include translations, development of informational materials, purchase of test kits and reagents, travel expenses related to supervision, dissemination activities and a national prevalence estimation workshop to combine results from ANC sentinel surveillance and the AIS.

Through this activity it is expected that the AIS survey will be successfully completed leading to improved national and provincial HIV prevalence estimates and updated behavioral data that is critical to assessing prevention activities in Mozambique.

This activity is related to activity 10211.08.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3673.09
Mechanism: USAID-TBD Local (USAID)-GHAI-Local
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 9219.24116.09
Planned Funds: [redacted]
Activity System ID: 24116

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY UNCHANGED FROM FY2008.

September 2008 Reprogramming: Funding reduced by $6300.

Reprogramming August08: Funding increase $500,000. USAID will identify a suitable partner to provide M&E assistance to the Ministry of Women, Children and Social Action (MMAS), as the COP review indicated that UNICEF does not have the institutional mandate or profile to provide the type of TA required by MMAS. Funds will be kept as TBD until a new partner is identified.

April08 Reporgramming Change: Reduced $150,000.
This is a continuing activity in COP08.

In FY07, a local consultant was hired to assist USAID with data collection, data quality analysis and on-site monitoring of partner performance and compliance. Although a promising start a more comprehensive and systematized approach is needed to provide the level of oversight and monitoring of USG partners as intended and desired. PEPFAR South Africa has worked with a local partner to develop a web-based data collection system for monitoring of their partners. PEPFAR Mozambique has increased the level of funding in this field monitoring activity to permit a contract with this local partner to develop and provide such a system for Mozambique and to identify partners to assist the USG team, and particularly the USAID Mission, in providing adequate oversight and monitoring of implementation. No target populations have been selected, because this is a strategic information activity focused on systems development and data quality, collection and reporting.

The narrative below from FY2007 has not been updated.

This activity is in support of the strategic information priorities to ensure the quality and accessibility of data for PEPFAR planning and reporting purposes.

The USG SI team proposes to allocate funding for a yet to be determined partner to assist the USG team in conducting Data Quality Auditing (DQA) among USG partners working in Mozambique, with emphasis on those partners working on community-based programs. DQA is a validated tool in the monitoring and evaluation (M&E) field that has been successfully adapted for use within USAID programs to monitor partner performance. Most importantly, this activity will allow the USG to assure the quality of a specific partner's data management practices as well as the data itself. Additionally, we see DQAs as a means for building capacity among partners to improve data management and reporting systems. Because of this latter reason, the USG team is prioritizing partners working on community-based programs, including home-based care, orphans and vulnerable children and sexual prevention, which have systematically identified reporting challenges owing to large turnovers of staff, a workforce consisting largely of unskilled volunteers, and the challenge of collecting data in communities where M&E reporting is not routine.

New/Continuing Activity: Continuing Activity

Continuing Activity: 13360

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13360	9219.08	U.S. Agency for International Development	To Be Determined	6449	3673.08	USAID-TBD Local (USAID)-GHAI-Local	[redacted]
9219	9219.07	U.S. Agency for International Development	To Be Determined	5048	3673.07	USAID-TBD Local (USAID)-GHAI-Local	[redacted]

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5085.09

Mechanism: USAID-United Nations Children's Fund-GHAI-Local

Prime Partner: United Nations Children's Fund

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 9221.24354.09

Planned Funds: $0

Activity System ID: 24354

Activity Narrative: This is a continuing activity under COP09.

Reprogramming August08: Funding decrease $500,000. UNICEF is currently fully funded for another year. In addition, the COP review indicated that UNICEF is not the appropriate partner to provide the type of TA that the Ministry of Women, Children and Social Action requires. Funds will be reprogrammed to Abt.

This is a continuing activity under COP08. UNICEF will continue their M&E work at the national level and will start work to improve the performance of Provincial and District Directorates of Women and Social Action (DPMAS) in their coordination of monitoring and evaluating service delivery and in their role as coordinators of provincial technical working groups. In FYO8, UNICEF will expand this effort to include all 11 provinces in Mozambique. This activity aims to train 4,000 MMAS staff working at local, district and provincial levels.

An additional component to this activity in FY08 will include work with MMAS to facilitate community participation in the planning, development and implementation of action plans that will ensure that 165,000 OVC have access to the six essential services via a community referral system.

The FY2007 narrative below has not been changed.

This activity is a follow-on to the COP06 activity #5386 and will continue the M&E work at the national level, but will also focus on the Provincial Directorates of Women and Social Action (DPMAS) to improve their performance in their role in monitoring and evaluating service delivery and in coordinating provincial technical working groups. Furthermore, linkages with district authorities and with the communities themselves will be strengthened to improve the monitoring of direct service delivery for OVC. Currently, UNICEF is strengthening the capacity of provincial staff in all 11 provinces to collect updated information in line with the national M&E system being developed. Funding from USAID would complement provincial level interventions, by improving monitoring and evaluation and coordination systems at the district and community level and establishing a model of best practice in Sofala and Zambezia Provinces.

The results would include: District level TWGs fully functional in at least 30 districts of Sofala and Zambezia Provinces capable of collecting and reporting on numbers of OVC reached with basic services to DPMAS officers on a quarterly basis. Approximately 65 MMAS provincial and district staff will be trained in monitoring and evaluation methods and in how to utilize the national M&E system for better information flow and better decision making. These activities fit with the aim of the Children and Family Initiative, and have an estimated cost of $30,000.

The main component of UNICEF's support to MMAS, which is partially funded with COP06 money, is to continue strengthening the planning and supervision capacity of representations from MMAS, ensuring (i) that they are fully involved in the Provincial planning cycle; (ii) that they maintain updated information on the different civil society interventions at provincial and district levels and that this information is fed back to the DPMAS; (iii) that they are provided with the resources to play a effective supervision role for OVC service delivery; and (iv) that they are able to build stronger communication links with community committees.

During COP07, UNICEF, will work towards the aims of the Children and Family Initiative, and will assist the Ministry in drafting and disseminating appropriate legislation consistent with international standards for child protection. They will also train and develop the capacity of civil servants and staff of child welfare and social services. They will also work in creating international networks of child welfare and social service professionals. UNICEF will also assist in building the provincial/district capacity to assisting with information management challenges related to birth registration, case management and social service tracking. ($30,000)

New/Continuing Activity: Continuing Activity

Continuing Activity: 14340

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14340	9221.08	U.S. Agency for International Development	United Nations Children's Fund	6784	5085.08	USAID-United Nations Children's Fund-GHAI-Local	$0

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7413.09 **Mechanism:** MEASURE Phase III Evaluation

Prime Partner: University of North Carolina at Chapel Hill, Carolina Population Center

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 16295.24355.09

Planned Funds: $780,000

Activity System ID: 24355

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

1. Data Quality Management and M&E Assistance ($580,000)

MEASURE will help USG to develop its first data quality assessment and improvement program. This will help to standardize the way data quality is assessed across all USG PEPFAR agencies and help to identify cross-cutting themes and needs for additional data quality improvement.

In the first phase, USG will adapt recommended standardized tools for data verification (developed by MEASURE Evaluation) for use in Mozambique and hold trainings for partners across agencies (CDC, USAID, State, DOD, Peace Corps) in the use of these tools. USG recommends a pilot phase using one indicator as a reference and expand the process to include all indicators reported in APR.

MEASURE Evaluation will provide technical assistance and training expertise related to data quality assurance and management through two DQA Tools that have been developed and adapted including (1) The Data Quality Audit Tool (DQA) which provides guidelines to be used by an external audit team to assess a program and project's ability to report quality data; and (2) The Routine Data Quality Assessment Tool (RDQA) which is a simplified version of the DQA for auditing that allows programs and projects to internally assess the quality of their data and strengthen their data management and reporting systems. In the context of HIV/AIDS, the DQA relates to component 12 (i.e. Supportive supervision and data auditing) of the "Organizing Framework for a Functional National HIV M&E System". MEASURE Evaluation will consider international expertise to introduce these tools in Country and work closely with a local training institution to build their capacity for future DQA work.

Tasks may include:
- Country visit provided by MEASURE Evaluation international experts for initial planning;
- Conducting DQA and RDQA workshops for CDC, USAID, State and others;
- Conducting DQA and RDQA workshops for national stakeholders (MISAU, CNCS, MMAS and others);
- Advocate and promote the engagement of the National University of Mozambique on the Data Quality Tools so they may be incorporated into the M&E national curricula
- Evaluation of the HIV/AIDS database system managed by CNCS (Data Quality and Data Use)

In the second phase, MEASURE will conduct data quality assessments with at least 6 USG partners annually (starting in FY10). These assessments will utilize adapted tools mentioned above and build upon the initial capacity building work that will be done in the first phase. These assessments will include a variety of activities including self-assessment by the partners on their own data quality systems, data verification exercises (to original source records), and assistance to partners to identify and prioritize action steps to be taken to improve data quality within the partner.

Tasks may include:
- Providing training to partners on completion of data quality self-assessment
- Conduct of 6 data quality assessments, including meetings with partners, visits to sample of service delivery points, review of original source records
- Assistance to partners to identify realistic action steps partners can take to improve data quality
- Development of summary report for each partner/data quality assessment conducted

2. Assistance to CNCS ($200,000)

MEASURE Evaluation will continue to provide technical assistance to CNCS in order to strengthen the HIV/AIDS M&E system. The goals of the HIV/AIDS Database are to facilitate the systematic collection, storage, retrieval and dissemination of information on Mozambique's response to the HIV/AIDS epidemic in a manner that meets the needs of the country, its stakeholders and the partners involved in the national response. The system will provide accurate, up-to-date information to decision makers and program implementers on the status of the country's response to the epidemic and its outcomes. A full time M&E Advisor / Information System expert will assist CNCS to ensure the use and functionality of the HIV/AIDS database.
Tasks may include:
- Completion of the HIV/AIDS database development and installation;
- Monitoring and supporting the use of the HIV/AIDS database;
- Conducting on the job training at provincial and central levels;
- Conducting regional refresher trainings for data collection and database use;
- Conducting a DDIU meeting to reinforce indicator results to aid the decision making process.

OLDER narrative below:
Reprogramming August08: Funding increase $40,000. Measure III will provide M&E assistance to new partners under three public-private partnerships (PPP) that will be implemented this year. Partners include construction companies, private foundations and mining companies. Measure will support the development of PPP-related indicators and will provide training to PPP partners in data collection, analysis and reporting. Measure III will work in coordination with HPI as the latter will provide leadership and technical assistance to those same PPP partners, using HVAB and HVOP funds, to establish workplace programs to prevent HIV/AIDS.

This is the continuation of Measure/Evaluation II activities from FY2006 and FY2007. It has three components: 1) Completion of the INCAM mortality survey; 2) Technical assistance to the Ministry of Women and Social Action; 3) Technical assistance to the National AIDS Council (CNCS). This activity is entered here as a new activity because it will be implemented through the follow-on Measure III project.

Activity Narrative: 1) INCAM ($125,000): The INCAM mortality survey is currently being carried out in the field (September, 2007). FY08 funding will be used to expand the scope of the data demand and activities planned for using the information gathered. No target population was selected because this is a survey and data analysis activity. The program narrative from activity 9121.07 is copied below in order to provide the background to this "new" continuing activity.

The purpose of this activity is to strengthen Mozambique's national capacity to generate and use reliable mortality statistics, with a focus on HIV/AIDS, using validated verbal autopsy procedures. Through the provision of technical and field support by MEASURE and Bureau of Census, Mozambique will conduct a mortality survey (called INCAM) in follow-up to the 2007 census. INCAM will determine the levels of HIV mortality over the previous twelve months as initially reported during the census. A total population of approximately 844,000 residents in all 11 provinces will be covered by the INCAM survey. This survey, which will be implemented by the National Institute of Statistics (INE) with assistance from the Ministry of Health (MoH) and the Manhiça DSS site, can also strengthen the country's overall health information system by providing estimates of several additional mortality indicators (e.g. malaria mortality, TB mortality, infant and child mortality, and maternal mortality). A pilot census and mortality survey also funded via MEASURE and the Bureau of Census, through the FY06 COP, is being conducted in October-November 2006 to ensure logistic and economic feasibility.

To implement INCAM, MEASURE will support all aspects of the survey including trainings, field work, and data collection, analysis, use and dissemination using the FY07 funds proposed here. One of the key MEASURE activities of the INCAM is capacity building in mortality surveillance using validated verbal autopsy methodology and cause of death certification/ ICD-10 coding using the WHO guidelines. MEASURE has developed and translated materials and will train approximately 230 individuals nationwide as verbal autopsy interviewers. MEASURE will also train an additional 55 individuals as verbal autopsy fieldwork supervisors and will participate in the supervision support of the interviewers. A total of 15 MoH doctors will also be trained in death certification and ICD-10 coding through technical assistance provided by MEASURE.

An additional component of the INCAM will be a focus on data demand and information utilization. MEASURE, in addition to Bureau of Census, is assisting INE to develop indicator packages and data use calendars for national and sub-national use. These tools are based on the requirements of local, regional, and national government, as well as the needs of development partners. Upon completion of the INCAM, this activity will support INE and other stakeholders in staging workshops designed to help stakeholders understand and use the HIV/AIDS (and other cause-specific) mortality information, and communicate their findings to policymakers.

2) Technical Assistance to the MMAS ($200,000): This activity, partially funded under HKID (15805.08) in COP08, allows USG to continue strengthening the monitoring and evaluation capability of the Ministry of Women and Social Action (MMAS) whose mandate includes the care of orphans and vulnerable children and people living with HIV and AIDS.

This TA and associated training will reinforce the ability of central, provincial and district level MMAS systems and staff in 11 provinces to plan, coordinate, and 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 systems will be coordinated with those of the Ministry of Health and the National AIDS Council, also supported with PEPFAR funds.

A fulltime, locally hired Resident Advisor has been placed in the Ministry of Women and Social Action to ensure that the implementation of the MMAS M&E plan takes place nationwide. The Resident Advisor has completed an assessment of MMAS strengths and weaknesses and is ready to move forward with implementing recommendations to improve M&E systems.

MMAS is also charged with developing and implementing programs related to social policies and programs for women. Strengthened M&E systems will contribute to improved reporting and use of information from key HIV/AIDS programs which MMAS manages, including home-based care and OVCs. Components of this activity are: 1) Working with MMAS at the provincial level to monitor and adapt the M&E Plan to meet its needs and limitations; 2) M&E trainings and technical assistance at the provincial level; and 3) Guidance at the provincial level in the implementation of the M&E plan, which includes setting up data collection systems, such as tools and data quality control. OVC targets are not applicable to this activity because it is technical assistance for M&E systems.

3) Technical Assistance to the CNCS ($200,000): Measure/Evaluation II has provided technical assistance to the CNCS in response to specific requests. For the most part, this technical assistance has been provided by US based staff. The current Measure/Evaluation II partner with FY06 funding continues to work with the CNCS to define their needs and to provide the requested assistance. A Memorandum of Understanding is being developed.

Funding was not included in FY07 for the technical assistance activities to MMAS and the CNCS because there was a pipeline and because the needs for funding the INCAM were so great. However, in FY08 we would like to assure continuity of technical assistance support to the MMAS and CNCS by providing funding through the TBD Measure/Evaluation III.

The 4 organizations to be provided with technical assistance in M&E are the MOH, INE, MMAS and CNCS. 40 individuals trained represents 10 per organization.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16295

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16295	16295.08	U.S. Agency for International Development	University of North Carolina at Chapel Hill, Carolina Population Center	7413	7413.08	MEASURE Phase III Evaluation	$815,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3526.09
Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 4993.24438.09
Planned Funds: $843,152
Activity System ID: 24438

Activity Narrative: Continuing Activity:

This is a continuation of activity 4993.08.

This activity provides funding for the salary, benefits packages, and program-related travel for five positions - (1) Sr. SI Specialist (2) Surveillance/Surveys Officer, (3) Associate Director of Science, (4) Informatics Advisor and (5) M&E Advisor.

1) Sr SI Specialist/Medical Epidemiologist (Sr. Strategic Information Coordinator) (USDH): The incumbent is the team lead for the CDC SI team (USDH) and is an integral member of all SI-related activities in PEPFAR. She is responsible for the principle management and oversight of the collaborative program design, implementation, monitoring and evaluation of primary prevention activities, analyzing program data through statistical methods, and disseminating study results through scientific journals, periodic reports and public presentations. The Sr. SI Coordinator also supports SI activities at the Ministry of Health and other partner organizations. These activities include HIV-related surveillance and surveys, informatics, Public Health Evaluations and M&E.

(2) The Surveillance/Surveys Officer oversees technical assistance provided for surveillance activities and surveys which CDC supports, including sentinel surveillance, and national seroprevalence and behavioral surveys. The Surveillance/Surveys Officer provides technical assistance to the MOH to assist with development of its surveillance program and its ability to conduct national surveys. Finally, the surveillance/surveys officer will be the primary point of contact with multisectoral bodies such as the Multisectoral Working Group, coordinating CDC participation in and support of data triangulation activities with the NAC and UNAIDS. This position is currently filled.

(3) Associate Director of Science (ADS) The main duties of the ADS Advisor are to plan, initiate, conduct, evaluate, and coordinate public health evaluations and other complex HIV/AIDS applied empidemiologic research, surveillance, monitoring, evaluation, epidemiological response, and program activities in Mozambique concerned with the reduction of HIV transmission and mitigating the impact of HIV and AIDS. The ADS assists and provides oversight in the design and implementation of epidemiological studies, public health evaluation, and basic program evaluation activities in Mozambique. The ADS is also responsible for building capacity among USG partners in developing and implementing PHE and operations research projects and protocols, ensuring ethical standards are met, and tracking IRB and other ethical approval submissions. This position is currently filled.

(4) Informatics Advisor. Under the guidance of the CDC Country Director and the Senior Technical Advisor for Strategic Information (SI), the Informatics Advisor will play a critical role in strengthening capacity and systems for informatics in the Government of Mozambique's Ministry of Health to measure the national response to HIV/AIDS in Mozambique. This position serves as a technical expert and consultant in the areas of informatics, data analysis, software analysis, design, development, electronic communications (including the Internet) and computer hardware support. Within the SI team, this advisor helps to establish the direction and scope of the technical informatics activities of CDC/Mozambique and provides consultation on the information resources and technologies needed to perform program activities. Finally, this advisor provide technical leadership and oversight in directing, managing, planning, developing, coordinating and evaluating public health informatics programs and activities in support of the Ministry of Health (MOH). This position is not currently filled but this position should be advertised by the end of CY 08.

(5) M&E Advisor. Under the guidance of the CDC Country Director and the Senior Technical Advisor for Strategic Information (SI), the Monitoring and Evaluation (M&E) Advisor plays a critical role in strengthening capacity and systems for M&E in the Government of Mozambique's Ministry of Health to measure the national response to HIV/AIDS in Mozambique. As well, the M&E specialist works with USG partners at both implementer and national levels to quantify progress towards targets set for PEPFAR. The M&E Specialist advises the CDC Senior Technical Advisor for SI on all matters related to the development and strengthening of routine HIV/AIDS related program reporting systems in Mozambique. Specifically, the M&E Specialist works to strengthen systems and staff capacity at the MOH to collect, manage, and use quality M&E data to inform programs and policies in the national response to HIV and AIDS. The M&E Specialist also has responsibility for assisting the PEPFAR team in measuring the USG contribution toward achieving the Emergency Plan targets through MOH reporting systems, and to adapt PEPFAR-supported M&E and other Strategic Information tools to improve Emergency Plan programming and service delivery. This position is currently filled.This is a continuation of activity 4993.08 in COP 08.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12940

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12940	4993.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$1,273,549
8632	4993.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	$1,395,805
4993	4993.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHAI_CDC_HQ	$600,500

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3526.09

Mechanism: GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 15890.24439.09

Planned Funds: $0

Activity System ID: 24439

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008: (No new funds for FY09)

The activity is continuing and is in the data analysis phase.

Title: HIV Risk in Sex Workers and Drug-Using Populations in Maputo, Beira, and Nacala Porto, Mozambique: An International Rapid Assessment, Response and Evaluation (I-RARE)

Project Description:
The I-RARE assessment and training package will provide Mozambican health professionals and researchers with the skills to conduct qualitative assessments for vulnerable populations, including drug users, commercial sex workers and MSM. These groups frequently engage in illegal or socially stigmatised behaviours and have less access to HIV/AIDS services than the general population.

Evaluation Question:
This evaluation intends to answer the following questions:

1. Can vulnerable and hidden high risk populations be reached in order to implement HIV prevention interventions?
2. Can these populations be provided with risk reduction information and supplies to assist them in preventing HIV, and can they be linked to counseling and testing, HIV/AIDS care and treatment services, including diagnosis and treatment for opportunistic and sexually transmitted infections where needed?
3. Will these populations reduce their risk upon access to these interventions, including both drug-using and sexual behaviors?
4. Will these populations utilize the services they are referred to?

The protocol had approval from the ethical reviews in the US and the Bioethics Committee in Mozambique. Data from the rapid evaluation will be used to inform the scale-up of programs in the following years.

Planed use of findings:
Results of the assessment will be used to strengthen community outreach to vulnerable groups and systems for referrals to HIV prevention, care and treatment services. The major emphasis will be the development of networks, linkages, and referral systems between outreach workers, NGO/CBOs and health care service providers.

PROGRESS REPORT
During FY08, I-RARE data collection was conducted and analysis began in line with the approved protocol from FY07. Training was provided by CDC Atlanta to the field teams on I-RARE methodology and to the University of Eduardo Mondlane data analysis team on qualitative data analysis. Field teams conducted data collection from November – December 2007 in Maputo, Beira, and Nacala Porto.

Data collection included: a) key informant and focus group interviews with sex workers, drug users, clients of sex workers, service providers, and policy makers; b) demographic surveys from sex workers, drug users, and clients of sex workers; and c) voluntary HIV and Syphilis (Maputo-only) testing and counseling for sex workers, drug users, and clients of sex workers. The study aimed at collecting 100 key informant interviews from sex workers, drug users, clients of sex workers, service providers, and policy makers and 10 focus groups with drug users, sex workers, and service providers in each site. In total from all three sites, 302 key informant and 30 focus groups were conducted.

Key informant interviews, demographic surveys, and HIV and Syphilis testing results were sent to CDC Mozambique from Maputo, Beira, and Nacala Porto field teams in January and February of 2008. The data was complied and reviewed at CDC Mozambique then sent to the University of Eduardo Mondlane for analysis.

To date, the University of Eduardo Mondlane team has completed analysis of the demographic surveys and are transcribing and analyzing the key informant and focus group interviews. Data analysis should be completed by the end of 2008 with a report and dissemination meeting in 2009.

Personnel Changes:
Rich Needle, PI from CDC-Atlanta was replaced by Karen Kroeger from CDC Atlanta as PI.

Obstacles:
A delay occurred in beginning data analysis because of contractual issues between CDC and the University of Eduardo Mondlane, which have been resolved allowing data analysis to begin.

Budget justification for FY09:
Completion of project will be done using budgeted funds for FY08; no additional funding is being requested for FY09.high-risk group members.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15890

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15890	15890.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$0

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7411.09

Mechanism: USAID-BUCEN SCILS Follow On HQ

Prime Partner: US Bureau of the Census

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 16315.24358.09

Planned Funds: $0

Activity System ID: 24358

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY MODIFIED IN THE FOLLOWING WAYS:

The INCAM mortality survey is currently in analysis phase.

This is a continuing activity in COP08.

This is the continuation of activity 9123.07 through the BUCEN-SCILS mechanism, entered here as a new activity because it will be implemented through the follow-on agreement between USAID Global Health Bureau, Office of HIV and the Census Bureau. The INCAM mortality survey is currently being carried out in the field (September, 2007). FY08 funding will be used to expand the scope of the data demand and information use activities. No target population was selected because this is a survey and data analysis activity.

The narrative below from FY2007 has not been updated.

The purpose of this activity is to strengthen Mozambique's national capacity to generate and use reliable mortality statistics, with a focus on HIV/AIDS and malaria, using validated verbal autopsy procedures. It will be implemented in collaboration with Mozambique's Presidential Malaria Initiative (PMI).

Through the provision of technical and field support by MEASURE and Bureau of Census (BUCEN) (described in Activity X), Mozambique will conduct a mortality survey (called INCAM) in follow-up to the 2007 National Census. INCAM will determine the levels of HIV and malaria mortality over the previous twelve months as initially reported during the Census. A total population of approximately 844,000 residents in all 11 provinces will be covered by the INCAM survey. This survey, which will be implemented by National Institute of Statistics (INE) with assistance from the Ministry of Health (MoH) and the Center for Health Investigation in Manhiça (CISM), can also strengthen the country's overall health information system by providing estimates of several additional mortality indicators, e.g. tuberculosis mortality, infant and child mortality, and maternal mortality. The INE Pilot Census, which will be conducted in October-November 2006—one year before the actual Census, will include a Pilot Mortality Survey to ensure logistic and economic feasibility. MEASURE and BUCEN are financing this activity through the FY06 COP.

To implement the full INCAM, FY07 funding is being requested for BUCEN to provide six technical visits by two key statisticians. Primary objectives of the work will be to assist INE and the MoH to refine processes and procedures based on pilot survey results and provide oversight and assistance. Specifically, they will oversee the sampling framework for the survey, develop the data system to support entry of INCAM forms, ensure data quality of collected data, and assist INE and the MoH in the analysis and production of reports.

An additional component of the INCAM will be a focus on data demand and information utilization. BUCEN, along with MEASURE, is assisting INE to develop indicator packages and data use calendars for national and sub-national use. These tools are based on the requirements of local, regional, and national government, as well as the needs of development partners. Upon completion of the INCAM, this activity will support INE and other stakeholders in staging workshops funded via MEASURE to help stakeholders understand and use the HIV/AIDS, malaria and other cause-specific mortality information, and communicate their findings to policymakers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 16315

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16315	16315.08	U.S. Agency for International Development	US Bureau of the Census	7411	7411.08	USAID-BUCEN SCILS Follow On HQ	$150,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3686.09

Mechanism: Health Policy Initiative (ex-PDI)

Prime Partner: The Futures Group International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 5304.24343.09

Planned Funds: $250,000

Activity System ID: 24343

Activity Narrative: This is a continuing activity in COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Health Policy Initiative (HPI) will continue to support surveillance training (the latest round of studies on the demographic impact of HIV was conducted in CY 08 and results are expected to be released by early December) and will concentrate its efforts on strengthening the capacity of the Multisectoral Working Groups (MTG) at the provincial level to mobilize donor and GOM resources.

The MTG is composed of key institutions (the National AIDS Council, National Institute of Statistics, Ministry of Health, Eduardo Mondlane University and and others) that have technical expertise and whose technical recommendations the government of Mozambique and the civil society generally follow. Technical tools, such as SPECTRUM/AIM and RNM/GOALS, are key methodologies applied to help the government and civil society define HIV programming priorities. HPI will continue to provide targeted TA to specialized government departments and civil society organizations such as SAAJ, OMM, OJM to build their capacity, focus their mission, and establish them as champions in specific technical areas.

Activities:

- Provide training and refresher training to the MTG and the Provincial Multisectorial Technical Group members on analysis of surveillance data, impact projections, and other methodologies
- Support the participation of MTG members in strategic information fora and activities, including maintenance and analysis of sentinel surveillance, updating impact projections as needed, and national program monitoring
- Build institutional capacity of provincial technical groups (PTG) by providing TA to recruit members, establish terms of reference, obtain official government recognition and mobilize financial resources including from the provincial nuclei of the National AIDS Council.
- Assist PTGs to use local language materials for dissemination, advocacy and planning with district and community leaders
- Develop and apply new analytic tools to enhance the reliability of existing data sources
- Provide training and technical assistance in the use of strategic information for advocacy and program planning and implementation

Reprogramming August08: Funding decrease $40,000. HPI has reached its ceiling and will not be able to take all of the funds planned for FY 08. $40,000 in HVSI funds will be reprogrammed to Measure III for M&E assistance to new partners under the public-private partnerships to be put in place in CY 08

April08 Reporgramming Change: Reduced $150,000.

This is a continuing activity under COP08, funded at the same level since FY05, which provides support to the multisectoral working group and produces data analysis reports and summaries.

The FY2007 narrative below has not been updated.

The Multisectoral Technical Group (MTG) is recognized by government and civil society as a forum for discussion and production of official sources of strategic information, including provincial, regional and national estimates of HIV prevalence rates and projections of impacts of HIV/AIDS. The MTG brings together the Ministry of Health, the National Statistics Institute, National AIDS Council, two departments of the Eduardo Mondlane University, and other line ministries. In addition, the central MTG stimulated the formation of provincial technical groups (PTG) in Niassa and Manica provinces; these PTGs are officially recognized by their respective provincial governors, include public and civil society members and receive assistance from the central MTG.

Constella Group will strengthen the capacity of national and provincial analysts to implement surveillance systems and population-based surveys, analyze and interpret results and apply findings to improve HIV/AIDS programs.
Activities:
• Provide training and refresher training to the MTG and PTG members on surveillance data and analysis, impact projections, and other methodologies
• Support the participation of MTG members in strategic information fora and activities, including maintenance and analysis of sentinel surveillance, updating impact projections as needed, and national program monitoring
• Provide local language material and training for their use by provincial, district and community leaders
• Develop and apply new analytic tools to enhance the reliability of existing data sources

Indicators and Targets:
Number of people trained in strategic information (50)
Number of organizations provided with technical assistance (5)

Provincial Technical Groups (PTG) are officially recognized by their respective provincial governors and serve as a key entry point into both provincial and district directorates as well as into civil society networks and institutions. HPI TO1 will assist the existing provincial technical groups in Niassa and Manica provinces to establish new PTGs in Zambezia and Sofala, obtain official government recognition and strengthen their capacity to better analyze data and interpret results and apply strategic information to advocacy, program design and monitoring and evaluation. Because of geographic proximity and shared issues, it will be more cost-effective for the existing PTGs to work with the new groups than to implement these activities from

Activity Narrative: Maputo.

Activities:
• Provide technical assistance in recruiting members, establishing terms of reference, obtaining official government recognition and mobilizing financial resources including from the provincial nuclei of the National AIDS Council.
• Provide training and technical assistance in the use of strategic information for advocacy and program planning and implementation

Indicators and Targets:
Number of people trained in strategic information (50)
Number of organizations provided with technical assistance (2 new groups)

New/Continuing Activity: Continuing Activity

Continuing Activity: 14531

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14531	5304.08	U.S. Agency for International Development	The Futures Group International	6857	3686.08	Health Policy Initiative (ex-PDI)	$310,000
9116	5304.07	U.S. Agency for International Development	The Futures Group International	5044	3686.07	Health Policy Initiative (ex-PDI)	$500,000
5304	5304.06	U.S. Agency for International Development	The Futures Group International	3686	3686.06	Health Policy Initiative (ex-PDI)	$500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3529.09
Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 8639.24455.09
Planned Funds: $298,869
Activity System ID: 24455

Activity Narrative: Continuing Activity:

This is a continuation of activity 8639.08.

This activity provides funding for the salary, benefits packages, and program-related travel for three positions - (1)Interagency Reporting Specialist (2) Two M&E Officers

(1) SI Reporting Specialist (existing) The SI Reporting Specialist plays a critical role to review and disseminate SI related developments and requests. If needed, the specialist provides follow-up or assist in completion of the SI-related task. Thie position is also responsible for assisting in coordinating, gathering, inputting, storing, and analysis of PEPFAR COP targets, SAPR and APR results, as well as providing interpretation of OGAC guidance.

(2) Two M&E Officers (Locally Engaged Staff)
Each Monitoring and Evaluation Officer will serve as a member of the Strategic Information (SI) Team within the CDC/Mozambique Global AIDS Program office. The officer will report to, and be mentored by, the Sr. Monitoring and Evaluation (M & E) Specialist and the Sr. SI Coordinator. The M&E officer will assist in the design, implementation, and strengthening of routine monitoring and evaluation systems as well as program evaluation in Mozambique. The incumbent will assist the M&E Team in building overall capacity of CDC partners, including the Ministry of Health (Ministério de Saude, MISAU), by providing technical assistance to these partners in the monitoring and evaluation of HIV/AIDS programs. The main duties of the position are to plan, initiate, conduct, evaluate, and coordinate complex HIV/AIDS M & E, and as necessary, applied evaluation research, to monitor program implementation, document results, and translate data into meaningful policy and program improvement. The incumbent plays a key consultative role for employees, contractors, consultants and partners involved in HIV/AIDS program M & E. The incumbent will also be a key contributor to the strengthening of information systems within CDC partners and MISAU.

The two M&E officers will provide interagency support to two interagency TWGs: the Prevention and Linkages (CPIP TWG) and Clinical Care and Treatment TWG.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12949

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12949	8639.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$510,110

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3526.09

Mechanism: GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 24461.09

Planned Funds: $900,000

Activity System ID: 24461

Activity Narrative: April09 Reprogramming: Reduced $100,000.

THIS IS A NEW ACTIVITY

This is a new activity in that it is organized as its own separate activity, but is a continuation of the subactivity listed as Activity 4993.08 in COP 08.

Mozambique has not yet implemented a round of Behavioral Surveillance. A pre-formative project was conducted in FY08 to help the Government of Mozambique and other stakeholders to identify and prioritize key risk groups (Phase 1). Current groups proposed for inclusion in BSS include female commercial sex workers, young women involved in transactional sex, miners and their partners, and long distance truck drivers. This will be followed by the formative phase to develop plans and protocol for BSS+ implementation (Phase 2). Ultimately 3-4 groups will be included in the BSS; final selection of these groups will be dependent on Phase 2 activities including an assessment of feasibility of inclusion of each group.

Phase 2 will be followed by Phase 3, the survey implementation phase. Currently it is planned that the survey will include a biomarker to estimate HIV prevalence for these groups. Funds will be used for technical assistance needed to plan and implement Phase III, required commodities and lab supplies for BSS implementation, contracting of local field teams for data collection and entry, and technical assistance for data analysis and dissemination.

Some funds were allocated for BSS with 07 Plus-up monies ($422,000) and COP 08 monies ($578,000). However, based on the experiences of other countries implementing BSS (including Angola), and that fact that some characteristics of Mozambique including limited physical infrastructure compounded with the need to coordinate a complex survey in Portuguese, we anticipate that a minimum of $2.225 million will be needed to implement a survey that includes four groups.

$1,000,000 is requested in CDC HQ-based funds to support costs related to field implementation of the study (BSS). This will complement the $25,000 being requested in COP 09 through the SI Program area (local) and the $200,000 being requested in COP 09 through the Other Prevention program area.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3526.09

Mechanism: GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 24462.09

Planned Funds: $100,000

Activity System ID: 24462

Activity Narrative: THIS IS A NEW ACTIVITY

Until vacancies on the Strategic Information team are filled, the Strategic Information Team remains reliant on short term technical assistance including that of EIS officers, Presidential Management Fellows (PMF), and other TDYs. The SI team also uses short-term assistance such as those listed above to complete projects and activities that require skill sets that are not already part of the SI staff or to carry out small projects that require focused time and attention. In past years, monies for this type of assistance have not been budgeted for. The SI team is budgeting these funds so that needed assistance can be accessed for activities including but not limited to:

*adaptation of the PEPFAR COP and APR database to reflect PEFPAR 2 needs
*assistance with standardizing geographic information and generating priority maps for PEPFAR and/or Government of Mozambique planning
*in-depth data analysis of COP, APR/SAPR, or other programmatic data
*TDY support to develop and implement basic program evaluation activities

Although PEPFAR Mozambique continues its aggressive efforts to fill vacancies within the USG SI team, until these positions are filled, USG in the short-term remains dependent on TDY assistance for many areas within SI.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3640.09
Mechanism: TBD Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 24464.09
Planned Funds: [redacted]
Activity System ID: 24464

Activity Narrative: THIS IS A NEW ACTIVITY

In previous years, all administrative and logistical support for in country surveys, including surveillance systems, have been done through the General Services Office (GSO). The volume of these purchase orders (PO) has increased drastically in the last year and these POs have become increasingly complex and complicated to award through the GSO. We anticipate the work load to further increase in FY09 as described below.

The Ministry of Health, with technical assistance from the Centers for Disease Control and Prevention (CDC), is currently working on the implementation of several surveys, and surveillance activities. Currently, the MOH with assistance from its partners have 17 surveys in progress , and the PEPFAR team has applied for 8 multi country public health evaluations (PHEs), and 3 Mozambique specific PHEs.

The Mozambique program needs a flexible and quick mechanism that will enable the USG to help the Ministry of Health implement the above mention surveys and PHEs in a timely fashion. To help with the logistical and administrative support for Mozambique's multiple surveys, surveillance activities (including BSS) and potential PHEs, the CDC is developing a new competitive indefinite delivery, indefinite quantity (IDIQ) contract. An IDIQ contract works through task orders that can be awarded with a short turn around allowing for services to be delivered in a timely manner.

The contractor is expected to coordinate and implement all logistical and administrative aspects of the surveys (including, surveillance systems, BSS, PHEs and additional assessments needed such as a national alcohol assessment). Some of the funds will be used for start up expenses of a local contractor; the rest of the funds will be used for first year programmatic expenses which include:

- data collection services for surveys, including PHEs
- data cleaning, management, analysis, and entry
- rapid turn around translations
- logistical support for multiple surveys in multiple sites (i.e. coordination of staff and questionnaires, coordination and overseeing of data transport, data entry, cleaning, etc)
- potential transport of survey and admin coordinators
- survey instrument development and validation
- statistical support
- other logistical and administrative services as needed

Expected deliverables: identification of local contractor to provide services covered in the activities above. contractor may also need to subcontract with other smaller local service providers to address needs in different provinces.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3529.09
Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 24477.09
Planned Funds: $25,000
Activity System ID: 24477

Activity Narrative: THIS IS A NEW ACTIVITY

This is a new activity in that it is organized as its own separate activity, but is a continuation of the subactivity listed as Activity 4993.08 in COP 08.

Mozambique has not yet implemented a round of Behavioral Surveillance. A pre-formative project was conducted in FY08 to help the Government of Mozambique and other stakeholders to identify and prioritize key risk groups (Phase 1). Current groups proposed for inclusion in BSS include female commercial sex workers, young women involved in transactional sex, miners and their partners, and long distance truck drivers. This will be followed by the formative phase to develop plans and protocol for BSS+ implementation (Phase 2). Ultimately 3-4 groups will be included in the BSS; final selection of these groups will be dependent on Phase 2 activities including an assessment of feasibility of inclusion of each group.

Phase 2 will be followed by Phase 3, the survey implementation phase. Currently it is planned that the survey will include a biomarker to estimate HIV prevalence for these groups. Funds will be used for technical assistance needed to plan and implement Phase III, required commodities and lab supplies for BSS implementation, contracting of local field teams for data collection and entry, and technical assistance for data analysis and dissemination.

Some funds were allocated for BSS with 07 Plus-up monies ($422,000) and COP 08 monies ($578,000). However, based on the experiences of other countries implementing BSS (including Angola), and that fact that some characteristics of Mozambique including limited physical infrastructure compounded with the need to coordinate a complex survey in Portuguese, we anticipate that a minimum of $2.225 million will be needed to implement a survey that includes four groups.

$25,000 is requested in CDC local funds to support local travel, dissemination activities, and other activities funded at post. This will complement the additional $1 million being requested in COP 09 through the SI Program area and the $200,000 being requested in COP 09 through the Other Prevention program area.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 8898.09

Mechanism: N/A

Prime Partner: University of California at San Francisco

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 19910.25183.09

Planned Funds: $0

Activity System ID: 25183

Activity Narrative: Continuing Activity: (No new funds for FY09)

SUMMARY and BACKGROUND:

UCSF provides technical assistance to CDC Mozambique to develop strategic information capacity in-country. Existing activities will be continued using existing funding in order to complete an additional round of data triangulation and move the activity to a permanent institutional home, and to lead an evaluation of patient monitoring systems currently in use in Mozambique.

ACTIVITIES and EXPECTED RESULTS:

We will carry out two separate activities under this program area:

ACTIVITY 1. This activity is part of the overall SI strategy of Mozambique to build capacity to assemble, analyze, and better reutilize multiple sources of existing data to answer key program questions. Triangulation is a shorthand
term for synthesis and integrated analysis of data from multiple sources for program decision making. The goal of this activity is threefold: to conduct the country-driven data triangulation process to answer key questions prioritized by the country team; to specifically address the impact of the scale up of the national response to the HIV epidemic from 2004-2008; and to build long-term in-country capacity of country stakeholders to use data from multiple sources to provide an evidence base for decision-making.

The process will build on a triangulation activity planned for late 2008. It will be guided by the in-country team, led by the NAC, in close collaboration with MOH and USG staff. An in-country task force will identify priority questions and identify data available to answer the questions. The partner will then work with in-country data analyst(s) to review, synthesize and analyze the data. One workshop is expected to be conducted in late 2008 which will address multiple concurrent partnerships and their impact on the epidemic. The second workshop is expected to address impact of ART on mortality and prevalence.

Funds will be used for planning, facilitating and conducting the processes for the two rounds of triangulation workshops. Funds may also be used to conduct follow-up analytic and capacity-building activities upon request of the country team.

ACTIVITY 2. The primary goal of this evaluation is to characterize information that is collected from the 8 ART care and treatment partners using various types of paper and electronic patient monitoring systems, as well as characterize the systems' specific functionalities (i.e. security, confidentiality, simplicity, usefulness, etc). The evaluation will be conducted in two parts. Project 1 will focus on collecting key information that is being documented in the patient monitoring systems. Project 2 will assess the various systems's functionalities. This evaluation will help PEPFAR-Mozambique and the Ministry of Health better understand what information is currently being collected at all USG and non-USG care and treatement partner clinics. It will also compare functionalities between systems, describe human resource requirements, and usefulness, training needs, stability, and cost of the systems. This information will guide decision-making about selection of patient monitoring systems for expanded use in Mozambique.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19910

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19910	19910.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	8898	8898.08		$416,929

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 3529.09

Mechanism: GHAI_CDC_POST

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 25459.09

Planned Funds: $0

Activity System ID: 25459

Activity Narrative: THIS IS A NEW ACTIVITY (No new funds for FY09)

As a follow up activity from the FY07 funded Operations Research (OR) workshop, these FY08 funds ($75,000 - part of activity 8639.08) will be used to provide 5 provincial program staff and their mentors the ability to carry out small operational research projects. Each of these five will have had its draft protocol produced during the workshop, and the FY08 money will allow them to conduct small scale primary data collection, perform secondary data analyses using program data and will facilitate contact between the mentors, most of whom are based in Maputo, and the workshop participants by funding travel to the field. Note that CDC will ensure that all ethical considerations are included in the proposals and that any ethical approvals are acquired by local and Atlanta-based IRBs, as appropriate.

Note that some of these funds will be used for a related Good Clinical Practices (GCP) course, targeting a similar audience as the OR workshop and along the same lines of building capacity to conduct sound and ethical research from within the National Health System.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: $41,364,801

Program Area Narrative:

In Mozambique, there is wide recognition that the lack of human resources (HR) is the greatest problem facing the public health system. According to WHO, Mozambique and Malawi have the most dire health personnel statistics per 100,000 (e.g. 3 doctors, 21 nurses for Mozambique) in Africa. There is strong political commitment in Mozambique to increase the quality and quantity of human resources in the Ministry of Health, as outlined in its recently launched Human Resource Strategy for 2008-2015. This HR strategy and launch was supported by several donors, including the USG. The strategy describes an ambitious plan that demonstrates a vision for sustainable strengthening of human resources throughout the public health care system. This high quality plan has been costed and will require financial support from several health sector donors.

The Minister of Health requested increased USG assistance in human resources and in support of the implementation of the HR plan. In response, the PEPFAR team prioritized human capacity development in the FY 09 budget. This increased USG support builds upon the May 2008 DFID (UK Department For International Development) and PEPFAR commitment announced by President Bush and Prime Minister Brown to strengthening the human resources in four African countries, including Mozambique. Throughout 2008, there has been significant activity on behalf of this collaboration. Mozambique is the first country to undergo an assessment of PEPFAR and DFID strengths, comparative advantages and future directions; the assessment has served as a prototype for the remaining three countries. As a result of this assessment, both donors have been able to capitalize on comparative advantages.

Further, the USG will support additional technical advisors to work alongside and build the capacity of departments within the MOH, the National AIDS Council (CNCS), the Ministry of Women and Social Action (MMAS) and the Ministry of Education. These advisors will provide technical expertise and ensure linkages between other international initiatives (e.g. Global Fund and PEPFAR/DFID Human Resources for Health (HRH) initiative). The USG team is engaged with other donors in this area and participates on all Donor Coordination groups, including the Human Resource Technical Working Group.

The outstanding HCD challenges are: lack of public health human resources, weak infrastructure to develop new HRH, a weak civil society and lack of both capacity and HR policies at the national level. The overarching HCD approach for PEPFAR Mozambique is the strengthening of the MOH's ability to develop, deploy and retain new health care workers, the strengthening of civil society by creating greater organizational capacity in local NGOs/CBOs, and collaborating more strategically with other donors working in HRH activities.

FY09 HCD Priorities: The FY09 priorities for Human Capacity Development are: 1) strengthening pre-service training institutions; 2) operationalizing the MOH's HRH strategy; 3) supporting scholarships/fellowships for health care workers; 4) increasing technical capacity at the provincial level via salary support; 5) developing public health education; 6) retaining health workers; 7) increasing non-governmental organization (NGO) and association organizational capacity; 8) revitalizing the community health care worker cadre; 9) strengthening the financial management and human resources information system (HRIS) systems at the MOH; 10) expanding South-to-South collaboration; and 11) developing HCD-related infrastructure.

The FY09 increased emphasis on developing the management and leadership capacity of local non-governmental organizations will be funded through the addition of a Umbrella Grant Mechanism (UGM) component to the existing agreement with the Capable Partners (CAP) program that has been working to improve the organizational capacity of civil society entities. The UGM will be a key mechanism to increase the number of indigenous entities (NGOs and associations such as the Medical Council) receiving PEPFAR funds. PEPFAR Mozambique envisions a continuum of organizational strengthening, starting with US Department of State supported Quick Impact Projects; graduation of Quick Impact partners into CAP; graduation of CAP partners into the UGM;

and direct PEPFAR granting to local entities, either individually or under consortium-type arrangements. Public-private partnerships that promote private sector participation in health care provision and care for their own workforce will be implemented. Also, in FY09, USAID and CDC will fund an interagency annual program statement (APS) gear to attract new international and local partners to diversify the Mozambique portfolio.

In FY09, increased PEPFAR funds will be used for gap year funding for newly graduated health care workers. Ongoing salary support of staff working for implementing partners will also be reported on in the Health Workers Salary Report.

Continuing FY08 activities include training systems development (e.g., development of a pre-service information system and standards for training activities), workplace activities related to HIV, better coordination of in-service training, twinning, development of clinical mentoring, journalist training, workplace policy and program implementation, and support for the National AIDS Council.

The Human Resources Information System (HRIS) currently used by the Ministry of Health is inadequate and does not meet the needs of the Ministry. In FY09, the current HRIS system will be evaluated, and a new system or approach identified. PEPFAR will support the implementation of the new system or approach through a TBD partner. In addition, the USG will continue to support the in-service and pre-service training information systems in FY09 via a TBD partner.

Financial management has been identified as a key obstacle to optimal MOH utilization of other donor funding, including the Global Fund and the Donor Common Fund. A joint MOH, donor assessment of current Ministry financial management systems will identify problems and develop a detailed plan of action for improving these systems. FY09 funds are requested to work with the MOH to implement this plan to improve its financial system in order to strengthen the MOH's capacity to plan, use its fiscal resources, and to accelerate disbursements and flow of available resources. PEPFAR assistance will focus on the existing e-SISTAF system to ensure adequate financial reporting to donors and strengthen control levels within the MOH itself.

Pre-service training remains a high priority for the MOH. All clinical partners will be supporting scholarships for pre-service students (nurses, clinical officers, pharmacy technicians) at the provincial level. Other forms of support include faculty development, curricula revision and infrastructure support. This year, PEPFAR funds will support both a university based MPH program and a new community public health program (2009 start date) that is located within a current pre-service training institution. Given the increased number of students attending pre-service institutions, we continue to fund faculty development in order to improve teaching skills and increase knowledge of topical areas. Investment in renovations, equipment, books and materials for select pre-service institutions are planned. Long-term training remains a priority given the dearth of health care workers. The scholarship program for individual medical students has expanded from one medical school, Catholic University of Mozambique, to an additional medical school, Lurio Medical College. In FY08, selection criteria were developed in order to create a system of offering scholarships to individuals.

Continuing education (in-service) will continue to be supported in FY09 in the following activities: support for the development of a cadre of community health care workers; development of a national strategy for in-service training; design of a system for clinical mentoring; design of a system for fellowships and/or on the job training to develop expertise in M&E, infectious disease and laboratory; initiation of a Field Epidemiology and Laboratory Training Program (FELTP); and support for new distance learning activities with the MOH.

Following independence in 1975, the MOH designed a strategy to reach the most remote communities with basic health care services through the creation of Agentes Polivalents Elemetares de Saude (APES), also known as Community Health Workers (CHWs). The MOH continued to implement this strategy for a number of years, though the scale of implementation fluctuated for all levels of CHWs, including in areas such as scope, name of the cadre, training and remuneration. APEs, in particular, ceased functioning in Mozambique except in a small number of remote locations. In 2007, the Government of Mozambique (GRM) declared its commitment to the strengthening of primary health care through community health workers and community involvement to address the most critical health needs. The Minister of Health requested USG support to revitalize the APES/CHWs. This began in FY08 with the development of a detailed operational plan and a finalized training curriculum. The USG financing of the GRM's APE program will consists of components which are central to building a national program. These components include training, institution strengthening interventions and direct financing support for APE salaries in the initial two years of the program, with the goal that funding be assumed by other donors or MOH; procurement of essential medical supplies and equipment; and an appropriate and sustainable means of transportation and communication between districts and communities to support a system for supervision, which is currently on paper but in practice does not exist outside of large cities. The MOH, USG and other donors are working to coordinate efforts on this important effort to expand the number of health workers in Mozambique. Both the World Bank and Round 8 Global Fund Health Systems Cross-cutting Intervention contain support for revitalizing CHW efforts.

A FY08 evaluation of the quality of the ART training for clinical officers developed by PEPFAR-supported partners highlighted the need for the development of a formal clinical mentoring system; clinical officers performed poorly on a number of key HIV treatment tasks including clinical staging, recognition of drug toxicity and adverse drug reactions, and initiation of cotrimoxazole and antiretroviral therapy. Work on the development of this clinical mentoring system is well underway. Also in FY08, the protocol and data collection tools for a task analysis of nursing cadres and clinical officers were developed, with implementation planned for early FY09. The results of this assessment will inform changes in the pre-service curricula for nurses. A third evaluation funded in FY08 that is underway is the analysis of performance standards for pre-service institutions. As a result of the lengthy approval process for PHEs in FY08, the proposed PHE to examine the number of students graduating from pre-service education who are incorporated into the National Health System and factors that promote or inhibit entrance into the system, will only begin in FY09. In FY09, funds are being requested to conduct an assessment of quality of care in a minimum of six district hospitals in two provinces. Information from this evaluation will be used to revise pre-service education.

In FY08, some PEPFAR implementing partners provided gap year funding for recent graduates in order to assure that they were immediately employed at government level salaries while the recruitment process with the National Health Service was underway. Recent graduates have historically been lost to the public sector due to long administrative delays in initiating their contracts with MOH. In FY09, lead clinical partners will provide gap year funding in all provinces. Also, funds are programmed to expand the level of support for building health worker houses to promote health worker retention in rural areas, along with other medium size infrastructure projects.

Twinning continues to develop the capacity of local organizations. The four ongoing twinning partnerships receiving continuing support are: Catholic University of Mozambique (UCM) for the development of a clinical training facility; ANEMO, the national nursing association, for institutional capacity development; Positive Prevention (PP) for development of programs; and a South-South TB partnership. For the UCM partnership, funds will be used to establish the training facility as a treatment facility so that a cohort of patients is established for training purposes, to continue curriculum development for various levels of health care workers, and to work with the MOH to integrate HIV care with primary medical care. A designated staff has been brought to UCM to work on launching and sustaining this project. In FY08, the twinning partner for ANEMO officially changed to St. Luke's Hospital School of Nursing. FY09 funds will be used to develop and implement a comprehensive communication plan to reach members, work on a strategy to improve organizational capacity and work on more sustainable financial stability for ANEMO. Positive Prevention (PP) programs will continue FY08 activities along with incorporating key PP messages in clinical, home-based and community care activities and, via a sub-partner, will support prevention projects that target women. Local twinned NGOs will be reviewed by the new UGM to see what needs to be addressed for sustainability. The TB twining partnership will look at increasing TB and HIV/TB literacy and to empower patients and affected communities to seek timely diagnosis and treatment. FY09 funds will be used to increase the number of scholarships for individuals in a variety of topics germane to public health.

Deliverables and products:
Operational plan for MOH HRH strategy; assessment of the HRIS; an improved pre-service curriculum for clinical officers and nurses; improved teaching skills of facility faculty through training; training information systems for in- and pre-service; quality standards for pre-service institutions; a larger number of new graduates beginning work immediately; a viable clinical training facility; a greater number of local NGOs with improved management; increased organizational capacity in associations; initiation of fellowship programs, including FELTP; implementation and M&E capabilities; refinement of the MOH financial system; expanded partnerships with the private sector; and an increased number of workplace programs and policies.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	10910.09	**Mechanism:**	PPP/NoCountryFunding
Prime Partner:	Becton Dickinson	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	25964.09	**Planned Funds:**	$0
Activity System ID:	25964		

Activity Narrative: Becton-Dickinson
The PEPFAR-BD PPP in Mozambique will support specific laboratory strengthening projects relevant to HIV/AIDS prevention, treatment and care through: Country specific programs which offer the opportunity for BD volunteers with relevant laboratory expertise to work directly with PEPFAR implementing partners and the Ministry of Health on activities which support the Mozambican Ministry of Health's National Strategic Plan for Laboratory; and Short-term technical assistance which focuses on training and provides a framework to address critical barriers to integrated laboratory service. Although BD has considerable expertise and experience in key technical areas, the proposed BD contribution is expected to focus on providing technical assistance to improve general laboratory systems and practices including quality control and quality assurance.

The PEPFAR-BD PPP will focus specifically in five primary areas:
A. Improving quality of HIV and other endemic infectious disease rapid testing through training
B. Implementing Quality Control and Assurance Guidelines, standardized SOPs and supervisory tools for CD4, Hematology, Chemistry and HIV rapid testing
• Supporting quality control and proficiency panel development, distribution, report generation and re-training as needed
C. Strengthening TB Reference sites to serve as centralized training facilities
D. Improving access to TB diagnostics for HIV+ patients through rollout of smear microscopy training materials, EQA, and expansion of TB culture to high burden countries
E. Supporting the host country development of a national laboratory improvement strategy to diminish duplication and strengthen laboratory systems

After an initial site visit by BD staff, who solely focus on managing the PPP, and discussions with Mozambican Ministry of Health (MoH), National Institute of Health (NIH), and PEPFAR Implementing Partners, the focus of activities for FY09 will be two-fold. First, technical assistance to support the development of a National Quality Assurance Strategy and second, technical assistance to develop and implement an External Quality Assurance Program for Biochemistry and Hematology. Both of these activities are listed as Objectives in the National Strategic Plan for Laboratory and remain an unfilled gap. Through collaboration with MoH, NIH, and USG, capacity building activities supported via this PPP will leverage private sector technical expertise to strengthen national laboratory quality systems in Mozambique.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3526.09

Mechanism: GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 24465.09

Planned Funds: $450,000

Activity System ID: 24465

Activity Narrative: This is a new activity. Here in COP 09, this is listed as its own (new) activity, but initial start-up funding for this activity was funded through activity 19910.08 in COP 08.

As noted in other sections in this COP, a key focus for COP 09 is increasing SI capacity, specifically building a cadre of Mozambicans with appropriate and adequate skills to carry out necessary strategic information activities in Mozambique. The USG team is using a variety of shorter- and longer-term strategies and activities to support this capacity. While some other SI capacity building activities (e.g. M&E Fellowship) will be expected to increase the number of and skills of Mozambicans in Strategic Information in the short term, several activities are being supported to increase epidemiology and other SI related skills among Mozambicans in the long term (2 -3 year timeframe)

One of these longer term activities is CDC's Field Epidemiology Training Program (FETP) that has the goals of providing epidemiological services to the public health system, developing self-sustaining institutionalized capacity to train public health leaders in field epidemiology, and to strengthen the public health, information system and laboratory (if needed). Typically trainees in the FETP participate for 2 years where 25% of their time is in the classroom and 75% is in the field. Trainees are usually already working in MOH positions providing epidemiological services. Trainees are closely supervised and recieve either a certificate or degree upon completion of the program. This program has been instituted in many countries around the world and is developing a network of Africa based FETPs, some of which have the laboratory component. While the program has core components, it is also tailored to the needs of the country.

The Minister of Health has requested the establishment of a FETP in Mozambique. Using FY 08 funds, a pre-assesment team will be coming in late November consisting of representatives from CDC Atlanta, CDC Brazil and the Ministry of Health Brazil to meet with stakeholders here to initially ascertain the needs and resources in Mozambique for the FETP. Discussions will include whether the FETP will include a laboratory component. FY09 funds will be used to conduct a more in-depth assessment and begin the establishment of the program, including hiring a resident advisor. Through close collaboration with CDC Brazil and the Brazilian FETP, Mozambique can take advantage of Lusophone technical assistance providers and curriculum materials for the FETP. FY 09 funds will be used to conduct a more in-depth assessment, hire a resident advisor, and to advance the work of developing plans for establishing an FETP in Mozambique in collaboration with MOH. This activity will fund necessary travel and meetings for preliminary contacts and discussions with counterparts at other FETP sites by MOH and/or CDC staff.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$100,000
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3529.09
Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 8635.24456.09
Planned Funds: $132,470
Activity System ID: 24456

Activity Narrative: ACTIVITY UNCHANGED FROM FY08.

Salary
The Health Communications Specialist position supports the training and human capacity development work among with CDC-USG and implementing partners, including technical assistance, coordination and leadership to universities and training institutions in the Ministry of Health. PEPEFAR funds ($53,970) will continually support salary and benefits for the Health Communication Specialist.

Training team travel
FY09 funds (45,000) under this activity will support in country and international travels of the training technical staff (Senior Training Specialist, Training Advisor and Health Communication Specialist) providing technical assistance to the MoH and working with PEPFAR funded partners.

Health Workers Study Tour
This activity contributes for capacity building of MoH staff from various departments, including Human Resources, Training, Health Education Departments (RESP) and the HIV/AIDS Program to design the behavioral intervention for health workers in Mozambique.

FY09 funds ($35,500) will be used to conduct an exchange study tour for MOH and CDC staff to assess Health Worker and Caring for Caregivers Programs in Tanzania, Zambia, Swaziland and possibly other countries in the region. This exchange visit will give the opportunity for the MOH staff (stakeholders) involved to analyze activities currently undertaken in Southern Africa and to assess and inform the best intervention to be designed and applied to the Mozambican context to support health workers and their partners, trainees from the MOH Training Institutes with HIV risk reduction, support behavior change and reduce stigma in the their personal life and at their workplace.

Deliverables/Products to be achieved with FY09 funds:
# of regional exchange study visits for MOH/CDC staff to assess Health Worker and Caring for Caregivers Programs in Zambia, South Africa, Swaziland and possibly other countries in the region;

New/Continuing Activity: Continuing Activity

Continuing Activity: 12950

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12950	8635.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$88,037

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $45,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $35,500

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3837.09 **Mechanism:** Quick Impact Program

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 26076.09

Planned Funds: $95,000

Activity System ID: 26076

Activity Narrative: $ 90,000.00 - Microscholarships for 20 underpreviledged new students of Lurio University of Nampula for specialization on HIV/AIDS treatment and research, pharmancy and nutrition.
$ 5,000.00 - Organize community health activities on HIV/AIDS prevention and assistance to sero-positives at primary and secondary schools of Nampula, and in other districts of Nampula Province.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Family Planning
* Malaria (PMI)
* Safe Motherhood
* TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening	$5,000

Education

Estimated amount of funding that is planned for Education	$90,000

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3686.09

Mechanism: Health Policy Initiative (ex-PDI)

Prime Partner: The Futures Group International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 9159.24344.09

Planned Funds: $225,000

Activity System ID: 24344

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

With a reduced level of funding in FY 09, HPI will narrow the scope of its activities while keeping to quality standards in workplace programming. The workplace sphere is a conducive space where HIV/AIDS, gender activities, and poverty reduction programs could have an impact, either in the private or public sector. The existing framework, that includes the creation of a taks-force involving NAC, HPI, ILO, AVANT project, trade unions and EcoSIDA to coordinate and collaborate on HIV/AIDS in the private sector, shows the government and business sectors' commitment to implement HIV/AIDS program and activities in the workplace. Companies have information about employees' family status, which could help identify and reach out to orphans as part of social responsibility programs. In addition, workplace programming is an effective way of reaching men, and therefore addressing gender issues of male norms and behaviors and gender based violence and coercion.

Activities:
With FY 09 funds, Health Policy Initiative will:
- Provide training and TA to EcoSIDA affiliates and public and private sector employers to develop HIV/AIDS workplace policies
- Provide TA to assist implementation of adopted HIV/AIDS workplace policies;
- Provide training and TA to labor unions to incorporate HIV/AIDS workplace policies and programs into collective bargaining and labor contracts;
- Monitor the performance of workplace outreach programs and provide support as needed for quality assurance and strengthening the ToTs;
- Build the capacity of EcoSIDA to monitor and implement quality assurance mechanisms for their members;
- Integrate male norms and gender based violence issues into the workplace curriculum/activities, targeting both current and new workplaces;
- Train, assist and/or provide sub-grants to Dunavant and other companies to implement and/or expand HIV/AIDS prevention and mitigation activities into the communities in which they operate, with special attention to rural areas; - Sub-grant Eco-SIDA to provide TA and assistance in implementing supportive workplace policies and program, organizational capacity to manage funding and expand outreach among affiliated members.

Deliverables:
- 17 local organizations implementing workplace policies;
- Improved stigma reduction programs.

Reprogramming August08: $110,000 will be reprogrammed to Abt Associates for assistance to the MOH in managing Global Fund funds

April08 Reporgramming Change: Reduced $100,000.

This is a continuing activity under COP08. HPI will continue to work with ECOSIDA and Dunavant Cotton Company. It is expected that HPI will work with the same number of businesses, but that some from FY07 will be able to work without further assistance and some new businesses will be added in FY08.

The FY2007 narrative below has not been updated.

Beginning in mid-COP06, the USG team has assigned a high priority to working with the private sector to build capacity and implement workplace programs. The Constella Group (formerly the Futures Group) has been selected as the partner best able to move this agenda forward. PEPFAR/Mozambique continues to support the Business Forum Against AIDS (ECOSIDA), but the mechanism for this support will now be The Constella Group through the USAID HQ Project, the Health Policy Initiative (HPI). This activity is linked to workplace activity USAID/HVOP/9151. This activity will build upon activities such as the work initiated with the Dunavant Cotton Company in Zambezia province under COP06, and provide substantial TA to ECOSIDA. It will also provide for subgrants to workplaces as needed for program implementation, and in coordination with World Bank funding through Austral, and the Dutch Embassy support to ECOSIDA. However, the basic concept is to assist the private sector to carry out workplace programs as a sustainable, integral part of their business. Workplace programming is an effective way of reaching men, and therefore addressing gender issues of male norms and behaviors and gender based violence and coercion is an important feature of this activity. At least $50,000 should go in to activities in Zambezia. Main components of this activity include:

1. Technical Assistance to ECOSIDA to develop tools for assisting member businesses to implement workplace programs; and direct TA to businesses setting up and implementing their own programs ($100,000)

2. Implementation of workplace programs and activities will be provided through organized activites and subgrants with businesses including Dunavant and ECOSIDA. It is anticipated that at least 15 businesses in addition to Dunavant and ECOSIDA will be able to carry out workplace programs as a result of this activity. In order to accomplish this, The Constella group may, but is not limited to, organize training sessions involving multiple businesses, provide materials, provide on-site consultations, engage outside consultants, facilitate local or regional conferences, establish systems for referrals and linkages for HIV/AIDS care and treatment. The Constella Group needs to coordinate and work with the MOH, CNCS and other interested public sector partners as well as the business community. This is particularly true with Provincial and District level health services which will need to linked to businesses. Because of the largely male character of management and the workforce in many businesses,it is important to address male

Activity Narrative: norms and behaviors and gender based violence and coercion in order to shift norms in the workplace and in the communities towards gender equity and healthy sexual and reproductive health practices. ($300,000)

Targets reflect 15 businesses plus Dunavant and ECOSIDA for for 17 organizations provided with TA for policy development; TA for institutional capacity development; 34 individuals trained for institutional capacity development, or two per organization; and 170 trained in stigma and discrimination reduction, that is, 10 per organization.

Products from this activity will include: training materials for workplace activities; guide on how to access HIV/AIDS CT, PMTCT, care and treatment services specific to each business;

Deliverables/benchmarks
• Training materials for workplace
• Guide on how to access HIV/AIDS CT, PMTCT, care and treatment services specific to each business

New/Continuing Activity: Continuing Activity

Continuing Activity: 14532

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14532	9159.08	U.S. Agency for International Development	The Futures Group International	6857	3686.08	Health Policy Initiative (ex-PDI)	$190,000
9159	9159.07	U.S. Agency for International Development	The Futures Group International	5044	3686.07	Health Policy Initiative (ex-PDI)	$400,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Reducing violence and coercion

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10419.09 **Mechanism:** USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 16294.24300.09
Planned Funds: $491,200
Activity System ID: 24300
Activity Narrative: This is a continuing activity under COP09. ACTIVITY UNCHANGED FROM FY 2008.

This is a new activity under COP08.

FHI will work with new partners to strengthen both their organizational and technical capacity in the provinces of Zambezia and Niassa. As a first step the capacity development needs of possible implementing partners will be identified. Secondly, the partners technical capacity will be built in pertinent program areas such as: PMTCT, stigma reduction, and HBC. Finally, FHI will strengthen their institutional capacity through the provision of technical assistance and trainings on management, financial management, proposal development, and organizational development.

Deliverables/benchmarks
• Technical assistance and training to build organizational and technical areas in new provincial partners

New/Continuing Activity: Continuing Activity
Continuing Activity: 16294

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
16294	16294.08	U.S. Agency for International Development	Family Health International	7277	5078.08	USAID-Family Health International-GHAI-Local	$110,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3526.09
Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 15682.24440.09
Planned Funds: $308,214
Activity System ID: 24440

Activity Narrative: ACTIVITY UNCHANGED FROM FY08.

Salary
The Training Advisor provides technical assistance directly to the Ministry of Health's Training Department on all MOH specific projects such as the development of the Training Information System, development of the yearly plan and budget, assisting implementing partners in their work with the MOH, co-facilitating trainings, and advising CDC technical staff on training and human resource priorities for the MOH. The Senior Training Specialist supervises the two CDC-based training advisors and works directly with PEPFAR funded partners and technical staff at CDC and USAID around training and Human Capacity Development planning and implementation. Senior Training Specialist acts as the lead training/HCD staff person and in that capacity leads the development of the COP and all other strategic planning.FYO9 funds ($308,000) will be used to continually support salary and benefits for the Senior Training Specialist and Training Advisor.

Operational Manual
MoH decided to adapt the operational manual developed by WHO-Geneva, CDC Atlanta and USAID Washington to the Mozambican National Health Service settings. This operational manual has recently been finalized. It is a complementary manual to the IMAI generic set of training material on the prevention, care and HIV treatment for health care workers. In 2008, CDC, USAID and WHO Mozambique began a synergistic effort to help implementing the operational manual in the country. WHO Mozambique hired a national project officer, who is responsible to coordinate the adaptation process in collaboration with the MOH staff. In 2009, PEPFAR funds ($25,000) will contribute to hire a short term consultant to further assist the MOH staff in the adaptation process. Funds will also be available for in-country travel.

Products/Deliverables:
Support the adaptation process of Operational Manual

New/Continuing Activity: Continuing Activity

Continuing Activity: 15682

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15682	15682.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$280,812

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $75,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3680.09

Mechanism: The Health Communication Partnership

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 5291.24291.09

Planned Funds: $0

Activity System ID: 24291

Activity Narrative: This is a continuing activity under COP 09. ACTIVITY UNCHANGED FROM FY 2008.

This is a continuing activity under COP08. The funding increase is intended for the additional production of materials and manuals needed to increase capacity for behavior change communication programs related to priority behaviors in transmission of HIV/AIDS. This will not change targets from the levels indicated in FY07.

The FY2007 narrative below has not been updated.

This activity is related to JHU/HCP communication activities C&OP 8648; AB 8645; PMTCT 9162; and HTXS 9165. These activities taken together form a major initiative for providing technical assistance to the MOH/RESP (health education unit) and the CNCS (National AIDS Council) and implementation of communication strategies in support of all program areas at national and provincial levels, especially Zambezia and Sofala Provinces. JHU/CCP is also expected to serve as a resource and support to other Ministries such as the Ministry of Defense, Ministry of the Interior, Ministry of Education and Ministry of Women and Children as well as the NGO community and other USG PEPFAR agencies.
This activity is conceptualized as a large scale media activity with local community mobilization components to effect real behavior change and to create a supportive environment for addressing the HIV/AIDS epidemic in Mozambique. While implementation of communication activities is important, attention to building capacity in Mozambique to design, carry out, implement and sustain behavior change is paramount to success in slowing down the HIV/AIDS epidemic.

JHU/CCP has worked with the MOH and the CNCS to finalize a national communication strategy which has now been approved and is being rolled out to the provincial nucleos. This activity will provide the necessary expertise for implementation of the strategy and effective use of the media to accelerate change. It will also provide the coordination and framework for bringing together the various programatic area activities to assure economies of scale, harmonization of messages, appropriate Mozambican approaches and ownership by the responsible central and provincial level authorities. Technical assistance to the MOH Health Education Unit(RESP) and to the CNCS will be key to the success of this activity. JHUCCP will need to explore the structures required to provide leadership to the communication initiative. This may take the form of a national commission or forum which brings together stakeholders (public sector, private sector, civil society) to oversee the roll out of the communication strategy, or it may take the form of smaller regional or provincial groups. Leadership and coordination with the donor community will also be important. Sustainability and planning for an exit should be considered from the beginning.

Components of this activity include:

1. Municipal and local leaders: mobilization of local political leaders to promote and model ABC behaviors and to reduce stigma;
2. Technical assistance to the Health Education Unit of the MOH (RESP) for promotion of free condoms and better distribution
3. Technical assistance to the CNCS for large scale implementation of the national communication strategy
4. Media campaigns and leadership supporting the presidential initiative
5. Mozambique appropriate media and community activities directed towards older youth and young couples establishing families, with the purpose of addressing living a healthy life together, either as couple without HIV, a discordant couple or a positive couple.
6. Mozambique appropriate media and community activities reinforcing uptake of all HIV/AIDS services: prevention, care and treatment.
7. Mozambique appropriate media and community activities addressing the role that alcohol plays in risky behavior and shifting norms around acceptable behaviors for men and women with regards to alcohol
8. Mozambique appropriate media and community activities directed towards AB norms
9. Mozambique appropriate media and community activities which involve health workers as community members as well as providers of care
10. Building capacity in both public and private sectors to plan and carry out BCC activities to reduce incidence of HIV/AIDS

Products will include a collection of IEC materials produced in all areas; documentation from a leadership structure for the communication initiative (terms of reference, minutes, correspondence)

Deliverables/benchmarks
• Large scale media and community education campaigns
• Collection of IEC materials
• Documentation from a leadership structure for the communication

New/Continuing Activity: Continuing Activity

Continuing Activity: 14523

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14523	5291.08	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	6855	3680.08	The Health Communication Partnership	$320,000
8646	5291.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4893	3680.07	The Health Communication Partnership	$263,596
5291	5291.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3680	3680.06	The Health Communication Partnership	$300,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3583.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 15803.24278.09

Planned Funds: $0

Activity System ID: 24278

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 (No new funds for FY09)

This PHE activity, “Assessment of integration of graduates from Health Training Institutes into the national health system”, was approved for inclusion in the COP. The PHE tracking ID associated with this activity is MZ.08.0092.

PARTNER: I-TECH/University of Washington

NEW PHE: CDC and the Mozambican Ministry of Health (MOH) support an evaluation of graduates of Health Training Institutes who were hired and those who were not hired through the national health system.

Title: Assessment of integration of graduates from Health Training Institutes into the national health system. It is anticipated that this assessment will take 9 months total with a budget of $200,000.

Local co-investigator: Dr. Martinho Dgedge, National Human Resource Director for Training of the Ministry of Health. Dr. Dgedge will collaborate in designing questionnaire and sampling framework, and supervising the assessment

Project Description: The problem that the public health care system is facing is an insufficient number of health care workers entering the health care system. To address the acute need for trained health workers to respond to the HIV epidemic, an Accelerated Training Plan was developed in 2006 by the MOH Training Department and is being implemented by Health Training Institutions in all provinces. It is expected that, as a result of the plan, by 2010, there will be 8,106 graduates at the basic and middle levels. As the number of new health workers are available for hire will dramatically increase, it is important that other measures are taken at national and provincial level in order to ensure that those graduates (as well as existing workers who have upgraded their skills) are able to be absorbed by the national health system.

Evaluation questions:
Primary question of this assessment is: What percentage of recently graduated students are incorporated into the national health system?
Secondary questions are:
• Were all the graduating students from the IdF assigned from the central level to provincial health directorates?
• Of those students assigned to the provincial level, what percentage accepted these positions and reported for work?
• What factors influence the assignment and hiring processes at central and provincial levels?

Methodology: The assessment will consist of two parts: 1) a compilation of data regarding the number of graduates (from the last two years) who were assigned to provincial positions by the National Human Resource Directorate, and a comparison of this data with employment data from the Human Resource Departments at the provincial level; and 2) interviews with a sample of health workers who have graduated and started to work in the last two years (as well as those who chose not to accept their assignments); interviews with key staff from Human Resources at the central and provincial levels. A structured questionnaire will be prepared with closed and open-ended questions. Questionnaire data and participation will be confidential. The assessment period will take place over approximately 6 months. A purposive sample of graduates will be generated using the list of recently graduated students and by consulting with provincial and local health authorities where the graduates work. One province per region (three total) will be sampled so that results will be more generalizable. Informed consent will be obtained from all participants: graduates, Human Resources staff and other key provincial authorities.

Population of interest: The primary population of interest is health workers who have completed their studies at the Health Training Institutions during the previous two years.

Information dissemination plan: Assessment results will be presented to the Ministery of Health by meeting with key individuals from the following directorates: Human Resources, Planning and Cooperation, Medical Assistance authorities, as well meeting with provincial health leadership. Results of the evaluation will contribute towards the design of new strategies and interventions related to the assignment and hiring of recent graduates.

Budget justification
The main cost of the assessment will be for:
Salaries/fringe benefits: $100,000 for public health evaluation staff including: consultant, logistician, data collector, data entry staff and interviewers
Training and supplies: $10,000 data collectors, interviewers, data entry clerks
Material: $10,000 questionnaires, items for interviewers
Travel: $44,000 US/Mozambique and Mozambique internal travel to the provinces, MIE, lodging
Other: $36,000
Total: $200,000

Deliverables/benchmarks:
• Reasons why all newly graduated health workers are not being absorbed into the health care system identified

New/Continuing Activity: Continuing Activity

Continuing Activity: 15803

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15803	15803.08	Department of State / Office of the U.S. Global AIDS Coordinator	To Be Determined	8865	8865.08	New PHEs	[redacted]

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3640.09

Mechanism: TBD Cooperative Agreement

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 23869.09

Planned Funds: [redacted]

Activity System ID: 23869

Activity Narrative: This is a new activity but received initial start-up money in COP 08 as activity 19910.08.

As noted in other sections in this COP, a key focus for COP 09 is increasing SI capacity, specifically building a cadre of Mozambicans with appropriate and adequate skills to carry out necessary strategic information activities in Mozambique. The USG team is using a variety of shorter- and longer-term strategies and activities to support this capacity. While some other SI capacity building activities (e.g. strengthening M&E curriculum at Masters of Public Health Program at the University of Eduardo Mondlane and Field Epidemiology Training Program) will be expected to increase the number of and skills of Mozambicans in Strategic Information, the M&E Fellowships Program recently initiated as part of South Africa's PEPFAR Program provides an opportunity to increase M&E and other SI related skills among Mozambicans in the shorter term (1-2 year timeframe.)

The University of Eduardo Mondlane School of Medicine has the only MPH program in Mozambique. It began in 2001 and typically has enrollment of 30 students from Mozambique and other African countries. The program received support from NORAD to develop an informatics track but that support has ceased. Emory University also provides support in the form of student scholarships around the area of injury prevention.

There is a need for a cadre of health care workers trained in public health and UEM is currently the sole source of a degree in this field. In years previous, CDC was approached by UEM to provide support to this program but there was instability within the organizational capacity of the program making it difficult for them to develop an list of areas where they needed support. The faculties were all part time and therefore no one of them was able to focus more than part of their time on the program. In FY08, CDC met with the University of Eduardo Mondlane -MPH program to discuss the status of the program, their needs and how we might work with them. Given favorable progress on the limited scope of FY08 activities, in FY09, we will seek to provide support directly.

In FY09, funds will be used to develop a sole source RFA for continuing support to the MPH program. The use of these funds will be defined according to the scope of the RFA and needs of the program.

Deliverables:
RFA developed and awarded

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3640.09
Mechanism: TBD Cooperative Agreement
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 23870.09
Planned Funds: [redacted]
Activity System ID: 23870

Activity Narrative: This is a new activity.

This activity will contribute to capacity building of the MoH staff, with the goal of producing highly qualified medical personnel to provide health care services and assume leadership roles within the health system particularly with respect to Tuberculosis, HIV, malaria and other infectious diseases.

The Ministry of Health provides in service training in HIV/AIDS and management for medical doctors immediately after the general medical training. This is a 3 week intensive course that covers several aspects of HIV such as virology, nutrition, PMTCT, M&E and prevention. Upon completion, the medical doctor is certified to provide ARV therapy in the health facilities. There is no infectious diseases specialization program in place at any of the medical schools in Mozambique. The Ministry of Health has been exploring possibilities of sending students abroad to receive this training.

The proposed activity is to support the development of an infectious diseases fellowship program that would be offered at post-graduate level to medical doctors. This activity will help build clinical capacity in Mozambique with respect to management and leadership in the three main endemic diseases (HIV, malaria and TB), as well as other infectious diseases of public health significance in the country.

The USG will collaborate with the Ministry of Health, Medical Council of Mozambique (Ordens dos Medicos), Universities and other partners to develop and implement a training program defining the curriculum content, target group and duration of the program.
During FY09, the following will be achieved with the funding proposed: an assessment to define curriculum, and complete the training curriculum and materials for a post graduate Infectious disease fellowship program for Mozambique. Funding in subsequent years will be used for implementation of actual training courses, course evaluations and expansion as appropriate.

Products/Deliverables
Assessment concluded
Fellowship plan developed
Curricula content defined
Training material developed
Partnerships with relevant Mozambican and other (Brazilian, Portuguese, USA) training institutions

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	[redacted]
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	[redacted]
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8784.09
Mechanism: JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 23873.09
Planned Funds: $2,500,000
Activity System ID: 23873

Activity Narrative: This is a new activity.

This RFA was developed to further advance activities that began under the University Technical Assistance Program cooperative agreement to support a broad expansion of prevention, care and treatment services and practices in hospitals and clinics in Mozambique. Working with the Ministry of Health and other local partners, the agreement is designed to strengthen multiple PEPFAR activity service areas, specifically counseling and testing, infection prevention and control, male circumcision, cervical cancer prevention, gender issues, human capacity development, malaria, tuberculosis, laboratory biosafety, and anti-retroviral treatment site infrastructure. Within this RFA, the specific Systems Strengthening area activities include: workplace safety, gender isues, pre-service, training information systems, human resources for health systems development and quality assurance.

The Training Department of the National Directorate for Human Resources on the MOH has been implementing a nationwide quality assurance program for health training institutions starting in 2007. This program consisted of several interventions: 1) Introduction of training information and monitoring systems at pre-service institutions in FY08; 2) Introducing the Standards-Based Management and Recognition approach (SBM-R) to improve teaching quality. This approach consists of 4 standards areas: classroom and humanistic laboratory, institution management, practical rotation, and infrastructure. Using these standards, training institution staff identify and correct performance gaps and mobilize resources for quality improvements. One element of this overall approach was the successful piloting at the Central Hospital in Maputo of in-ward training model (practical demonstration) for nurses. As a result of this pilot, resources, tools, and equipment needed for practical demonstrations for students were put into place. 3) Previous year funds were used to design a task analysis PHE for three cadres of health care providers: nurses (general and maternal-child health) and clinical officers. There was an expert consultation in July regarding the assessment tool proposed to capture information. The assessment will be conducted and results analyzed before the end of calendar year 2008. 4) Developing tools for supervision and updating regulations for training institutions have been underway for the last two years. Two PEPFAR partners have been involved in the implementation of this plan through three Technical Advisors (who work closely with the Training Department), technical assistance and funding for activities. 5) Adapting training materials for use by lower level cadres of auxillary health care workers. 6) Per a reprogramming request, supporting the Human Resources Dept at the MOH as they finalize the Human Resources for Health strategic plan and as they present the plan to donors, international community and other Ministries in Mozambique

FY 09 activities will include:
Continued activities supporting the workplace safety in the form implementation of the workplace safety program through training, supervision and dissemination activities. This would include standardizing the use of PEP (post exposure prophylaxis).

Continued support of training information management system development through the expansion of the in -service training information system using a web-based model and assessment and initial design of the training information system for pre-service institutions . Funds would be used to support a comprehensive assessment of needs and capacities at pre-service institutions in order to design a training information system that captures the information identified as most important to institutions that prepare the majority of the health care providers in Mozambique.

In FY 09, based on the results of in-ward training model (practical demonstration), this activity would be to additional hospitals as the request of the Ministry of Health.

Based on the of the results of the task analysis for nurses and clinical officers, FY 09 funds will be used to revise the curriculums of the cadres identified as priority cadres including recommendations around teaching approaches, teaching aids and needed equipment.

Based on the results of FY 08 piloting of in-service training materials for auxillary health care workers, the curriculum will be finalized and national roll-out of the training will occur as a result of support from FY 09 funds.

In FY 08, initial work was done on developing a system for providing PEP to victims of sexual violence in Sofala province. This included development of training materials for health care providers. In FY 09, the work will expand to include training a wider auidence, developing a suitable supervision model and designing a recordkeeping system.

Using FY 08 funds, a two page summary document was developed from the HRH strategy that was used by the President and Minister of Health in high level international meetings. Following this document development, a 10-15 page summary document is being developed to explain the salient elements of the HRH plan to donors and across Ministries the the GMZ. In FY 09, funds will be used to explore how the HRH strategy can be operationalized and to engage with the Human Resources Dept and others at the MOH on the usefulness of the current HRIS exploring options for resolving current problems with the HRIS system.

Deliverables: expanded workplace safety system at the MOH; expanded in-service training information system and design for pre-service training information system; expand in-ward training model to other hospitals; HRIS assessed; pre-service curricula changes indentified and initial work on making changes done; support for operationalizating the HRH strategy

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Reducing violence and coercion

Workplace Programs

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$1,700,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3568.09
Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 23756.09
Planned Funds: $1,919,449
Activity System ID: 23756

Activity Narrative: April09 Reprogramming: Increased $331,465.

This is a new activity.

This activity will contribute to strengthening health system at the provincial level with the goal of developing a more sustainable health care system.

The Ministry of Health is vitally interested in developing a cadre of technical advisors, preferably Mozambicans, where possible. The USG shares this goal and will be working with all treatment partners to develop ways of preparing Mozambicans for these positions such as on-the-job mentoring and education. 4 Pharmacy advisors will be hired by Columbia University will support Provincial and District Health Directorates to create capacity in the area of drugs and consumables. Advisors will work closely with DPS parmacy technicians, warehouses incharges and HIV/TB/Malaria coordinators in order to avoid stock outs and to reinforce the links between facilities, provincial and central level. Emhasis will be put on forecasting capacity.

:In COP09 will for the first time treat infrastructure development as a discrete rather than embedded program area, with appropriate budgetary provision, and a program structure designed to improve the speed, quality, and cost effectiveness of implementation. Two mechanisms will be employed to deal with large- and medium-scale construction. Treatment partners will be relieved of the burden of having to manage activities that are somewhat removed from their primary fields of excellence. However there will still be cases where it is more efficient and appropriate for these partners to organize minor building repairs and improvements locally rather than through a central mechanism. CU will support minor renovations of pharmacy areas at new facilities where the assessment will show the need.

CU plans funds to support salary for freshly graduated professionals to cover the period between end of studies and the entry in the National Health Service. Provinces where CU will be the lead partner will be prioritized for this activity and this will anyway be done according to the needs and requests of MoH. It is expected that this gap year funding will retain graduates at their work while the national health services and other ministeries finalize their recruitment process to become those new health workers as public servants integrated in the national health services. An estimate of 15-20 professionals could be supported through this activity. In calendar year 2009, it is anticipated that the MOH will institute salary reform and therefore raise salaries so the number of staff supported may change.

Given the urgent need for increasing the number health care workers at all levels, PEPFAR funds will be used to pay for course fees associated with attending a pre-service institution. The goal of this activity is to both increase the production of health care workers and lessen the numbers who drop out due to financial constraints. CU will support about sixty students for the course of Health Technician and Nurse in Nampula Province at Instituto de Ciencias da Saude. The planned amount of 200,000 USD will cover the first 12 months of the courses for a total of 90 students.
CU will offer Counseling module (ATS and Adhrence) for pre-service training to health technician, basic nurse and preventive medicine technician (30 health tecnicians and 30 nurses) at Instituto de Ciências da Saúde da Zambézia

CU will work with districts to health managment teams to build on planning and managment capacity.
CU will support coordination activities at District level with the aim of widening the support from site to district support. This activity will have particular emphasis in Provinces were CU will be the lead partner (about 20 districts). This will include a broad range of activities like technical and financial support for integrated supervisions, planning exercises, managment meetings and district health information systems.

Products/deliverables

It is expected to have 30 professionals trained in CT.
90 students will be supported for the first year the three courses for Health technician and Nurses.
10 Health facilities will receive rehabilitation according to DPS priorities for a total amount of 450,000 USD
15-20 professional receive salary up to 12 months
4 Pharmacy Technical Advisor for Provincial Health Directorate hired

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$1,097,984
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$300,000
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3692.09
Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 9212.24132.09
Planned Funds: $2,650,000
Activity System ID: 24132

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY MODIFIED IN THE FOLLOWING WAYS:

AED will continue to increase the capacity of Mozambican organizations and networks to develop, manage, and implement prevention, care and treatment services through the provision of organizational capacity development (OCD) TA. In FY 09 AED will absorb new NGO/CBO/FBO partners graduating from the State Department's Quick Impact Program (QIP). AED will also launch the operations of an office in Nampula to work with faith-based organizations, with a special focus on Christian and Muslim groups that represent the 2 predominant religious groups within the province to spur their networks activism and involvement in HIV/AIDS in the community.

In addition, USAID will establish an Umbrella Grants Mechanism (UGM) component under CAP in FY 09 to increase the number of Mozambican sub-partners in PEPFAR's portfolio and build their capacity to become prime partners under individual or consortia-type arrangements. Through CAP, PEPFAR has provided OCD assistance to local networks and organizations that provide services to OVC, home-based care clients, youth in AB prevention programs, and PLWHA groups which together have national reach, to create competent, results-oriented organizations eligible to compete for USG and other HIV/AIDS funding. OCD components of PEPFAR-funded activities include organizational development to better plan, coordinate, implement and monitor HIV/AIDS interventions; and grants management services to selected organizations as a demonstration model of sound management practices. Organizations benefiting from the grants management activity are being strengthened and will gain the fiscal experience to acquire smaller HIV funding from NAC and other sources. The UGM component is being added as a major step towards an OCD continuum where organizations graduate from the existing QIP into CAP, then into the UGM, and further into the capacity of prime partners under individual or consortium type arrangements. The UGM is expected to provide: (1) a forum for coordination, sharing lessons learned, training, and standardized reporting; (2) quality assurance standards for the provision of specific services; (3) monitoring for adherence to the delivery of quality services, supportive supervision, and corrective actions to address problem areas; (4) a unified body of organizations to enter into policy dialogue at all levels; (5) a unified body of data that can be tracked from baseline to endline; (6) more systematized M&E of partners receiving PEPFAR funds; (7) manageable reporting on PEPFAR indicators; (8) TA and training for policy makers, government officials, and the press to influence the debate on HIV/AIDS; and (9) assistance to PEPFAR partners in legislative and policy issues.

Tasks of the UGM: 1) Grants Management: The UGM will award and administer grants to IPs selected through the APS and other competitive processes, in addition to partners graduating from CAP. This involves award and administration of grants, progress monitoring, meeting reporting requirements, grant closeout, and adherence to USG financial regulations through provision of extensive TA on project design, implementation, financial management, m&E, and reporting. Strengthening these functions will enable local organizations to improve the quality of their activities, enhance positive outcomes, and bring activities to scale.

2) Capacity building: The UGM will support institutional capacity building of local organizations to promote more sustainable programs. Capacity-building is defined as activities that strengthen the skills of local organizations to implement HIV/AIDS programs efficiently, with diminishing reliance on external technical assistance and support. The UGM will support activities to improve the financial, program and organizational management, governance, quality assurance, SI and reporting, and leadership and coordination of partner organizations.

3) M&E: IPs will be required to closely link their activities to PEPFAR-funded treatment, care, and support interventions. M&E support will include: measurement of program progress; feedback for accountability and quality; surveillance; and MIS implementation. AED will provide supportive supervision, guidance, monitoring, mentoring and oversight through site visits, TA, and performance evaluation. Data collected and reported by AED and lessons learned will be shared in semi-annual partner meetings. Performance monitoring will be a supportive and constructive approach to raising issues that need higher level attention and action, possibly at the policy or legislative levels. This activity also standardizes and ensures better quality control for reporting to the USG on PEPFAR indicators.

Deliverables/benchmarks:
- Organizational capacity of Mozambican organizations and networks improved;
- UGM established and absorbing graduating partners from QIP and CAP.

The FY 08 narrative below has not been updated.

AED will continue to increase the capacity of Mozambican organizations and networks to develop, manage, and implement prevention, care and treatment services through the provision of ongoing organizational development technical assistance. In FY 08 AED will add the province of Nampula to their roster of focus provinces and will work closely with all faith-based organizations. A special focus will be working with Christian and Muslim groups which represent the two predominant religious groups within the province in order to spur their networks activism and involvement in HIV/AIDS in the community.

The narrative below from FY2007 has not been updated.

This activity has several components and COP07 funding represents a major scale-up of AED's current program in NGO capacity building and grants management. AED will continue to work with Mozambican networks and organizations that provide services to OVC, home based care clients, PLWHA groups and association members which together have national reach. FY07 represents year 2 of a planned 3 year activity that began with FY 05 funding. Special activities under COP07 will be focused in Sofala and Zambezia Provinces.

Activity Narrative: Phase I , Year 1 began in March 2006 (with early FY06 funding), AED sub-granted with International Relief and Development (IRD) to conduct assessments of some of the networks and associations especially at national level and in Sofala province. In addition, IRD piloted a program in Inhambane Province to provide small sub-grants to CBOs, adapt assessment tools for use with community groups and develop a monitoring system to assist community groups to manage their program with the small grants they received.

AED only recently received the rest of their FY06 funding (Phase II) and are in the process of gearing up their presence in Mozambique, selecting staff, assessing and selecting network NGO partners, etc. Based on It is expected that AED work will rapidly escalate based on their pilot efforts under Phase I.

AED's major effort under COP07 will be to continue to strengthen the capacity of nascent 1) networks and associations (such as MONASO, Rensida, CORUM, etc.) as well as 2) national and local organizations for the ultimate purpose of eventually becoming self sufficient and able to acquire funding from sources other than PEPFAR. This will include institutional strengthening as well as strengthening activities in programmatic planning, implementation, monitoring and reporting. All organizations will be part of the integrated health network system which focuses geographically on the catchment areas of USG-supported clinical care and ARV treatment sites. Training for the all networks and non-governmental organizations will focus on increasing their abilities to solicit, receive and account for funds, sub-granting to member organizations and reporting results to donors. Additionally, the Foundation for Community Development will become a major client of AED. AED capacity building for FDC will focus on financial and management systems support assistance in order to meet USAID and other donors requirements. Capacity building efforts will be tied, where appropriate, to direct service delivery in OVC and HBC and to activities and services within the AB and C&OP program areas. During COP07 it is expected that direct targets will be achieved, but virtually no indirect targets. (See below) Indirect targets will be expected in Year 3.

In addition to capacity building, AED will also provide a grants management service to selected organizations, partly as a demonstration model to assist the NGO in learning better management practices and partly as a support to USG where they find granting to small but strategic national NGO impossible to grant directly.

AED will work with ANEMO (Mozambican Nurses Association), to strength their institutional capacity in two areas: 1) the Training of Trainers section to be able to provide training services in a variety of clinic related areas and 2) expansion of the service delivery section. Under a sub-grant, ANEMO will be able to maintain their Master Trainers duties and responsibilities to continue to train trainers for improved HBC. Refresher courses will be developed by MOH for the Master Trainers to roll out. In addition, OI and STI trainings can be provided by these same Master Trainers who can train clinical staff as well as home-based care providers. In collaboration with activity #5442, ANEMO will be able to develop their professional association responsibilities.

Through yet another related activity #3692 ANEMO will be involved in treatment adherence for ARV and TB. ANEMO will be assisted to develop mechanisms and curriculum for training and hiring retired and unemployed treatment adherence care workers (TACW). The Master Trainers will expand their expertise into treatment adherence and train and supervise the TACWs who will be based at clinic sites, and will refer ART patients to community based care providers for continued support, follow-up and referrals. This activity is expected to keep clients in the clinical system by monitoring their adherence and referring any complications identified.

AED will also strengthen NGO that provide services for AB and OVC. Many small NGOs and faith-based organizations are providing a variety of AB messages to selected community audiences, e.g. churches, schools, etc. Most of these organizations are not eligible to receive direct funding from USG, but could be strengthened to acquire funding from NAC and other sources. AED, along with activity # 5293 will provide a major effort in working with NGOs/CBOs/FBOs that are providing AB messages at the community level in an attempt change both normative and individual behavior.

Lastly, this activity will continue to provide strengthening and capacity building of NGOs/CBOs/FBOs to improve services to OVC and Home-based Care clients. While clients directly reached under this joint activity is relatively small (1,500 HBC and 4,000 OVC), it is anticipated that with strengthened institutional and programmatic capacities, rapid roll-out of services to additional clients will occur in the out years.

Through this package of activities, 35 non-governmental organizations will receive institutional capacity building and 175 individuals trained in institutional capacity and in community mobilization, and who take an important leadership role in care and treatment. At least one individual from each of the 35 organizations will also be trained in reduction of stigma and discrimination. Trainers will expand their expertise into treatment adherence and train and supervise the TACWs who will be based at clinic sites, and will refer ART patients to community based care providers for continued support, follow-up and referrals. This activity is expected to keep clients in the clinical system by monitoring their adherence and referring any complications identified.

Deliverables/benchmarks:
Organizational capacity of Mozambican organizations and networks improved

New/Continuing Activity: Continuing Activity

Continuing Activity: 13354

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13354	9212.08	U.S. Agency for International Development	Academy for Educational Development	6448	3692.08	Capable Partners Program	$1,150,000
9212	9212.07	U.S. Agency for International Development	Academy for Educational Development	5037	3692.07	Capable Partners Program	$900,000

Emphasis Areas

Gender

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

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $2,000,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3570.09
Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 5273.23796.09
Planned Funds: $460,000
Activity System ID: 23796

Activity Narrative: Continuing Activity:

Funds for the FY09 will continue to support the pre-service training and continuing education of health workers and will spend in the following activities, ($400,000)

One activity will contribute to the strengthening of teaching resources through the purchase and distribution of books and basic kits for practicums for health training institutions. The much needed books will facilitate teachers' preparedness for classes in different disciplines and increase the resources for students'personal reading. The basic kits will be used by students during their practical sessions. Currently there are not enough basic kits available for student use.

A second activity will support the implementation of a training plan for faculty development for training institutions to increase knowledge and skills in new interventions of the health programs including HIV, STI, Malaria, TB and teaching methodology. It is envisioned that this will be done via training courses or using new initiatives, such as, distance learning approaches.

A third activity is to support the monitoring and supervision activities of the MOH central training department who has the responsibility to supervise health training institutions throughout the country.

Funds for FY09 ($60,000) also will be used to continue the activities started in FY08 for capacity building of MoH staff from various departments, including (HR), Training, Health Education Department (RESP), HIV/AIDS, Sexually Transmitted Infections (STI) and National Institute of Health (INS). Key activities include: (a) Review and adapt existing Behaviour Change Communication (BCC) materials to the Mozambican context; (b) Sponsor and participate in trainings (including data analysis); (c) Participate in capacity-building trainings in areas of qualitative and quantitative analysis, behavioral intervention design, and intervention evaluation; and (d) Guide implementing partners in piloting and implementing new behavioral and informational interventions; and (e) Conduct cascade training activities involving personnel from various Departments and Programs. The trainings will involve health workers and MOH training institutions students, with the main objective to reduce risk associated with health workers sexual behavior and reduce stigma at the workplace and in their personal lives.

Product and Deliverables
- 500 books for nurses and clinical officers of the 13 health training institutions
- 90 kits for clinical officer classes of three training institutions
- One refresher training course for 24 teachers
- 4 supervision visits from the central level to provincial level
- 15 health workers trained in data analysis, behavioral intervention design, and intervention evaluation
- A behavioral intervention designed for health workers and training institutions designed based on findings of qualitative and quantitative studies
- One package of adapted BCC materials for the country

New/Continuing Activity: Continuing Activity

Continuing Activity: 13198

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13198	5273.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	6408	3570.08	Cooperative Agreement	$814,200
8577	5273.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	$630,000
5273	5273.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	3570	3570.06	Cooperative Agreement	$0

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$100,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$300,000
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 6124.09
Mechanism: CDC CARE INTL
Prime Partner: CARE International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 23664.09
Planned Funds: $219,089
Activity System ID: 23664

Activity Narrative: April09 Reprogramming: Increased $94,341.

This is a new activity.

Activity 1:In COP09 will for the first time treat infrastructure development as a discrete rather than embedded program area, with appropriate budgetary provision, and a program structure designed to improve the speed, quality, and cost effectiveness of implementation. Two mechanisms will be employed to deal with large- and medium-scale construction. Treatment partners will be relieved of the burden of having to manage activities that are somewhat removed from their primary fields of excellence. However there will still be cases where it is more efficient and appropriate for these partners to organize minor building repairs and improvements locally rather than through a central mechanism. In FY09 CARE will continue in improving health system through minor rehabilitation of health infrastructures including hospital administrative buildings in all the four districts(Vilanculos, Mabote; Inhassoro and Govuro) in others to achieve qualitative health delivery. CARE will continue to support and give appropriate advice on policy-making both at the district and provincial levels to the DDS and DPS respectively to ensure better program output. CARE at community level will support and assist in the formation of more CBOs and provide training to these groups
Estimated budget: $ 90,000

Activity 2: In order to improve the human resources of the health sector, in FY09 CARE will support the DPS Inhambane in contracting and paying of salary of 5-8 newly graduated pre service health staff of medium cadre (nurses and tecnicos de medicina curative) who will be employed and paid using the MOH salary structure. CARE will continue the payment of the salary while awaiting their full integration into the MOH salary scheme. These new graduates who will be posted to districts where CARE provides interventions will futher strenghten the health care delivery in these regions. In calendar year 2009, it is anticipated that the MOH will institute salary reform and therefore raise salaries so the number of staff supported may change.
Estimated budget: $ 10,000

Activity 3: In FY09 CARE will provide and coordinate meetings among local NGOs working in area of HIV/AIDS prevention and treatment programs to achieve better results and effective data sharing to promote the ultimate goal of effective and qualitative health care delivery to the populace. CARE will continue to support coordinated activities between facilities based centers and the community like support to national programs like vaccination days, malaria days
Estimated budget: $ 24,748

Deliveables:
improved infrastructure via small project rehabilitation
salary support for new pre-service graduates
increased coodination among care and treatment partners

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$34,748
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3721.09 **Mechanism:** Follow-on to PHRplus

Prime Partner: Abt Associates **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 5447.24121.09

Activity System ID: 24121

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: $1,350,000

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY MODIFIED IN THE FOLLOWING WAYS:

1. CNCS Seconded Positions ($350,000)
In 2008, Health Systems 20/20 provided ongoing technical support in the areas of financial and grants management and organizational and human resources development at the National AIDS Council (CNCS).

In, 2009 HS20/20 will continue support to CNCS to transform the organization from a preponderantly bureaucratic implementing role into an effective coordination and support body for national HIV/AIDS programs in Mozambique. Key areas of assistance will include: work with CNCS to establish the agency as a formal governmental body, thereby permitting employees to enjoy heretofore lacking opportunities for tenure (job security), career development, health and retirement benefits and other means of institutional support. This action is aimed at improving the work environment, boosting morale, ensuring retention, and raising performance standards. The effort includes a re-examination -- and change where necessary -- of the current CNCS organic statute (organigram), and supporting job descriptions and requisite qualifications so as to bring CNCS into line with accepted government structures and practices. Assistance is also focused on operationalization of key management, communications and Finance & Administration system improvements at the central and provincial levels of the organization. A principal goal of this activity will be to ensure that each of the eleven provincial branches is operating in close collaboration with the central secretariat and is serving its role as principal coordinator and important resource for HIV/AIDS programs in the field. Particular attention will be paid to improving performance in two specific units: Communications and Advocacy (UNICOM), and the over-arching Planning & Coordination, Monitoring and Evaluation unit. These units are key to CNCS' effective implementation of the revised National Strategic Plan which includes a new emphasis on adjusting prevention programs to address the specific nature of spread of the HIV/AIDS epidemic in the country's various geographic and demographic areas. Finally, HS20/20 will provide assistance in the area of reporting to reinforce the current efforts of all stakeholders, including the Ministry of Health and Partners.

In the financial management area, HS 20/20 will continue to provide technical support with implementing the action plan for streamlining and improving CNCS' grants management and financial management policies, procedures and systems. Funding in this activity will support the following activities:

- Senior Financial Advisor (part-time) - HS 20/20 will maintain the Senior Financial Advisor to oversee the financial components of the project with the CNCS and the Ministry of Health
- Financial Advisor (full-time) – CNCS has requested on numerous occasions long-term, full-time assistance to improve its financial and grants management systems. HS 20/20 hired the full-time advisor in October of 2008.
- Update and finalize policy and procedure manuals – Targeted updates to operating manuals to assure efficient, feasible and relevant policies and procedures.
- CNCS policy and procedure training course – Design reusable course materials to train CNCS administrative staff on manuals in activity
- Support adoption of lessons learned – Assist with follow-up TA visits to provincial level offices to support adoption of newly learned policies and procedures.
- Grants management training of trainers course – Design reusable course materials to train CNCS grants management staff. Train CNCS staff to train sub-project staff in grants management and CNCS financial and M&E requirements.
- Support dissemination of grants management training to IAs – Assist provincial level trainers with initial training courses given to implementing agencies.
- Support customization and adoption of state-mandated accounting system at the central and provincial-level CNCS offices.

2. MOH Financial System and Financial Advisor ($1,000,000)
The donors Common Fund is conducting a financial management and expenditure assessment that will provide comprehensive diagnostic assessment of the current state of financial management in the MOH in relation to accepted international standards. Health Systems 20/20 will support the MOH and the donors Common Fund with implementing some of the key recommendations expected from the assessment, specifically the processes governing the financial management system to ensure that it fulfills donors and Global Fund's minimum requirements. It is expected that HS20/20 will provide support to the MOH in the following areas:

- Provide technical support to MOH to customize the government's mandated e-SISTAFE financial management system, which is designed to improve the accuracy and reporting of financial and accounting systems at all government ministries including the Ministry of Health. The purpose is to integrate financial and programmatic data collection, processing, reporting, and use the information for improving health service effectiveness and efficiency through better management at all levels of MOH. This activity may include determining what data will be submitted to whom, how frequently data should be submitted to each level, and determine in what form data will be submitted to each level.
- Address accounting and finance organizational structure ensuring documented roles and responsibilities and sufficient segregation of duties.
- Address the adequacy of the existing policies and procedures that guide financial activities and ensure accountability.
- Update the chart of accounts and ensures that it provides the necessary level of detail to effectively monitor expenditure in a timely manner.
- Provide cross-functional training of government financial and procurement policies and procedures beginning at the central level and extending to provincial health districts that are perpetually short of trained staff.
- Support the preparation of regular and reliable financial statements.

Activity Narrative: Deliverables:
- MOH and CNCS financial and human resource capacity strengthened;
- Global Fund resource flow improved.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15857

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15857	5447.08	U.S. Agency for International Development	Abt Associates	7276	3721.08	Follow-on to PHRplus	$558,121
9119	5447.07	U.S. Agency for International Development	Abt Associates	5047	3721.07	Follow-on to PHRplus	$375,000
5447	5447.06	U.S. Agency for International Development	To Be Determined	3721	3721.06	Follow-on to PHRplus	[redacted]

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3640.09

Mechanism: TBD Cooperative Agreement

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 23866.09

Planned Funds: [redacted]

Activity System ID: 23866

Activity Narrative: This is a new activity.

As noted in other sections in this COP, a key focus for COP 09 is increasing SI capacity, specifically building a cadre of Mozambicans with appropriate and adequate skills to carry out necessary strategic information activities in Mozambique. The USG team is using a variety of shorter- and longer-term strategies and activities to support this capacity. While some other SI capacity building activities (e.g. strengthening M&E curriculum at Masters of Public Health Program at the University of Eduardo Mondelane and Field Epidemiology Training Program) will be expected to increase the number of and skills of Mozambicans in Strategic Information, the M&E Fellowships Program recently initiated as part of South Africa's PEPFAR Program provides an opportunity to increase M&E and other SI related skills among Mozambicans in the shorter term (1-2 year timeframe). Furthermore, Mozambique's participation in the South Africa Fellowship program provides an opportunity for Mozambique to determine if and how a Mozambique-specific Fellowship can be developed within Mozambique in the coming years.

In this six-month fellowship program, graduates of Masters in Public Health programs are matched with PEPFAR partners that are in particular need of M&E support. This program is aimed to create opportunities for Masters of Public Health students to gain practical experience in monitoring and evaluation within a mentorship work environment. This is a strategy to provide career development opportunities that help to improve retention of local (Mozambican) staff with these "scarce skills" sets.

These Mozambican M&E Fellows will be placed with South African PEPFAR Partners during their Masters degree study period in order to gain practical experience. These practical skills may then be ploughed back into Mozambique when Fellows return home after study completion.

This activity is currently listed out as TBD until the appropriate mechanisms can be worked out with the PEPFAR South Africa office, and the Foundation for Professional Development (FPD) who is administrating the Program on behalf of PEPFAR South Africa.

In accordance with the policy used in the South Africa Fellowship Program, each Fellow will have to enter into a contract that will oblige them to a specific period of skills transfer and capacity building within Mozambique. The criteria developed for an individual receiving a scholarship for long term education will be referred to in developing this contract.. This could be done by means of an intra-african parallel transfer by a PEPFAR Partner within South Africa to their relevant branch in other African countries as part of the Africans Building Human Capacity in Africa "scarce skills" retention initiative.

Funds requested will cover the logistical costs related to such fellowship placements for African students. With $100,000 in COP 09 funds, we anticipate that approximately 5 Mozambican fellows can participate in this critical capacity building project.

Deliverables:
Establish mechanism for M&E fellowships
Select and send 5 Mozambicans to begin their fellowship

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8784.09 **Mechanism:** JHPIEGO

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 23867.09

Planned Funds: $111,500

Activity System ID: 23867

Activity Narrative: This is a new activity.

ISCISA is a higher level training institution that has provided health training courses for the Ministry of Health since 2004. Graduates obtain bachelor degree in diverse health areas, such as General, Maternal, Child Nursing, Administration and Hospital management, Psychology, Occupational Therapy and Laboratory and Biomedical Technology. This training institution is regulated by the Ministry of Education and abides by national health policy and World Health Organization principles. ISCISA shares a campus with the Health Sciences Institute of Maputo, but has their own faculty and can provide accommodations for students when necessary. In 2008, ISCISA recieved approval to run a 4-year public health course. Beginning in 2009, this public health course will start with trainees from throughout the country who will be admitted through a selection process. Curriculum for this course has been developed with support of Lisboa Tropical Medicine and Hygiene Institute, WHO and UNICEF. There is an emphasis on field work with 58% of the training focused on hands on learning where students will accomplish practical tasks. It is envisioned that the graduates of this course will manage health programs and health services in the National Health Service. Given that this program is in a start-up phase, it is not clear what specific support will be needed although the ISCISA Director has officially requested PEPFAR support in general. Tentative areas for support discussed include equipment, furniture, and training material. If individual scholarships are included as part of the PEPFAR support, scholarships criteria developed by the USG would be used.

PEPFAR funds for 2009 will be available to develop new activities that are supported via a TBD partner with the goal of supporting the implementation of the public health course in ISCISA. Specific activities to be supported by PEPFAR are still under discussion with the course coordinator pending other sources of support.

Product/Deliverables:
To be decided

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$55,750
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$55,750
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3640.09

Mechanism: TBD Cooperative Agreement

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 23868.09

Planned Funds: [redacted]

Activity System ID: 23868

Activity Narrative: This is a new activity.

In 2007, the sentinel surveillance results in Mozambique estimated that the HIV prevalence among women and men aged 15-49 to be 16% overall with actual provincial figures ranging from 20%-9%. Surveillance results also showed that the epidemic is still on the rise in most provinces. According to other national and regional analyses show that the key driver for Mozambique is the pervasive practice of multiple and concurrent partners. Other drivers of the epidemic include early sexual debut, low condom use, low rates of male circumcision, high level of women engaged in intergenerational sexual relations, low level of HIV knowledge and gender-based violence.

In Mozambique, there are a number of pre-service training institutions where teachers and health care workers receive their initial training. These institutions are located in urban and rural settings and tend to serve more than one province. In order to gain education, young people may travel a significant distance from their homes for up to 30 months in order to attend a pre-service education institution. The quality of infrastructure and resources available at each training institution varies with some possessing renovated accomodations, classrooms and humanistic lab while others are still in need of much repair. Recreational facilities are scarce among the training institutions so students must either make due with what is at the training institution or travel to a nearby town for recreational opportunities.

Although students are being prepared to educate others either in the classroom or as clinicans, they are not recepients of HIV prevention education while in pre-service education. While frequently there are provisions to prevent students from catching malaria in the form of mosquito nets for their beds, there seems to be a dearth of information and resources around HIV/AIDS, TB, and OIs. Given the social mores in Mozambique, the percentage of HIV+ individuals in the general population and the huge need for health care workers and teachers, it does not seem prudent to fail educating students as they attend pre-service, typically for 18-30 months. Also PEPFAR partners have anecdotally reported that they have seen first year nurses and teachers die from AIDS related illnesses.

This RFA would look at how a TBD partner could work across ministries (Minstry of Health, Ministry of Education and Ministry of Defense) to assess suitability of educational campaigns educating students on abstience and being faithful; HIV/AIDS, TB, OIs; identify sites for testing and treatment and developing a system for condom distribution. Information from the health worker KAP study, where knowlege, behavior and attitudes was measured in existing health care workers along with assessment results from the Ministry of Education and Military will be utilized as background information.

Products/deliverables
Assessment of suitablilty of educational campaigns/activities and feasibility of providing testing and treatment services for students at pre-service institutions
Developing an implementation plan for moving this overall project from concept to implementation

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10298.09
Mechanism: CDC_OHSS_USAID
Prime Partner: US Agency for International Development
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 23801.09
Planned Funds: $0
Activity System ID: 23801

Activity Narrative: This is a new activity in COP 09: an inter-agency Annual Program Statement (APS) to solicit applications for funding from prospective new partners to support implementation of PEPFAR in Mozambique. The purpose of the interagency APS is to identify new and diverse partners, respond to emerging issues throughout the fiscal year, encourage innovation and local responses, and increase the number of Mozambican organizations receiving and managing PEPFAR funding across Agencies.

With $500,000 in USAID funds and another $500,000 in CDC funding in FY 09, the APS will start relatively small and build upon lessons learned from the implementation of a similar mechanism in South Africa to pilot new agency-specific and inter-agency activities. The APS will have considerable interface with the Umbrella Grants Mechanism that may incorporate partners selected under the APS.

OHSS funds will focus on civil society development, networking, advocacy, local capacity development and institutional systems strengthening for increased sustainability. In addition, the APS has the potential to expand the mix of innovative proposals in the Mozambique portfolio to include wrap-arounds and cross-cutting areas such as gender, food and nutrition, human capacity development, economic strengthening, malaria, and service integration. Public-private partnerships, partner consortia and South-to-South initiatives involving other countries in the region and collaboration with Brazil will be strongly encouraged.

The number of partners will depend on the quality of proposals and on budget limitations. CDC expects a minimum of three and a maximum of five awards total between $50,000 and $150,000 will be funded in year one.

The PEPFAR team will develop an interagency process for identifying ideas for potential funding, reviewing applications and making award decisions. Toward the end of year one, we will evaluate the success of the mechanism with a view to expanding the level of funding and number of partners in outyears.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$200,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3720.09
Mechanism: Twinning_AIHA
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 5442.23404.09
Planned Funds: $656,000
Activity System ID: 23404

Activity Narrative: Continuing Activity:

ANEMO/St. Luke's Hospital School of Nursing
This is a continuation of current activities. AIHA will continue to strengthen ANEMO's capacity to function as a well-structured, sustainable national association through a partnership with a St. Luke's School of Nursing

The African Palliative Care Association (APCA) and The National Association of Mozambican Nurses (ANEMO) partnered for a period of two years to strengthen the organizational capacity of ANEMO. During this time, partners accomplished the following objectives:
1. ANEMO hired a new national coordinator and a financial assistant
2. Partners jointly developed a strategic plan for ANEMO and the regional branches
3. APCA and ANEMO developed a new governance structure for ANEMO
4. APCA assisted in the development of a website for ANEMO to establish regular communication between AMENO staff in Maputo and the provinces,
5. ANEMO national coordinator created a Mozambique Palliative Care Association (MOPCA)
6. Partners created and circulated a newsletter to assist with income-generating activities for ANEMO

The APCA/ANEMO partnership officially ended this past May, 2008 and ANEMO shortly thereafter initiated partnership activities with St. Luke's Hospital School of Nursing.

During the first year (COP 08) of the St. Luke's Hospital School of Nursing partnership, St. Luke's representatives traveled to Mozambique to meet with ANEMO representatives. During this exchange visit, St. Luke's partners toured the ANEMO facilities, both in Maputo and in the provinces, and became familiar with the current HIV/AIDS situation in Mozambique. Soon thereafter, ANEMO partners traveled to the US to assess the current HIV/AIDS situation in the US and to meet with additional St. Luke's partners. While on this partner exchange visit, partners developed their year one partnership workplan, which outlined partnership activities for the next twelve months.

In COP 09, AIHA is requesting additional funding ($190,000) to continue the St. Luke's Hospital School of Nursing /ANEMO partnership. In year two, partners will work together to implement activities to strengthen membership, association building and sustainability of ANEMO. Activities will include:
• Developing and implementing a comprehensive communication strategy to reach and include all members, provinces, and external stakeholders,
• Implementing a strategy to enhance and improve organizational capacity,
• Expanding ANEMO's services from Maputo to additional provinces; and
• Conducting income generation activities to achieve financial stability for ANEMO

Catholic University of Mozambique/University of Pittsburgh
This is a continuation of current activities. AIHA will continue to increase the availability of quality HIV/AIDS services in the Sofala Province of Mozambique through a partnership with the University of Pittsburgh

The University of Pittsburgh (U Pitt) and Catholic University of Mozambique (UCM) have partnered for a period of three years. During this time, partners' significant accomplishments have included the following:
• Partners have defined clinical competencies and designed practical hands-on training sessions for UCM faculty and staff
• Partners have established formal relationships with local HIV treatment clinics to serve as sites for the practical component of the training; developed M&E capacity at UCM for measuring quality and effectiveness of trainings
• Partners trained ICSB instructors; trained in-service healthcare workers based on MOH priorities; and trained orderlies in universal precautions/infection control.
• The University of Pittsburgh School of Medicine, Division of Infectious Diseases, recruited a well-qualified family practitioner with experience delivering health care in resource limited settings to serve as the Medical Director for the Training Center
• Partners leveraged large-scale donations for the Training Center at UCM

In COP 09, AIHA is requesting additional funding ($370,000) to continue the University of Pittsburgh / Catholic University of Mozambique. Partners will undertake the following activities:
• Fully establish cohort of HIV-positive patients for training purposes
• Identify priorities for healthcare worker training with MoH
• Continue to develop curriculum for various levels of healthcare workers with MoH and other training partners in MZB
• Develop methods to evaluate efficacy of training for various levels of health care workers
• Work with MoH to integrate HIV care with primary medical care per MoH timelines

Individual Scholarships
The American International Health Alliance's Twinning Center proposes to continue a partnership focusing on the long-term training of a Mozambican healthcare professional. Based on the current needs in Mozambique and input from USG stakeholders in country, an individual will be identified and placed in a healthcare setting or university. The first year activity will begin with the placement of a healthcare professional at a partner institution with the expectation that institutional relationships will be strengthened during this first year. It is also expected that the Mozambican health professional will be able to draw on experiences and resources obtained while overseas to strengthen and reinforce his or her own institution. FY09 funds (96,000) will continually support scholarships for individuals.

Goal
The partnership's overall goal is to increase the knowledge of a Mozambican health professional by participating in a long-term training in a university and to strengthen the institutional link between the two universities.

Activity Narrative: Deliverables/Products
ANEMO/St Luke's Hospital School of Nursing
1. A comprehensive communication strategy to reach and include all members in order to strengthen ANEMO's membership
2. A strategy to enhance and improve organizational capacity
3. ANEMO's services expanded to additional provinces
3. Income generation activities that will lead ANEMO to achieve financial stability

Catholic University of Mozambique/University of Pittsburgh
1. A Cohort study of HIV positive patients
2. Training priorities for health care workers in the MoH
3. Training curriculum for different levels of health care workers in the MoH
4. Tools for training evaluation of different levels of health care workers in the MoH

Individual's scholarship
5 individuals recieving long term training

New/Continuing Activity: Continuing Activity

Continuing Activity: 13205

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13205	5442.08	HHS/Health Resources Services Administration	American International Health Alliance	6411	3720.08	Twinning	$675,000
8800	5442.07	HHS/Health Resources Services Administration	American International Health Alliance	4940	3720.07	Twinning	$620,000
5442	5442.06	HHS/Health Resources Services Administration	American International Health Alliance	3720	3720.06	Twinning	$455,600

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $96,000

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 4978.09 **Mechanism:** PAO

Prime Partner: US Department of State **USG Agency:** Department of State / African Affairs

Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 5490.23024.09
Planned Funds: $50,000
Activity System ID: 23024
Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

FY08: Continuing activity with new narrative, targets, target population, and emphasis area.

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. This activity originated on FY05 though the first leadership conference and journalist training only took place in FY06 due to a funding delay. These activities are crucial in Mozambique not only for engendering bold leadership in the face of the AIDS epidemic and ensuring that the leaders and potential leaders of Mozambique have an accurate and updated understanding of HIV and AIDS (including issues of stigma, but also transmission and prevention, etc.) but also to give the same information to the journalists (especially from community radios) that have the greatest potential to reach a larger portion of the population with accurate and sensitized information. The expected outcomes of these activities is greater depth and accuracy in HIV/AIDS reports and stories in the media allowing greater dissemination of accurate information to the population in general and encouraging a move away from the simple reporting of statistics. As for the leadership aspect the expected outcome is an increase in visible leadership by the participants in regards to the HIV/AIDS epidemic.

Deliverables/benchmarks
• Journalists and community leaders trained and mobilized in HIV/AIDS issues

New/Continuing Activity: Continuing Activity
Continuing Activity: 15735

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15735	5490.08	Department of State / African Affairs	US Department of State	7240	4978.08	PAO	$75,000
8506	5490.07	Department of State / African Affairs	US Department of State	4978	4978.07	PAO	$75,000
5490	5490.06	Department of State / African Affairs	US Department of State	3648	3648.06	State	$75,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 4791.09
Mechanism: State Grant
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 5336.23020.09
Planned Funds: $15,000
Activity System ID: 23020

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

Continuing activity with updated target population and emphasis areas information.

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.

Deliverables/benchmarks:
• US Embassy mission-wide HIV/AIDS workplace program

New/Continuing Activity: Continuing Activity

Continuing Activity: 12962

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12962	5336.08	Department of State / African Affairs	US Department of State	6350	4791.08	State Grant	$35,000
9051	5336.07	Department of State / African Affairs	US Department of State	4791	4791.07	State Grant	$15,000
5336	5336.06	Department of State / African Affairs	To Be Determined	3499	3499.06	State Grant	[redacted]

Emphasis Areas

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3583.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 8806.23225.09

Planned Funds: $0

Activity System ID: 23225

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 (No new funds for FY09)

Summary:
I-TECH has been committed to providing technical assistance to the Ministry of Health in support of their ambitious HIV program expansion plans. ($1,686,000)

In 2008, in partnership with MISAU, I-TECH will establish a training center in one of the MISAU / PEPFAR focal provinces (Sofala, Zambezia or Nampula, TBD), linked with one of the Ministry's pre-service training centers. The new training center will offer a range of training support services to the Mozambique and will establish a link between pre- and in-service trainings.

In COP 08, I-TECH will continue its support to MISAU through the provision of technical assistance and training to conduct a number of critical HIV-related initiatives, including the rollout of a Pediatric ART course, country-wide; validation research related to opportunistic infections; and the development of a pre-service curriculum for TdM, including, for the first time, HIV-related topics in the course.

I-TECH's COP 08 objectives are as follows:
Objective 1: Provide training and support to mid-level health workers in the provision of ART and PMTCT services
Objective 2: Increase the capacity of mid-level practitioners to provide pediatric ART services
Objective 3: Provide support for OI validation research
Objective 4: Provide technical support to MISAU in the development of the TdM pre-service curriculum

Objective 1: Provide training and support to mid-level health workers in the provision of ART and PMTCT services. In 08, I-TECH will establish a training center in one of the priority provinces (Sofala, Zambezia or Nampula) in order to better support a range of training services in the region.

Activity 1.1. In a selected province, work with the training institute, provincial training unit, NGO partners, clinics and hospitals to establish a training center with a regional focus, which would offer a range of training services, for example, refresher courses for clinicians; trainings for trainers and mentors on a range of HIV-related topics; and workshops on curriculum development and training methodology. The center would link pre-service and in-service activities, and didactic and hands-on training.

Activity 1.2. Provide individualized capacity building assistance to training partners in assessing, planning, organizing, implementing and evaluating HIV-related training activities through assistance from specialists based at the center.

Objective 2: Increase the capacity of mid-level practitioners to provide pediatric ART services. In 2008, I-TECH will assist MISAU in rolling out the pediatric ART in-service course for mid-level providers country-wide.

Activity 2.1. Revise the pediatric ART curriculum and training materials based on the pilot course evaluation.

Activity 2.2. Plan, coordinate and facilitate the national roll-out of the Pediatric ART training: conduct two national Training of Facilitators courses for MISAU trainers (2 facilitators per province); facilitate one training per province (x 11 provinces) with MISAU trainers. Conduct training evaluations; adapt materials as appropriate.

Objective 3: Provide support for OI validation research through the development of a validation proposal, and pilot of the OI component of the Basic Course on HIV.

Activity 3.1. Serve a supportive role (TBD) in the implementation of 07 proposal for validation research related to the opportunistic infection (OI) guidelines.

Objective 4: Provide technical support to MISAU in the development of the TdM pre-service curriculum. In 2008, I-TECH will provide technical assistance to MISAU to support them in the management of the phased development of the TdM pre-service curriculum, envisioned to be a multi-year project.

Activity 1: I-TECH will assist MISAU's Training Unit and Technical Working Group to lead and manage a phased approach to expanding the course outline by developing the content of the TdM pre-service course, first prioritizing prerequisites needed for HIV and related courses. I-TECH will collaborate and/or subcontract with international or regional training institutions to develop the course content. The amount of course material able to be developed will depend on depth/complexity of a standard module (TBD). Funding may include related costs of the working group.
.
This activity sheet also proposes funding ($50,000) for the following activities: The MoH currently provides its workers with free ARV treatment and, according to the MoH, as of May, 2007 ARVs were available in 146 sites covering all 128 districts of Mozambique (and all ARV service sites are integrated with counseling and testing services). As with accessing other HIV-related services, however, it is unclear that among HIV-infected and eligible health workers uptake of, and adherence to, ARVs is at an optimal level and what could be done to improve this situation. According to anecdotal information, concerns around confidentiality of information and fears of discrimination within one's work environment are concerns of health care workers when considering whether to access treatment. These concerns present significant barriers for health workers to accessing ARVs but it is unlikely that increased access to ARV services can occur without both a clearer understanding of service-seeking behavior and subsequent efforts to address informational and behavioral gaps. This understanding will be based on the quantitative and the qualitative health workers studies currently being undertaken and supported through FY06/07 funds. FY08 funds are being requested to support the University of Washington and its partner Global Health Communications (GHC) with experience in the successful development and evaluation of Behavior Change Communication (BCC) interventions in the African context. Activities that this partner will support in Mozambique include:

Activity Narrative: (a) Providing technical assistance to MoH in applying quantitative and qualitative assessments to the task of BCC intervention design with the goals of improving access to ARVs, facilitating uptake of ARV services, and promoting adherence to ARV regimes;(b) Guiding the development and piloting behavioral and educational interventions focused on issues of ARV access and adherence; and (c) Assisting MoH in evaluating pilot interventions relating to ARV access and adherence.

(b) Guiding the development and piloting behavioral and educational interventions focused on issues of ARV access and adherence; and

(c) Assisting MoH in evaluating pilot interventions relating to ARV access and adherence

New/Continuing Activity: Continuing Activity

Continuing Activity: 13218

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13218	8806.08	HHS/Health Resources Services Administration	University of Washington	6417	3583.08	I-TECH	$1,736,000
8806	8806.07	HHS/Health Resources Services Administration	University of Washington	4941	3583.07	I-TECH	$680,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3583.09

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 5241.23226.09

Planned Funds: $3,630,571

Activity System ID: 23226

Activity Narrative: Continuing Activity:

SUMMARY and BACKGROUND
During the FY09 COP activity period, I-TECH will implement a number of activities which are natural progressions from the previous COP years, and which are predominantly national in scope. The overall goal of all of the activities is to strengthen the training capacities of the Ministry of Health at the national and provincial levels so that the country's training institutions can graduate an increased number of, and more competent, health care workers.
The primary target population in this program area is Mozambique's mid-level health worker, or tecnico de medicina (TM), although nurses, Mozambican physicians, and agentes are also targeted in some activities. The following paragraphs provide brief summaries of the planned activities, all of which have a particular focus on strengthening the national capacity to ensure more accessible health care, while decreasing the country's dependency on external resources. Although all of these activities fall into the Systems Strengthening program area, each activity also intersects with other PEPFAR program areas and thus will be explained by each PEPFAR program area.
ACTIVITIES and EXPECTED RESULTS
ACTIVITY 1: Adult Care & Support – OI Course Revision: over the past 6 months, I-TECH has been working with the Ministry of Health and partner organizations to develop a clinical mentoring program for TM, wchich includes new OI algorithms and training content. The content was approved by the MISAU Therapeutic Committee in September 2008 and is scheduled to be pilot in Zambezia province in November. After the material has undergone final revision, I-TECH will adapt it for Nurses and Agentes de Medician and insert it into the Basic Course on HIV. I-TECH will work with a partner organization to conduct a pilot training for 15 nurses or agentes, do a final revision of the material, and submit it to MOH for approval. Once the curriculum has been approved, I-TECH will conduct a Training of Trainers for a minimum of 10 MISAU-selected trainers.
ACTIVITY 2: Adult Treatment - Clinical Mentoring of TM on Adult ART: In partnership with the Ministry of Health's National Directorate for Medical Assistance (DNAM), I-TECH will roll out a clinical mentoring program for TM in Zambezia and possibly one or two other provinces (TBD), likely Sofala and Cabo Delgado. The program will initially be piloted in Zambezia, where Vanderbilt University's Friends in Global Health Program, Columbia University's ICAP, and I-TECH are partnering on the pilot and subsequent roll-out of the provincial program. In Sofala, the primary implementing partner is being recompeted via a RFA by USAID. The objective of the mentoring program is to provide ongoing on-site technical assistance to the TM to improve their technical knowledge and clinical capacity to provide adult ART. The first step in the process is a five-day course to train ART-experienced physicians (both expatriate and Mozambican), TM, and selected pre-service health training institute teachers, as mentors. Subsequently, a two-week intensive HIV course for TM will be conducted, which is based on the clinical gaps documented in the 2007 clinical evaluation of TM. The training will introduce the clinical algorithms developed by I-TECH and approved by the National Therapeutic Committee. The TM course will include classroom training as well as mentored rotations in the provincial hospital. Upon completion, TMs will return to their sites where they will be mentored by one of the program-trained mentors for one week per month for a minimum of six months. The Zambezia pilot will provide the basis for any revisions of the training materials. The program will be closely monitored as it is being implemented An anticipated 24 mentors and 48 TM will be trained and mentored over the year. I-TECH has placed an experienced Clinical Advisor in DNAM to provide specific TA on implementing and monitoring the CM program.
ACTIVITY 3: Adult Treatment- ATOMM (AIDS, TB, OIs, Malaria, Malnutrition) short course: In 2007, I-TECH developed a course focused on AIDS, TB, Opportunistic Infections, Malaria, & Malnutrition (ATOMM) that was intended to provide HIV content for newly graduated TM. Course implementation had been stalled due to the lengthy MISAU approvals process, but it appears that the content has been recently approved. The ATOMM course will be competency based, and developed from a combination of the original ATOMM content submitted to MISAU in 2007, the materials developed in the Adult CM program, and some content from the original Adult ART course. In 2009, the course will target newly graduating TMs from the provincial health training institutes (ICS)), while being incorporated into the TM 30-month pre-service course. I-TECH anticipates training 150 TM with this new curriculum, which will be evaluated and revised, based on the first 'pilot' roll-out of the course. An important second component of this activity is the training and coaching of ICS teachers (docentes) to slowly assume teaching of the ATOMM course. A small number (5) will be trained in the first year by attending the first ATOMM trainings; by conducting a training of trainers to review the main objectives, content, and teaching approach of the course; and by having the selected docentes gradually assume responsibility for teaching the course in preparation for the next phase, when the content will be fully integrated into the revised pre-service curriculum.
ACTVITY 4: Adult Treatment – Integrated Provincial Support in Zambezia: In coordination with Vanderbilt and pending funding availability, I-TECH may place a trainer and a technical advisor in the province to provide technical support to the provincial pre-service health training institutes and in-service training partners, the model practicum site in the district of Ile, and the on-going CM program, all with a focus on strengthening TM knowledg

New/Continuing Activity: Continuing Activity

Continuing Activity: 13219

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
13219	5241.08	HHS/Health Resources Services Administration	University of Washington	6417	3583.08	I-TECH	$1,580,000
8802	5241.07	HHS/Health Resources Services Administration	University of Washington	4941	3583.07	I-TECH	$1,457,485
5241	5241.06	HHS/Health Resources Services Administration	University of Washington	3583	3583.06	I-TECH	$400,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $717,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education $717,000

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3583.09
Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 15802.23227.09
Planned Funds: $0
Activity System ID: 23227

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 (No new funds for FY09)

FY07 COP activity number linked to PHE project : 8802
Title: Targeted Evaluation of ARV Training Course in Mozambique.
Time and money summary: this is a 07 COP activity, expected to be complete in early 2008; original budget request in 07 COP was $88,000; we now estimate that $100,000 will be expended on the actual evaluation. No funds are requested in 08 COP for the evaluation, but rather follow-on activities, to include the revision of the TARV course (see below).
Local Co-investigator: several individuals at the MOH's National Department of Medical Assistance are involved in this project, headed by Dr. Americo Assan
Project description: CDC and the Mozambican Ministry of Health (MoH) supported a new course to teach Mozambican mid-level health practicioners (tecnicos de medicina) to prescribe and manage active anetiretorviral therapy (ART) for HIV patients. The two-week course includes classroom and practical components. The primary purpose of the evaluation in 2007 is to assess to what extent course graduates adhere to the guidelines taught in the course once they return to their work sites. Secondary questions are: Do course guidelines address the clinical questions most commonly encountered by the graduates? Are the guidelines learned by the graduates consistent with other guidelines currently in force in their work sites? Are the course graduates' working conditions conducive to guideline adherence? The anticipated outcome is a series of recommendations for revision or updating of the course curriculum, clinical guidelines, and/or post-course support and supervision systems. The study design will incorporate structured observation of course graduates as they attend patients in their usual work sites. The study will use two instruments, one for HIV-infected patients not yet on HAART and one for patients already on HAART. The structured observations will be supplemented by brief semi-structured interviews with course graduates and site supervisors. A convenience sample of course graduates will be generated using training lists and by consulting with provincial and local health authorities where the course graduates work. We will aim for a sample of 40-50 graduates and will plan to observe one new HIV patient and one patient already on HAART for each graduate.
Status of study/progress to date: Protocol was initially presented to MOH in November 2006 and approved by MOH bioethics committee in early July 2007. CDC Atlanta is in the process of reviewing protocol. The evaluation scheduled to take place in October-November 2007. Data analysis and reporting should be completed by January 2008. The follow-on activity to this evaluation is the revision of the ARV course based on the evaluation results, and the design and implementation of two training of trainer courses to roll it out. The revision of the course was originally included in COP 07, but will likely be carried into COP08 due to time constraints.
Lessons Learned: to be included in final report
Information Dissemination Plan: The primary audience for the evaluation results is comprised of the Mozambican Ministry of Health and the institutional partners currently assisting the Ministry in implementation of public-sector AIDS-related training and patient-care programs. This audience is internal. However, should the evaluation yield results that might be of interest to other Ministries of Health or PEPFAR implementers, we would consider presenting them orally (at professional meetings) and/or in writing (through peer-reviewed scientific journals), depending on the specific nature of the findings.
Planned FY08 activities: Build the capacity of MOH staff and provide them with technical guidance to adapt and relaunch the TARV course based on the results of the evaluation. The course will be principally used as in-service refresher trainings for TdMs, their supervisors, and other mid-level practitioners. Conduct 2 TOTs for implementing agencies to roll out the course.

Budget Justification for FY08 monies (please use US dollars):
Salaries/fringe benefits: $30,000
Equipment: $0
Supplies: $5,000
Travel: $18,000
Other: $12,000
Total: $65,000.

Deliverables/benchmarks:
• Final report on ARV Training Course in Mozambique
• Discussion around results and implications for national policy and procedures

New/Continuing Activity: Continuing Activity

Continuing Activity: 15802

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15802	15802.08	HHS/Health Resources Services Administration	University of Washington	6417	3583.08	I-TECH	$0

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3574.09

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 23775.09

Planned Funds: $1,613,738

Activity System ID: 23775

Activity Narrative: April09 Reprogramming: Increased $401,941.

This is a new activity.

This activity will contribute to building a strengthened health system at the provincial level within a more sustainable national system.

The Ministry of Health is vitally interested in developing a cadre of technical advisors, preferably Mozambicans, where possible. The USG shares this goal and will be working with all treatment partners to develop ways of preparing Mozambicans for these positions such as on-the-job mentoring and education. 1 Pharmacy and 2 Lab advisors placed at DPS will support Provincial and District Health Directorates to ensure provincial HIV clinical health care quality, addressing supervision to clinicians and laboratory staff and drug supply at the health facilities. Additionally, EGPAF clinical supervisors in provinces will be increasingly directed to invest in province and district-level clinical capacity by supporting formal quality improvement, training trainers, supervisors, development and use of clinical tools.

Given the urgent need for increasing the number health care workers at all levels, PEPFAR funds will be used to pay for course fees associated with attending a pre-service institution. The goal of this activity is to both increase the production of health care workers and lessen the numbers who drop out due to financial constraints. $300,000 will support one class (20 students per class) for 20 clinical officers (Tecnicos de Medicina) at the Institute of Health Science in Pemba after 3 years will increase the health workforce in Cabo Delgado province ($200,000).
In addition, these funds will support one class (20 student per class) of MCH nurses ($100,000).

EGPAF will build further provincial health capacity by providing training and on-site clinical and financial supervision of subgranted funds provided directly to provinces and districts for HIV clinical services management. Provinces and Districts will receive needed funding for them to scale up PMTCT, CT and Care/Treatment services. Subgrants funds will be used for the most critical bottlenecks or rate limiting steps for HIV scale-up. EGPAF will provide managerial, financial and clinical training and on-going TA. Developing financial and managerial capacity and the ability to meet compliance standards will increase the province's ability to receive external funding from multiple donors. EGPAF will work collaboratively with provinces and districts to develop proposals and budgets, support implementation and build capacity. Districts will receive funds via subgrants to coordinate district wide services.

Gap year funding is a means for assuring employment for newly graduated health staff at Ministry of Health facilities. New graduates will be hired using PEPFAR funds at Ministry of Health salaries and placed at govenment health facilities while their recruitment process into the National Health Service is processed. This typically takes anywhere from 6-12 months. PEPFAR funds for salary support will cease once the graduate becomes an employee of the National Health Service. $40,000 are available to support the provincial health directorate to pay salary for the period of time up to 12 months of approximately 25 graduates from training institutions assigned to different health facilities in the Gaza, Cabo Delgado and Maputo provinces. It is expected that this gap year funding will retain graduates at their work while the national health services and other ministeries finalize their recruitment process to become those new health workers as public servants integrated in the national health services. In calendar year 2009, it is anticipated that the MOH will institute salary reform and therefore raise salaries so the number of staff supported may change.

As the Ministry of Health moves toward an integrated health care model, there is increasing need for better coordination lead by treatment partners within health districts. PEPFAR funds will support coordination activities to 31 districts.

In COP09 will for the first time treat infrastructure development as a discrete rather than embedded program area, with appropriate budgetary provision, and a program structure designed to improve the speed, quality, and cost effectiveness of implementation. Two mechanisms will be employed to deal with large- and medium-scale construction. Treatment partners will be relieved of the burden of having to manage activities that are somewhat removed from their primary fields of excellence. However there will still be cases where it is more efficient and appropriate for these partners to organize minor building repairs and improvements locally rather than through a central mechanism. Many health facilities are in need of small renovations and treatment partners are well poised to respond to those needs as a result of their ongoing interaction with the facilities. Repairs and rehabilitations of 9 health units to improve services and of up to 5 drug storage rooms within EGPAF-supported provinces.

Products/Deliverables:
Number of technical advisors by cadre: one pharmacy advisor, 2 laboratory advisors
Technico de Medicina: 20 TdM trained and graduated
Maternal Child Health Nurse: 20 MCH nurses trained and graduated
Number of new graduates receiving gap year funding by cadre: 25 health staff
District coordination-develop a coordination plan: 31 districts
Number of Health facilities supported with repairs to infrastructure - 9
Dollar amount spent on infrastructure - $360,000

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$660,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$300,000
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3685.09
Mechanism: USAID-USAID-GHAI-Local
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 27168.09
Planned Funds: $382,294
Activity System ID: 27168

Activity Narrative: This is a new activity under COP09.

These funds will cover the salary and ICASS costs of the following positions on the USAID PEPFAR Team:

Organizational Capacity Development Advisor (USPSC) - this is an existing position: the incumbent will manage USAID-supported institutional strengthening activities, including the $7 million agreement with the Academy for Educational Development to build the capacity of local organizations to respond to donor requirements and the UGM that will be launched in FY 09 to further mozambicanize the response to HIV/AIDS. The incumbent will also focus on system strengthening at the Government of Mozambique level to ensure sustainability of PEPFAR and post-PEPFAR activities.

Community Health Advisor (USPSC) - this is a planned position: the Community Health Advisor will be fully seconded to the Ministry of Health with the purpose to manage the revitalization of the Community Health Workers' Program. S/he will work in close coordination with teh USAID Community Health Specialist to maximize coordination between PEPFAR and the MOH and ensure that expected results are achieved.

Special Projects Advisor - this is an existing position: PEPFAR implementation involves coordination with a number of other Presidential Initiatives and USG activities that contribute to wrap-around achievements and further PEPFAR objectives. The Special Projects Advisor will manage public-private partnerships, the New Partners Initiative, and increase coordination between PEFPAR, MCC and PMI.

Other supporting costs, e.g. residential rent and equipment and office equipment, among others, have been budgeted under the Management and Staffing area.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10817.09

Mechanism: TBD RFP for Infrastructure - Contracts Direct

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 27171.09

Planned Funds: [redacted]

Activity System ID: 27171

Activity Narrative: This is a new activity under COP09.

Activity Narrative: RFP for Infrastructure - Contracts Direct (Training Center, Warehouses)

The PEPFAR program has already made a considerable contribution to infrastructure development in Mozambique. By July 2008, it had supported the renovation or construction, and equipment, of fifteen laboratories, forty-eight health centers and maternity units, twenty-five hospital consulting rooms, three staff houses, and twenty-three administrative offices. In addition, thirty-four transportable pre-fabricated laboratories and diagnostic facilities had been deployed and equipped. A further fifteen houses, seven maternity units, five health centers and one rural hospital are scheduled for completion by the Fall of 2009. This work was implemented through PEPFAR's Clinical Treatment and Laboratory Partners.
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The Public Works sector in Mozambique is quite strictly regulated. Technical standards ensure that buildings are properly designed and fit for purpose, and materials meet minimum standards. Engineers and supervisors must be appropriately qualified and registered. The procedures for Contract award through public tender, aimed at ensuring transparency, are rigorous. PEPFAR funded building projects are also subject to USG legislation, such as the Foreign Assistance Act, and environmental scrutiny. Consequently, the several PEPFAR Partners currently involved in infrastructure development have had to hire full time technical staff to manage their small infrastructures programs, or retain expensive consultants on a project-by-project basis.

COP09 will, for the first time, treat infrastructure development as a discrete rather than embedded program area, with appropriate budgetary provision, and a program structure designed to improve the speed, quality and cost-effectiveness of implementation. These arrangements will relieve PEPFAR's Clinical Treatment and Laboratory Partners of much of the burden of managing activities somewhat removed from their primary fields of excellence. Two new mechanisms will be employed: Centrally Managed (see "RFP for Infrastructure construction - contract health centers, housing, labs, etc."), and Direct Contracting, the activities described here.

Warehouses

Currently, the country is facing significant warehousing and distribution challenges, for which the USG through SCMS is providing technical assistance and financial support. A September 2008 Warehousing and Distribution Needs Assessment conducted by SCMS has identified a series of steps leading up to the preparation of a 3-5 year Pharmaceutical Logistics Master Plan, that will cover the policy, infrastructure, supply-chain, and financial needs of CMAM to achieve lasting improvements in HIV/AIDS commodity security.

The Assessment identifies the poor physical state of Beira Warehouse, and its limited capacity, as major constraints to the efficient distribution of pharmaceuticals within the central Provinces. It recommended that the existing warehouse should be repaired, and a new extension built and fitted out.

The Northern Provinces are currently served by warehouses in Nampula. The MoH facilities are too small, and in poor condition, so additional warehouse space is rented from a private company. The Ministry intends to rationalize this situation by transferring operations to a new, purpose designed facility in Nampula or Nacala.

The Global Fund has also committed to supporting warehouse upgrading and rationalization. PEPFAR will work with the GF to leverage funds to best effect to implement both projects, Central and Northern.

A firm of Architect–Project Managers will be selected, by competitive tender, to draft plans, specifications and tender documents for the projects, in line with USG and Mozambican legislation, and subsequently to supervise construction.

USAID will let the Contracts through a Request for Proposals (RFP) process, adjudicated by a committee including representatives of the Ministries of Health and Public Works.

Marracuene Training Center

Human resource constraints have proven the single greatest threat to meeting PEPFAR prevention, care and treatment targets in Mozambique. The Minister of Health has affirmed that the lack of human resources is one of the greatest problems encountered by the public health system.

One of the Minister's priorities is to rehabilitate and convert a former mental hospital at Marracuene, Maputo Province, to serve as an Institution for training mainly middle level health workers cadres. This center was used in the past as an annex of the Health Sciences Institute (HIS) to train Maternal and Child Health Care nurses.

The HIS is the largest health training institution in the country and trains nurses, clinical officers, lab, pharmacy, preventive medicine, dentist, ophthalmologist, physiotherapy, health statistics and psychiatric technicians. Also they provide specialization courses in different areas for health workers. In 2008, they are running 27 courses of 30 students in each one. While these courses run at different times, the HIS campus has only 7 classrooms, so other classrooms are rented at the secondary school near to the Central Hospital of Maputo (CHM) and classrooms from CHM are being utilized as well. The HIS is sharing the campus with ISCISA, a higher level training institution created in 2004, who also needs classrooms for their students. Construction on the Marracuene site will make it possible for the MOH to move all students and faculty to a new location, one that will be owned by the Government of Mozambique thereby eliminating payment of rent as is being done now. The renovations to Marracuene will also include student accommodations which are not available in the present location.

Activity Narrative: Plans for this project are in the final stages of development and should be released in November 2008. A firm of Architect–Project Managers will be selected, by competitive tender, to review the plans and specifications and prepare tender documents for the project in line with USG and Mozambican legislation, and subsequently to supervise construction.

USAID will let the Contract through an RFP process, adjudicated by a committee including representatives of the Ministries of Health and Public Works.

Provisional Budgets

Beira Warehouse Upgrade: $1,000,000
Northern Provinces Warehouse: $4,000,000
Marracuene Training Center: $5,000,000

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11333.09

Mechanism: Interagency APS for Innovative Programs and New Partnerships

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 27172.09

Planned Funds: [redacted]

Activity System ID: 27172

Activity Narrative: This is a new activity under COP09.

An inter-agency Annual Program Statement (APS) will be launched to solicit applications for funding from prospective new partners to support implementation of PEPFAR in Mozambique. The purpose of the interagency APS is to identify new and diverse partners, respond to emerging issues throughout the fiscal year, encourage innovation and local responses, and increase the number of Mozambican organizations receiving and managing PEPFAR funding across Agencies.

With $500,000 in USAID funds and another $500,000 in CDC funding in FY 09, the APS will start relatively small and build upon lessons learned from the implementation of a similar mechanism in South Africa to pilot new agency-specific and inter-agency activities. The APS will have considerable interface with the Umbrella Grants Mechanism that may incorporate partners selected under the APS.

OHSS funds will focus on civil society development, networking, advocacy, local capacity development and institutional systems strengthening for increased sustainability. In addition, the APS has the potential to expand the mix of innovative proposals in the Mozambique portfolio to include wrap-arounds and cross-cutting areas such as gender, food and nutrition, human capacity development, economic strengthening, malaria, and service integration. Public-private partnerships, partner consortia and South-to-South initiatives involving other countries in the region and collaboration with Brazil will be strongly encouraged.

The number of partners will depend on the quality of proposals and on budget limitations. USAID expects a minimum of three and a maximum of five awards total between $50,000 and $150,000 will be funded in year one.

The PEPFAR team will develop an interagency process for identifying ideas for potential funding, reviewing applications and making award decisions. Toward the end of year one, we will evaluate the success of the mechanism with a view to expanding the level of funding and number of partners in outyears.

Deliverables:
- APS competed and awarded;
- Interagency management team established.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3823.09
Mechanism: State Grant
Prime Partner: Catholic University of Mozambique
USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 4851.21494.09
Planned Funds: $46,350
Activity System ID: 21494

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
Establishment of scholarship program for 10 CUM medical students who will specialize in HIV-AIDS treatment, prevention, and research during a three-year period.
Organize community health activities on HIV/AIDS prevention and assistance to seropositives at primary schools of Beira, secondary schools in Beira and others districts of Sofala Province.
Organize HIV/AIDS prevention activities at the six other UCM faculties where HIV/AIDS nucleus were established and organize workshops for the continuous formation of HIV/AIDS activists in those faculties.

Continuing activity with updated narrative, target population, and emphasis area.

DOS will expand its program of providing scholarships for medical students specializing 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-prevalance, 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. This funding expands support for community-based outreach activities and training that students participate in around HIV awareness and education.

Deliverables/benchmarks:
• Scholarships for medical students

New/Continuing Activity: Continuing Activity

Continuing Activity: 12963

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12963	4851.08	Department of State / African Affairs	Catholic University of Mozambique	6351	3823.08	State Grant	$53,800
8237	4851.07	Department of State / African Affairs	Catholic University of Mozambique	4793	3823.07	State Grant	$53,800
4851	4851.06	Department of State / African Affairs	Catholic University of Mozambique	3823	3823.06	State Grant	$26,400

Emphasis Areas	
Gender	
* Addressing male norms and behaviors	
* Increasing gender equity in HIV/AIDS programs	
Health-related Wraparound Programs	
* Family Planning	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$20,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$20,000
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 6127.09
Mechanism: CDC-Vanderbilt CoAg
Prime Partner: Vanderbilt University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 25473.09
Planned Funds: $852,930
Activity System ID: 25473

Activity Narrative: April09 Reprogramming: Increased $278,681.

This is a new activity.

Summary and Background:

To date FGH has been supporting HIV Care and Treatment in 6 rural districts of Zambezia Province with ongoing plans to scale-up care and treatment to a total of 24 clinical sites throughout these 6 districts. FGH support has included direct support to the HIV Care and Treatment programs with ex-patriot clinicians which live and work in the above districts. This approach has allowed us to provide one-on-one supervision, clinical mentoring, and technical assistance to programmatic areas and to focus our other activities which include training, logistical support, community development, infrastructure development, monitoring and evaluation, technical assistance to DPS Zambezia, provincial human capacity development and information technology development.

Through partner re-location which will be taking place in FY2009, FGH will assume support responsibilities for 3 districts previously supported by another USG PEPFAR partner and 3 districts NOT previously supported by another USG PEPFAR partner. As well FGH will assume support activities for all facility-based HIV services including HIV Care and Treatment, PMTCT and Counseling and Testing in the districts it supports. This will allow for improved coordination and integration of services offered within the health units as well as a budgetary scale down of the costs to support these services as a result of economy of scale. In coordination with DPS Zambezia approved plans for roll-out of HIV Care and Treatment services, FGH will expand services to include 2 sites in each of the new districts for a total of 36 sites in all districts supported by FGH.

Program Area: Clinical/Pharmacy Advisor to DPS

Activity 1: FGH will support the salary and fringe benefits of one Clinician advisor secunded to the DPS-Zambezia. This position will work one-on-one with DPS officials to provide Technical Assistance with regards to health sector program oversight, organization, and implementation. This position will aid the DPS-Zambezia with regards to USG PEPFAR partner harmonization within the province, as well as integration of programs with other USG and International Health development programs (PMI, TB-CAP etc. The overall goal of this position is to develop the tools necessary within the DPS to contribute to strengthening the health system and developing program infrastructure at an administrative level which is sustainable in the future.
Estimated budget: $150,000.00

Program Area: Health Center renovations

Activity 1: In COP09 will for the first time treat infrastructure development as a discrete rather than embedded program area, with appropriate budgetary provision, and a program structure designed to improve the speed, quality, and cost effectiveness of implementation. Two mechanisms will be employed to deal with large- and medium-scale construction. Treatment partners will be relieved of the burden of having to manage activities that are somewhat removed from their primary fields of excellence. However there will still be cases where it is more efficient and appropriate for these partners to organize minor building repairs and improvements locally rather than through a central mechanism. FGH will continue to provide assistance to DPS-Zambezia to improve the physical infrastructure needed to support the rapid scale-up of HIV Care and Treatment, PMTCT and Counseling and Testing services. As such, the health system physical infrastructure is often in need of renovations of equipment to function efficiently. Working directly with DPS, FGH will identify areas of support for physical infrastructure which integrates with MISAU plans for infrastructure development and compliments other USG funded renovation projects. FGH will focus its renovation plans on minor projects in 6 peripheral health units in the 6 districts of Zambezia which it will assume support activities (average $15,000 per health center) focusing on energy and water needs.
Estimated budget: $90,000.00

Program Area: Gap Year Funding

Activity 1: In an attempt to increase the number of health care workers in the work force to meet the growing demand of the rapid scale-up of ART, FGH will support the salaries of mid and basic level health care workers graduating from health care institutions for a maximum of 12 months until they find placement within the MISAU system. In concert with DPS-Zambezia, FGH will identify those types of health care workers (tecnico de medicina, enfermeira´s, tecnico de laboratorio) most in need in the Province at the time and bring them to Zambezia to fill the gaps in the Zambezia heath care work force. Depending on the type of positions most needed by the Province at the time, salary support will increase by 15 health care workers brought into Zambezia Province (Average base salary + subsidio de isolamento 50% + Subsidio de Risco 10% + Subsidio de Alojamento = $4000.00/yr). In calendar year 2009, it is anticipated that the MOH will institute salary reform and therefore raise salaries so the number of staff supported may change.
Estimated budget: $60,000.00

Program Area: Scholarships

Activity 1: Human capacity development is an essential investiment to ensure the long term sustainability of HIV Care and Treatment programs in the future. As well as increasing the capacity of those health care workers already in the system, increasing the number of health care workers in the Province is vital to ensuring the long term success of programs implemented with support of USG funds. FGH will continue to support scholarships for pre-service training at the Instituto de Ciencias de Saude de Quelimane (ICSQ). In concert with the DPS and ICSQ, FGH has identified the type and level of health care worker most in need within the province (Tecnico de Medicina Geral, Tecnico de Medicina Preventiva, and Enfermagem SMI) and will support 3 courses of 30 students (each lasting approximately 3 years). Funds allocated here will cover expenses for 1 year of the three year training.

Activity Narrative: Estimated budget: $100,000

Program Area: District Coordination

Activity 1: To support improved coordination of activities between the district and provincial levels, coordination between the provincial and central levels, as well as coordination between USG funded partners working in Zambezia Province, FGH will provide institutional support to the DPS-Zambezia with regards to program coordination. In response to its needs for better ability to communicate from a Provincial level to the districts, DPS-Zambezia has requested that FGH provide technical assistance and equipment to develop its information technology infrastructure. FGH proposes to provide equipment and technology infrastructure to build upon existing DPS IT infrastructure which will create a DPS-Computer networking system which will provide improved coordination of health indicator data collected at a Provincial level as well as improved focusing of DPS resources to meet the health care demands identified by this information. This system will include appropriate antivirus protections as well as internet capabilities to improve email communication and coordination of services. This system will integrate with already existing FGH information technology invested into the province for improved coordination of services between DPS and USG funded partners. FGH will support the salaries of one national DPS- network manager and two "IT help desk" personel for IT trouble shooting within the DPS. Due to the FGH IT infrastructure already in place in the province FGH will be able to provide technical assistance to this DPS IT team to build its capacity for managing the IT needs of the Province in the long term. As well, this system will integrate with already existing FGH supported IT technology at the ICSQ for medical reference and continued medical learning through its electronic library.

Activity 2: As lead agency for Zambezia Province, FGH will provide guidance and technical assistance to DPS-Zambezia with regards to overall management of programs. This will include integrated program planning and implementation as well as technical assistance with regards to budgeting. FGH will create a Provinical working group to coordinate activites of USG PEPFAR partners to eliminate overlapping services and improve integration into DPS-Zambezia yearly implementation plans. FGH will support DPS-Zambezia and corrdinate with other USG partners to ensure an organized and efficient integrated supervisions system between the provincial and district levels.
Estimated budget: $74,249

Program Area: Palliative Care Action

Activity 1: Support to Palliative Care Action Plan in collaboration with MOH, CDC, APCA, ANEMO.
Activities include:
a) Training: Materials development (pre-service for Physicians, Mid-levels, Nurses and Community), Training (Uganda for 3 Pharmacists),
b) Policy development support for greater access to medicines including: formulations, planning/forecasting and lowering prescription levels of key OI and pain medications
c) Advocacy (attitudes of health staff and public regarding pain management)
Estimated budget: $100,000.00

Products/Deliverables
- One Clinical Advisor hired for DPS Zambezia
- 3 health courses funding for one year at the Healths Science Institute of Quelimane
- 6 health units with minor repairs
- up to 15 health workers benefited with salaries
- DPS Zambezia supported in terms of coordination, planning process and supervision visits

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$310,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Estimated amount of funding that is planned for Education	$160,000
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10818.09
Mechanism: TBD RFP Infrastructure Construction
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 26925.09
Planned Funds: [redacted]
Activity System ID: 26925

Activity Narrative: This is a new activity under COP09.

Activity Narrative: RFP for Infrastructure construction (contract health centers, housing, labs, etc)

The PEPFAR program has already made a considerable contribution to infrastructure development In Mozambique. By July 2008, it had supported the renovation or construction, and equipment, of fifteen laboratories, forty-eight health centers and maternity units, twenty-five hospital consulting rooms, three staff houses, and twenty-three administrative offices. In addition, thirty-four transportable pre-fabricated laboratories and diagnostic facilities had been deployed and equipped. A further fifteen houses, seven maternity units, five health centers and one rural hospital are scheduled for completion by the fall of 2009. This work was implemented through PEPFAR's Clinical Treatment and Laboratory Partners.
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The Public Works sector in Mozambique is quite strictly regulated. Technical standards ensure that buildings are properly designed and fit for purpose, and materials meet minimum standards. Engineers and supervisors must be appropriately qualified and registered. The procedures for Contract award through public tender, aimed at ensuring transparency, are rigorous. PEPFAR funded building projects are also subject to USG legislation, such as the Foreign Assistance Act, and environmental scrutiny. Consequently, the several PEPFAR Partners currently involved in infrastructure development have had to hire full time technical staff to manage their small infrastructures programs, or retain expensive consultants on a project-by-project basis.

COP09 will, for the first time, treat infrastructure development as a discrete rather than embedded program area, with appropriate budgetary provision, and a program structure designed to improve the speed, quality and cost-effectiveness of implementation. These arrangements will relieve PEPFAR's Clinical Treatment and Laboratory Partners of much of the burden of managing activities somewhat removed from their primary fields of excellence. Two new mechanisms will be employed: Direct Contracting (see "RFP for Infrastructure - contracts direct - training centers, warehouses), and Centrally Managed (the activities described here).

This RFP provides for the selection, by open tender, of one or more firms to manage and implement the majority of medium-sized PEPFAR-funded infrastructure projects. They will be responsible for standardizing designs and specifications in accordance with best practice and the latest MOH requirements, and drafting tender documents, in line with USG and Mozambican legislation. The objective is to produce project packages that can be replicated widely and efficiently, minimizing cost overhead through economies of scale. There may be exceptional cases where existing structures can be rehabilitated to a satisfactory standard, rather than building new. This approach will be adopted if the criteria of fitness for purpose and maintainability can be achieved, and cost savings are significant.

The overall aim of this RFP is to achieve carefully targeted and sustainable improvements to the Health Service Infrastructure which: 1) provide an essential enabling environment for PEPFAR partners' core activities, and 2) fit well with MOH plans and policy, and the programs of other donors. To this end, priorities will be established jointly with MOH, Provincial Health Departments, the Department of Defense, and USG Health Partners.

Training Centers

Human resource constraints have proven the single greatest threat to meeting PEPFAR prevention, care and treatment targets in Mozambique. The Minister of Health has affirmed that the lack of human resources is one of the greatest problems encountered by the public health system, and has personally requested that USG support expansion and equipment of Health Sector Training Centers. As per the new Human Resource Development Plan 2008-2015, Mozambique aims to produce within the 2009-2013 period an additional 10,473 medium-level workers, at least an additional 3,022 basic-level health workers and a minimum of 3,000 Community Health Workers (APEs).

To this end PEPFAR will finance at least one new training center and work with the MOH and partners on expanding and equipping existing training centers per government guidance. The Global Fund will support three centers within the next two years, and other donors are also planning to contribute.

Type II Rural Health Centers

MOH strategy for delivering health services to the rural population focuses on expanding the current network of approximately 1,000 Type II Health Centers to approximately 1,400, each serving no more than 10,000. The basic Type II Center employs two staff, a nurse and maternity assistant. In areas of high population density larger Type I Centers may employ up to thirteen technical staff and five auxiliaries, and serve a population of 30,000. The designs are such that Type II RHCs may be progressively expanded to Type I, on a modular basis.

This activity provides for the rehabilitation or construction of up to fifteen Type II RHCs.

Laboratories and Dispensaries

Up to five Type II RHCs will be expanded (modules added) to provide dispensaries, and/ or to accommodate laboratory equipment, some of which is currently housed in temporary containers.

Staff Housing

Two Type II staff houses will be built or rehabilitated at each RHC site, up to thirty total.

Military Medical Facilities

Activity Narrative: Up to four military medical facilities will be rehabilitated, under an agreement between the Department of Defense and GOM.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9312.09

Mechanism: PPP

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 27169.09

Planned Funds: [redacted]

Activity System ID: 27169

Activity Narrative: This is a new activity under OHSS in COP09.

PEPFAR/Mozambique will expand its public-private partnership (PPP) portfolio in FY09 in order to facilitate the scale-up and promote the sustainability of many of its key HIV interventions. USG will collaborate with key private sector entities in areas where a common vision is shared and where synergies exist between each partner's key resources and expertise. In addition to leveraging additional resources, PPPs allows USG to engage non-traditional partners to forge innovative linkages between program activities and to reach target groups that are generally underserved in conventional programs. USG will collaborate with its private sector partners from the earliest stages of program design, and will work closely with its resource and implementing partners to develop appropriate systems for monitoring and evaluation to identify and disseminate best practices for PPPs. In all activities USG and its private-sector partners will coordinate with local health authorities (e.g. DPS/DDS) and other stakeholders supporting HIV services in the areas of intervention.

Carr Foundation/Gorongosa National Park (Sofala Province):
In 2008, the Carr Foundation signed a twenty year lease with the Government of Mozambique to manage the Gorongosa National Park (GNP). The area where GNP is located experiences some of the highest HIV and poverty rates in the nation. Carr Foundation has recognized the interdependence of human and ecological systems and is thus committed to promoting the human development of the 250,000 persons living in and around the park. PEPFAR will add an HIV component to the existing global development alliance (GDA) between USAID and Carr Foundation to integrate innovative HIV prevention and mitigation services into the health, social and biodiversity activities in the catchment area. Carr Foundation is currently conducting a thorough socio-economic survey of the area and is facilitating community planning activities in the park's buffer zone. These initiatives will provide valuable information to best target HIV services and can serve as a forum to promote community involvement and ownership. This partnership will ensure that HIV prevention is incorporated into training for GNP staff (e.g. scouts, wardens) and biodiversity trainings provided to nearby communities. GNP will also explore opportunities to include OVC and PLHIV into their ongoing Community Economic Development activities (e.g. agro processing, small business development). Carr Foundation is committed to building 25 health centers in areas around the park, and PEPFAR will leverage the support of its clinical and community care partner for Sofala province to ensure that staff are trained and a full range of HIV services are available. Lastly, GNP will partner with local community-based organizations to educate youth though innovative activities (e.g. community soccer league) and to provide community-support services (e.g. HBC, OVC support) that are currently lacking in the area.

Vale de Rio Doce (Tete Province):
Vale is the second largest aluminum smelting company in the world. After investing nearly $1.4 billion in technical, social and economic studies, Vale has committed itself to a long term investment to extract and export coal in Tete province. The initial construction phase, which is expected to be completed in 2011 and will include the renovation of the railway connecting the site to the coast, will attract 2,000 workers and their families to the area, in addition to those involved in transportation and associated services. Vale recognized the potential impact an undertaking of this size will have on a remote community and has already invested over $6 million in health and development infrastructure, including the renovation of the provincial hospital. USG will partner with Vale to ensure that HIV prevention and mitigation services are available to all of its staff, their families, transportation workers and neighboring communities. Vale and USG will coordinate with the Provincial Health Directorate (DPS) to target the renovation of health facilities and accommodation for health care workers. USG will leverage the experience of its PEPFAR partners to mobilize communities to provide HIV education and support services and to engage the youth in activities that promote positive behavior change. Prevention activities will target most at risk populations (MARPs) including commercial sex workers and long distance transporters. USG and Vale will also support the University of Ghent to provide a night clinic across from a truck stop in Moatize District to provide HIV testing, education and clinical services for these groups. The huge demand for semi-skilled labor throughout the construction phase will also provide the opportunity to train OVC in construction skills. USG will collaborate with Vale, the Tete DPS and its existing health partners working in the provinice to develop a joint plan and a MOU to clearly define the roles/contribution of each partner.

CETA (Pilot in Cabo Delgado, with potential expansion nationally):
CETA is a Mozambican construction company that builds roads, hospitals and schools throughout the country. While they employ 500 permanent employees, at any given time they employ an additional 2,000 short-term workers. CETA offers the opportunity, and the challenge, of covering the entire nation as they bid on various construction contracts. These contracts entail that they must mobilize a large workforce within a couple of weeks for a project that can last from 12-18 months.

CETA has demonstrated its commitment to combating HIV in Mozambique. Its CEO is the founding member of Ecosida, an organization that joins the forces of over 40 private companies to respond to HIV in the workplace. Since 1999 CETA has been implementing an HIV testing and peer education program for all of its permanent and short-term workers as well as the workers of the smaller companies it contracts with. CETA has partnered with NGOs such as PSI to increase access to HIV prevention and care services for its employees, their families, and the communities they work in. CETA has conducted various studies of the HIV knowledge and behavior of construction staff. CETA also facilitates forums for the wives of its employees to engage in women empowerment activities (e.g. income generating activities).

Due to the challenging nature of its work, CETA and USG have decided to initiate a pilot project to scale-up HIV services at a recently awarded contact in Cabo Delgado. This twelve-month pilot may include the renovation of health facilities, as well as HIV prevention and awareness services for its employees. CETA is also willing to train older OVC in basic construction trades (e.g. carpentry, masonry) and to link trainees with employment opportunities. CETA and USG are also exploring opportunities to link its employees and women groups with income-generating and food security projects. USG and CETA are engaged in joint planning process to identify specific program activities and to clarify the roles and contributions of each partner. Based on the experiences of this pilot initiative, USG and CETA will discuss the possibility of a larger-scale PPP for future years.

Activity Narrative: In addition to the funds requested specifically for PPPs, USG will explore opportunities where certain proposed FY09 activities, including the various RFAs, can contribute to the support provide by PEPFAR as part of its public sector match. For example, language can be added to RFAs that cover a province where a PPP exists to encourage prospective applicants to work with those private sector entities and/or the target groups associated with their business (e.g. construction workers).

Deliverables:
- 3 Memoranda of Understanding negotiated and signed for PPP start-up;
- Pilot program with CETA operational in Cabo Delgado.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening [redacted]

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10811.09

Mechanism: TBD RFA Sofala, Manica, Tete, Niassa Community & Clinical Services

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 27173.09

Planned Funds: [redacted]

Activity System ID: 27173

Activity Narrative: This is a new activity under COP09.

This activity will be competed through an RFA. This activity will contribute to strengthening health systems at the site, district and provincial levels with the goal of developing more sustainable health care systems in the provinces of Sofala, Manica, Tete and Niassa.

The Ministry of Health and the USG are committed to building the technical capacity of Mozambican staff at all levels to effectively manage high-quality, integrated HIV services. The treatment partner(s) awarded through this RFA will second one Clinical, one Pharmacy and one Lab advisor to each of the four Provincial Health Directorates (DPS). These technical support personnel will directly support their colleagues within the Provincial and District Health Directorates to ensure the quality of HIV service delivery and the integration of these services within the primary health system through clinical mentoring; joint planning, supervision & monitoring; and formal & on-the-job training. In addition to focusing on technical capacity building, the selected partner(s) will strengthen the institutional capacity of its MOH partners in the areas of monitoring & evaluation and the management of commodities, human resources and finances. In addition, partners will assist the District Health Directorates (DDS) with district level planning for decentralization purposes. The lead treatment partner will coordinate with the DDS, other PEPFAR-funded partners and other donor in the districts to build an annual operational plan in such a way as to promote convergence of all activities in a given district in support of the government of Mozambique's goals and objectives ($1,309,845)

The PEPFAR program has already made a considerable contribution to infrastructure development in Mozambique. By July 2008 it had supported the renovation or construction, and equipment, of fifteen laboratories, forty-eight health centers and maternity units, twenty-five hospital consulting rooms, three staff houses, and twenty-three administrative offices. In addition, thirty-four transportable pre-fabricated laboratories and diagnostic facilities had been deployed and equipped. A further fifteen houses, seven maternity units, five health centers and one rural hospital are scheduled for completion by the fall of 2009. This work was implemented through PEPFAR's Clinical Treatment and Laboratory Partners. COP09 will, for the first time, treat infrastructure development as a discrete rather than embedded program area, with appropriate budgetary provision, and a program structure designed to improve the speed, quality and cost-effectiveness of implementation. Two new mechanisms will be employed: Direct Contracting (see "RFP for Infrastructure - contracts direct - training centers, warehouses."), and Centrally Managed (see" RFP for Infrastructure construction - contract health centers, housing, labs, etc."). These arrangements will relieve PEPFAR's Clinical Treatment and Laboratory Partners of much of the burden of managing activities somewhat removed from their primary fields of excellence. However there may still be cases where it is more efficient and appropriate for these Partners to organize minor building repairs and improvements locally rather than through the centrally managed mechanism. This activity provides discretionary funding for partners working in Sofala, Manica, Tete and Niassa Provinces to carry out minor repairs and improvements in support of their core activities. ($365,000)

Given the urgent need for increasing the number of health care workers at all levels, PEPFAR funds will be used to pay for course fees associated with attending a pre-service institution. The goal of this activity is to both increase the production of health care workers and lessen the numbers who drop out due to financial constraints. Selected treatment partner(s) will manage a fund for each province to support long term training such as scholarships for health care workers in such areas as public health, administration, management or epidemiology. ($400,000)

Gap year funding is a means for assuring employment for newly graduated health staff at Ministry of Health facilities. New graduates will be hired using PEPFAR funds at Ministry of Health salaries and placed at government health facilities while their recruitment process into the National Health Service is processed. This typically takes anywhere from 6-12 months. PEPFAR funds for salary support will cease once the graduate becomes an employee of the National Health Service. It is expected that this gap year funding will retain graduates at their work while the national health services and other ministries finalize their recruitment process to transition these new health workers to public servants integrated in the national health services. ($100,000)

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID:	3650.09	**Mechanism:**	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (State)	**Program Area:**	Health Systems Strengthening
Budget Code:	OHSS	**Program Budget Code:**	18
Activity ID:	27174.09	**Planned Funds:**	$850,000
Activity System ID:	27174		

Activity Narrative: This is a new activity under COP09.

SCMS systems strengthening activities have been budgeted under other program areas in previous funding years. Many of the activities described below are also described under the SCMS HTXD activity narrative.

USG in line with Government of Mozambique strategic plans and policies has increased its efforts and contributions towards overall systems strengthening activities. A significant focus of USG systems strengthening activities include human resource development and capacity building, integration and overall systems building, financial management, and support to decentralization of services and monitoring and evaluation. The support provided by SCMS to strengthen the MOH pharmaceuticals and medical supplies systems also complements and reinforces the efforts of the Presidential Malaria Initiative to ensure a reliable supply of anti-malarial drugs and test kits. Because SCMS is co-located with the USAID/DELIVER PROJECT, there is close collaboration and synergy between both mechanisms that support logistics system strengthening of CMAM.

Since early FY 2007, SCMS has also been providing significant technical assistance to CMAM and the MOH in logistics management, including forecasting and supply planning, procurement procedures, warehousing and distribution, and LMIS for all essential medicines and laboratory reagents. The CMAM-managed supply chain is a fully integrated system, which handles the essential drugs program, in addition to all consumable commodities for all priority programs, including HIV, TB, and Malaria. All commodities procured regardless of the funding source or procurement source enter into the national importation and distribution system.

During FY 08, SCMS has conducted several technical assistance activities, which have helped inform budget and activity planning for the next 3-5 years. This includes a situational analysis of SIGM, the current national LMIS system for managing commodities between the provinces and CMAM, and a recent warehouse design and operations assessment, which highlighted key problems in the current warehouse operations. During the current fiscal year, SCMS will provide emergency support and renovations to the Beira Warehouse and significant technical assistance to the transfer from the temporary warehouse from ADIL to Zimpeto.

The country is also facing challenges with distribution from CMAM to the provinces and from provinces down to the districts and sites, demonstrating a fundamental weakness in the overall supply chain system. These assessments and the current vulnerabilities in the existing supply chain system require significant technical support and long-term strategic planning for systems building.

With FY 09 funding, SCMS will continue its support to strengthening overall systems in the area of pharmaceutical and laboratory logistics management through ongoing technical assistance to the Center for Medicines and Medical Supplies (CMAM) and the MOH and by expanding support to the provinces. Funding for these activities has been allocated across other program areas (HTXD, PMTCT, HVCT, HLAB). Total technical assistance funds amount to USD 3,100,000, not including technical assistance to the blood safety program. Activities are described below:

Central Level TA.

Pharmaceutical Logistics Master Plan (PLMP):

FY 2009 will see the beginning of the implementation of an emergency central warehousing improvement plan that will lead into a 3-5 year Pharmaceutical Logistics Master Plan. The objective for the execution of a PMLP is to ensure that vital and essential drugs and health commodities of approved quality will be readily available to public sector health facilities, for use in the prevention, diagnosis, and treatment of priority health problems, in adequate quantities and at the lowest possible cost. The PMLP looks at the whole supply chain and the external factors influencing the quality and performance of this supply chain. This includes areas as procurement, warehousing, distribution but also finances, coordination & harmonization, policy and legislation and human resource management. USG and SCMS will engage other donors and stakeholders to leverage support for its development and implementation.

The PMLP will be the overall guiding strategy for the following activities:

1. Procurement: An overall goal of USG is that CMAM has the capacity to manage procurement of public health commodities for the country, including establishing adequate supplier relations, managing lead time, and following good procurement practices. SCMS will assess CMAM's procurement systems in early 2009, and developing a procurement capacity building plan to support supply-chain improvements. A particular focus will be given to the overlap of procurement financing mechanisms, management of lead time, and procurement methodologies to support supply planning and good warehouse management practices, such as flexible contracting. With COP 2009 funds, SCMS will continue to support these procurement strengthening activities.

This activity will be complementary technical assistance provided by Abt Associates in financial management for to the MOH.

2. Human Resources: SCMS will support CMAM to strengthen its human resource capacity, by conducting an HR skills assessment to identify the current strengths and weaknesses in the current staffing. In addition, SCMS will identify staffing requirements, job descriptions and criteria for all levels of CMAM, such as staff for managing the central warehouse and procurement staff.

3. Warehousing Infrastructure and Management Systems: Given the weak state of CMAM's infrastructure, systems, and staff capacity, SCMS technical assistance will include focus on all areas of warehouse management with the goal of establishing good warehousing practices at CMAM as tracked by key performance indicators. A new SCMS strategy is the placing of technical advisors to work along side

Activity Narrative: CMAM staff to conduct systems building and mentoring in the key technical areas of warehouse management, material handling and operations, IT systems, procurement, process development, while directly contributing to achieve improved performance. These advisors will be key contributors to the PLMP and drivers of its implementation. An important focus will be the continued support to the transfer and management of operations from ADIL, the current temporary central warehouse to Zimpeto, a state-of-the art warehouse that is in its final stages of completion. 4. Pharmaceutical logistics information systems: SCMS has implemented the Integrated Pharmaceutical Management System (SIGM) at the Maputo, Zambézia, and Sofala, Cabo Delgado and Niassa Provincial Warehouses. In 2008, SCMS supported CMAM to re-implement the SIGM at the Central Warehouses. This was needed following the transfer of management mandate to CMAM, and the Maputo stocks consolidation move to the temporary central warehouse. The Situational Analysis of the SIGM followed by the Warehouse and Distribution Needs Assessment identified the need for an alternative logistics management information system that responds to the needs of today's CMAM. With the modernization of the central warehouses, and the future PLMP, a warehouse management system such as MACS that supports key functionality required for modern warehouse management, such as fluid bin location and bar-coding, will need to be implemented.

5. Distribution and Transportation: Transportation is one of the greatest bottlenecks facing distribution from Central to Province and within the provinces. A main area of focus for the PLMP is to assess and redesign a distribution network to improve the effectiveness and efficiency of transportation of medicines, lab reagents and other medical consumables throughout the health system in Mozambique.

6. Monitoring and Evaluation/Key Performance Indicators: SCMS will assist CMAM to develop a monitoring and evaluation plan including classic supply chain key performance indicators (KPIs). To measure improvements in the supply chain delivering ARVs, RTKs, OIs STIs, and lab reagents and consumables, a nationally representative facility-based stock availability indicator survey will be conducted as a baseline. Follow up surveys will be conducted during PLMP implementation.

Provincial-Level Support
Along with USG's overall strategy to support the decentralization of activities, SCMS will expand its existing central level activities to support the work of provincial pharmaceutical and laboratory advisors funded by USG under the treatment partners. Specific activities for supporting the provincial level warehouses and distribution will depend largely on the result of the PLMP that has not yet been developed. SCMS will serve as a resource for the orientation and capacity building of these staff. These provincial advisors will participate in all national logistics systems building activities implemented by SCMS, such as training of trainers for rollout of LMIS SOPs for ARVs, Via Classica, RTKs, and clinical Lab reagents and consumables. SCMS will work closely with these advisors to strengthen the ability of the provincial health management teams to provide training, supervision, and monitoring of logistics management of key HIV/AIDS medicines, reagents, and consumables. In addition, CMAM conducts routine supervision and monitoring visits to provincial warehouses. SCMS will support CMAM's efforts in supervision and monitoring of these warehouses in collaboration with Provincial Advisors.

Sustainability planning
The USG is strengthening its efforts at ensuring sustainability through implementation of site graduation and performance based financing through clinical treatment partners. SCMS will support these activities developing pharmaceutical and logistics management criteria and indicators for determining sustainability of sites, and by contributing to the development of assessment tools.

Summary of deliverables include: a pharmaceutical logistics master plan; training in laboratory quantification and logistics, warehousing, ARV and OI/essential medicines logistics, and LMIS; workshops for provincial advisors and supervision/support to provinces; development of key performance indicators (KPIs); human resource skills assessment and strategic plan for CMAM; placement of key technical staff to sit in CMAM.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$250,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10814.09
Mechanism: TBD RFA Human Capacity Development
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 27170.09
Planned Funds: [redacted]
Activity System ID: 27170

Activity Narrative: This is a new activity under COP09.

Recently, the Government of Mozambique (GOM) made a declaration which detailed its commitment to the strengthening of primary health care through community health workers and enlisting the involvement of the community to address their most critical health needs. The GOM's commitment to the Agente Polivalente Elementar (APE) or Community Health Worker (CHW) program is reflected in the MOH's five year health workforce plan (August 2008) which includes an annex projecting the APE staffing levels, description and requests to donors. The GOM has made it clear that revitalization of the APE program, which is an integrated approach to health, is imminent and urgent. The MOH is therefore seeking USG support and technical assistance to roll out the program on a national basis which current donor and public sector financing precludes. Mozambique is considered by health experts to have one of the worst human capacity problems in the world. This activity provides a framework for a set of USAID-financed human capacity development interventions over a five-year period, in close coordination with other USG agencies, the Government of Mozambique, othre donors and implementing partners. These interventions will lead to a rapid scale-up of a revitalized national Mozambican model for community prevention and care.

This integrated health project will support a balanced mix of maternal and child health, reproductive health, HIV/AIDS and other infectious diseases applying both prevention and curative care measures that directly respond to the MOH request to reestablish a nationwide community based cadre of community health workers. The MOH reinvigorated APE plan was outlined in a September 2008 17-point, inter-ministerial action plan that describes the broad framework for a nationwide community based health system. This action-plan builds on a September 2007 MOH meeting which articulated the MOH intentions to launch a nationwide primary health care program which would be anchored at the community level by the APEs.

The 2008 MOH plan calls for four training centers to be set up, master trainers and provincial trainers to be trained and in place, the issuance of clear MOH guidance to health districts on how to select and recruit APEs, guidance on the supervisory system and most importantly, establishment of a line item in the Ministry of Planning and Finance Plan's budget to subsidize the APEs. The APEs as outlined by the MOH will deliver a defined package of quality preventive and basic health services which matches Mozambique's health profile, is evidence based and sustainable. The APEs will also supervise and coordinate the activities of all other community health volunteers (ACSs), mothers' groups, on-site TB volunteers and other community-based health workers who are currently carrying out a broad range of disease specific interventions, including distribution of insecticide impregnated bed nets, contraceptives and condoms. These interventions include family planning, follow-up with tuberculosis and HIV patients on treatment, organization of vaccination campaigns, growth monitoring and treatment of acute malnutrition and diarrhea. The APEs will also provide a vital official link between the community-based health information system and health centers.

This activity is the next logical programmatic step for the USG, following earlier investments and an upcoming short- term, FY08 PEPFAR-financed, community based human resource and training team consultancy. This expert planning team is scheduled to complete its work by February 2009. The products from this consultancy will advise the MOH on the content, length, and scope of the APE curriculum (there are at least three or four different curricula for training APEs currently in use) and on the development of an operational plan to launch, train, deploy, and supervise a national APE system. This assessment will also inform any future procurement.

The MOH APE program is expected to roll out this fiscal year with World Bank funding in a pilot region of Northern Mozambique. Approved in 2007, this World Bank loan for $46.8 million is designed to strengthen primary health care systems and build human capacity. The loan includes a pledge of $6.8 million by the Russian Government for malaria prevention, $17.5 million by CIDA, and $17.5 million from the Swiss Development Agency. Approximately $8 million were approved in Global Fund (GFTAM) rounds 6 and 8 for support to APEs, including funds for developing trainers, conducting training, APE salary support for up to 4.5 years and expansion of 3 existing training centers. The U.K. also pledged assistance to the health sector as part of an internationa l bilateral agreement on joint work in Africa between Prime Minister Gordon Brown and President George W. Bush in 2007.

The USAID financing of the GOM's APE program will consist of five components which are central to building a national program over a five-year period, FY 2009 being the first year of this financing. They include both training, institution strengthening interventions and direct financing support for APE salaries in the initial two years of the program, procurement of essential medical supplies and equipment, and an appropriate and sustainable means of transportation and communication between districts and communities to support a system for supervision which is currently on paper but in practice does not exist outside of large cities. A community "bright ideas" matching grants fund would also be made available for the best APEs.

1. Operationalize New Training Facilities: Finance and support with expert technical assistance launch of two of the MOH's four planned community health training centers in two Southern provinces which coincide with other USG health investments. Train and equip up to 10 master trainers from the designated provinces in community-based preventive and curative care, supervision, refresher training programs, and support to the communities who accept the APE program.

2. Finance the First Cadre of APEs: USG provided salary support will be conditioned on the gradual uptake by the MOH of these community workers onto the MOH or district level payrolls and the assignment of permanent district level supervisors so that USAID would not be expected to absorb this full five year cost.

3. Train and Equip 400 community and APE supervisors and Provincial Mobile Teams. Furnish motorcycles and a virtual communication system to launch supportive supervision programs in USG financed provinces. The existing mobile teams consist of three MOH staff and include a community health supervisor, a reproductive health specialist and a logistics specialist which is often the driver. Computers, cell phones, and radios will be purchased for this element of the program.

Activity Narrative: 4. Support the development/revision of APE reporting, refresher training, other APE materials including audiovisuals for prevention and counseling, community assessment and epidemic control: Based on best practices from various regions and existing materials, support the MOH health resources and communications department to assemble an APE prevention/communication education kit. A four year full-time advisor and short-term advisors across a range of specialty will be assigned to the MOH for this purpose. The training/materials package must be a product the MOH intends to support in the future.

5. Support local public/private partnerships which strengthen the public health system: Each year, the APEs that demonstrate exemplary performance in improving public health conditions, will be granted a small project fund. This could be the Peace Corps seed funds, or an entirely new fund. Funds would be used for community water and sanitation measures, a famine early warning system, better radio communication with the provinces or other ideas. These grants would be overseen by a community leadership council which already exists in many regions. These seed funds would require a 50% match by the private sector or community.

With FY 09 OHSS funds USAID will support the first year of revitalization of the APE program aimed at strengthening a community health system capable of strengthening the local primary care referral system and to make an essential link at the community level to provide basic primary services to the vulnerable members of society who live out of range of fixed health facilities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8784.09
Mechanism: JHPIEGO
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 19730.26724.09
Planned Funds: $0
Activity System ID: 26724

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 - NO NEW FUNDING IN FY09

Reprogramming August08: Support the use and distribution of the Ministry of Health's Human Resources plan by summarizing the strategy, developing a document that can be distributed widely, printing that document and supporting a 1 day workshop for donors, Ministry of Health and implementing partners.

All activities listed under TBD are being reprogrammed as is in this request except for the $258,151 to support a training center.

Continuing Activity:

The rapid expansion of the provision of ART and other HIV-related health services is creating a severe strain on the health human resources situation of Mozambique. The Ministry of Health is trying to cope with this situation by drastically increasing the production of some critical cadres of health personnel. Additional support will be needed, however, to ensure: that these new workers acquire the necessary competencies to perform upon graduation; that they are properly deployed and incorporated in the health system; and that retention and support strategies, including the protection of the health workforce, are in place to enable their effective and sustained performance.

The purpose of this program area is to support the MOH to rapidly and effectively expand, deploy, and support its health workforce in order to provide HIV-related and other priority health services. The following activities are being proposed to support the MOH in accomplishing this purpose:

Objectives:

1. Develop and support the implementation of a nation-wide training information system for pre-service education to track the production and deployment of human resources. This will be based on the current Training, Information and Monitoring System being implemented for in-service training

2. Strengthen pre-service education for laboratory technicians in coordination with the American Association of Public Health Laboratories (AAPHL)

Measurable Outcomes:

• Web-based training information system for pre-service education developed and tested in two provinces

• Pre-service training materials for laboratory technicians developed, including reference manual, trainer notes, student learning materials and guidelines according to standards in coordination with the AAPHL

Main Activities:

• Develop and test a web-based training information system for pre-service education

• Provide technical support regarding the training methodology of the pre-service curriculum for laboratory technicians in coordination with the AAPHL, who will provide technical content for the curriculum materials

The following activities are continuing and will complement ongoing FY07 activities.

Main Activities:

• Conduct assessment to compare competencies that nurses learned at the training institutions vs what they currently perform at their workplace, and recommend most appropriate and cost-effective options for nursing education

• Develop and implement in up to 13 sites a set of performance standards for nursing pre-service education that can be adapted for different cadres

• Train teams of 5 members (teachers and clinical preceptors) from 13 teaching sites on the performance improvement process

• Pilot a clinical teaching model where nursing students are closely supervised and mentored at the ward level in provincial hospitals• Implement in-service training for ancillary workers

Activity Narrative: • Provide training and support to provincial staff in up to 13 sites for the implementation of the web-based training and information system

• Develop master guidelines to guide the development and implementation of interventions to improve preservice
training

Continuation of support for Gender plus up activities ($310,000)

These activities support the plus up activity around developing a system for providing PEP to women who have been sexually abused in Sofala province. Specifically these activities focus on implementing PEP guidelines, training of health care providers on how to serve the needs of gender based violence victims and materials development.

Continuation of support for Male Circumcision ($50,000):

Activities proposed for continuation also include capacity building for the Ministry of Health (MOH), the National AIDS Council (NAC), and stakeholders in the area of Male Circumcision. As described in other sections of the COP08 (A&B, C&OP, CT and SI), a comprehensive intervention package will be developed based on a situational assessment to identify the country's capacity for expanding safe MC services for prevention of HIV transmission supported through USG FY06/07 funds.

The proposed funding will support a series of workshops and capacity building events that will assist to (a) continuously up-date government staff and stakeholders on progress of MC activities in-country as well as internationally/regionally; (b) ensure that data from the assessment are shared with all relevant government entities and stakeholders, and that a participatory process is in place to ensure a constructive debate around the results, recommendations and joint planning for the development of the intervention plan and package; (c) support translation of key MC documents to Portuguese; and (d) support the in-country MC working group, chaired by MOH staff, with participation from NAC and other stakeholders (including WHO, UNAIDS, JHPIEGO, DCI, PSI, UNICEF, USG and others) as needed.

NEW Activity: ($258,151)

In an August 22nd meeting with HHS Secretary Leavitt, Mozambique's Minister of Health Garrido identified the overall shortage of human resources as his number one operational constraint for improving health care delivery. In their meeting it was proposed that a Lower Level Health Care Worker Training Center be established in Mozambique to provide Portuguese-language instruction for participants from Lusophone Africa. These health workers could be prepared through courses lasting only six months or less. Such training could begin with basic technical skills that can serve in a variety of health care settings.

In initial discussions among USG officials following the meeting with the Minister of Health, an existing facility was considered. On the outskirts of Maputo, there is a training center, the Centro Regional de Desenvolvimento Sanitario (CRDS), which was developed by the Mozambican Ministry of Health and The World Health Organization (WHO). The center has classrooms and recently renovated lodging and dining facilities for participants. Few technical faculty are assigned to the facility; however, there are maintenance staff. To date, this facility has been under-utilized but could be an ideal location for hosting training for local Mozambicans and those from other African Lusophone countries. If the emphasis of training were on gaining technical skills such as laboratory equipment repair, there would be a need to outfit the center with needed equipment.

Identifying Portuguese-speaking trainers with the needed technical expertise would be important. Drawing on expertise within each Lusophone country in Africa and partnering with Brazil to provide trainers and other support for this center would strengthen the effectiveness and sustainability of the center. The proposed next steps in exploring this idea are to:

1. Share concept paper with Ministry of Health officials in Mozambique.

2. Through a consensus process, revise the concept paper with MOH in Mozambique.

3. Conduct an asset mapping of resources (i.e., training expertise, training or conference center locations, technical expertise) within each Lusophone country that could be drawn on in developing this training endeavor.

4. Share concept paper with MOH in Brazil, Angola, Guinea Biseau and Cape Verde to gauge interest level.

Activity Narrative: 5. Assess training needs in participating Lusophone countries.

6. Develop an advisory entity consisting of representatives from key stakeholders.

Deliverables/benchmarks:

• Web-based information system for in-service training available at provincial sites

• Web-based training information management system for pre-service developed

• Training methodologies used in pre-service curriculum for laboratory technicians

• Nursing training institution assessment focusing on what nurses learn in pre-service and what they use in practice

• Cost effective options for nursing education

• Performance standards for nursing pre-service

• Nursing faculty trained on performance improvement process

• Ward level clinical teaching model at provincial hospitals

• Master guidelines to guide development and implementation of interventions to improve pre-service education.

Deliverables/benchmarks (gender)

• PEP guidelines implemented

• Health care providers trained around gender based violence

• Materials development.

Deliverables/benchmarks: (male circumcision)

• Assessment data widely shared

• Participatory process around data interpretation

• Translate materials

Deliverable/benchmark: (training center)

• Concept paper for a Lusophone training center

• Asset map of Lusophone countries

• Training needs of each participant country

• Advisory board of key stakeholders

New/Continuing Activity: Continuing Activity

Continuing Activity: 19730

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19730	19730.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	8784	8784.08		$2,350,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3629.09

Mechanism: USAID-Health Alliance International-GHAI-Local

Prime Partner: Health Alliance International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29855.09

Planned Funds: $1,434,890

Activity System ID: 29855

Activity Narrative: This is a new activity.

This activity will contribute to strengthening health systems at the site, district and provincial levels with the goal of developing more sustainable health care systems in Manica, Sofala and Tete Provinces.

The Ministry of Health and the USG are committed to building the technical capacity of Mozambican staff at all levels to effectively manage high-quality, integrated HIV services. The partner will second one Clinical, one Pharmacy and one Lab advisor to three Provincial Health Directorate (DPS). These technical support personnel will directly support their colleagues within the Provincial and District Health Directorates to ensure the quality of HIV service delivery and the integration of these services within the primary health system through clinical mentoring; joint planning, supervision & monitoring; and formal & on-the-job training. In addition to focusing on technical capacity building, the partner will strengthen the institutional capacity of its MOH partners in the areas of monitoring & evaluation and the management of commodities, human resources and finances. In addition, partner will assist the District Health Directorates (DDS) with district level planning for decentralization purposes. HAI will coordinate with the DDS, other PEPFAR-funded partners and other donor in the districts to build an annual operational plan in such a way as to promote convergence of all activities in a given district in support of the government of Mozambique's goals and objectives.

The PEPFAR program has already made a considerable contribution to infrastructure development in Mozambique. By July 2008 it had supported the renovation or construction, and equipment, of fifteen laboratories, forty-eight health centers and maternity units, twenty-five hospital consulting rooms, three staff houses, and twenty-three administrative offices. In addition, thirty-four transportable pre-fabricated laboratories and diagnostic facilities had been deployed and equipped. A further fifteen houses, seven maternity units, five health centers and one rural hospital are scheduled for completion by the fall of 2009. This work was implemented through PEPFAR's Clinical Treatment and Laboratory Partners. COP09 will, for the first time, treat infrastructure development as a discrete rather than embedded program area, with appropriate budgetary provision, and a program structure designed to improve the speed, quality and cost-effectiveness of implementation. Two new mechanisms will be employed: Direct Contracting (see "RFP for Infrastructure - contracts direct - training centers, warehouses."), and Centrally Managed (see" RFP for Infrastructure construction - contract health centers, housing, labs, etc."). These arrangements will relieve PEPFAR's Clinical Treatment and Laboratory Partners of much of the burden of managing activities somewhat removed from their primary fields of excellence. However there may still be cases where it is more efficient and appropriate for these Partners to organize minor building repairs and improvements locally rather than through the centrally managed mechanism. This activity provides discretionary funding for the partner working in Niassa Province to carry out minor repairs and improvements in support of its core activities.

Given the urgent need for increasing the number of health care workers at all levels, PEPFAR funds will be used to pay for course fees associated with attending a pre-service institution. The goal of this activity is to both increase the production of health care workers and lessen the numbers who drop out due to financial constraints. HAI will manage a fund for each province to support long term training such as scholarships for health care workers in such areas as public health, administration, management or epidemiology.

Gap year funding is a means for assuring employment for newly graduated health staff at Ministry of Health facilities. New graduates will be hired using PEPFAR funds at Ministry of Health salaries and placed at government health facilities while their recruitment process into the National Health Service is processed. This typically takes anywhere from 6-12 months. PEPFAR funds for salary support will cease once the graduate becomes an employee of the National Health Service. It is expected that this gap year funding will retain graduates at their work while the national health services and other ministries finalize their recruitment process to transition these new health workers to public servants integrated in the national health services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 12249.09

Mechanism: RPSO National Public Reference Laboratory

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 29856.09

Planned Funds: $250,000

Activity System ID: 29856

Activity Narrative: National Public Reference Laboratory

Currently in Mozambique, the National Institute of Health (NIH) serves both the National Public Health Laboratory functions (similar to the Centers for Disease Control in the United States) as well as establishing, implementing, and monitoring Mozambique's national scientific research agenda (similar to the NIH in the United States). However, the organization, oversight and coordination of these activities is severely hampered by the fact that they are spread across multiple organizational units of the Ministry of Health (MOH), with no common management and oversight structure. Furthermore, several National Reference Laboratories are housed within the MOH, which was designed to be an administrative building, and thus lacks appropriate biosafety features and barriers to protect laboratorians as well as other inhabitants of the building. A recent assessment of the Public Health System in Mozambique found that lack of appropriate physical infrastructure was a significant impediment to the countries ability to implement, manage, and maintain essential public health activities in the country.

According to the Minister of Health, the government of Mozambique places high importance on public health but lacks the physical infrastructure and human capacity to successfully carry out critical public health activities. The country is fully aware that it lacks the capacity to adequately address core public health functions and needs more public health research and surveillance to provide an evidence base for public health policies. In addressing these problems, the Minister reported the Ministry's priorities to include the following:

1. Human capacity development: There is a need to raise motivation among researchers and to create an optimal environment conducive for public health research.

2. Infrastructure development: The MOH has occupied its current building since independence (1975) and concerns of the biosafety issues associated with housing laboratories within the administrative building is well recognized. Infrastructural development is therefore urgently needed to ensure the safety of the MOH staff and to allow for capacity growth and development.

In collaboration with the International Association of National Public Health Institutes (IANPHI), the Ministry of Health has developed a National Public Health Strategic Plan which was recently approved by the Minister of Health. This plan describes the organizational structure and function of a National Public Health Institute. One part of the Institute is the National Public Health Reference Laboratory (NPHRL).

To implement the National Strategy, the MOH has requested assistance from USG in planning and constructing the NPHRL component. The NPHRL will bring together all National Reference Laboratories in a facility that is appropriately safe and secure. In addition, an essential function of the NPHRL will be to provide laboratory-based public health training. The new NPHRL will house the country's seven National Reference Laboratories in addition to state-of-the-art laboratory training facilities sufficient to conduct centralized and/or specialized laboratory trainings. Land sufficient to build both the NPHRL (funded by PEPFAR) and a separate but adjacent building to house administrative, surveillance and other non-laboratory based public health activities (funded by other donors) has been identified by the Ministry of Health. IANPHI in collaboration with USG and other donors will continue to work with Ministry of Health to implement the National Strategy.

The expected budget for a NPHRL, which will include seven National Reference Laboratories, training laboratories, and associated office space, is $5,000,000. FY2009 funding for Architectural and Engineering costs, estimated to be $500,000, has been budgeted within the Systems Strengthening - Physical Infrastructure Program Area. Funding mechanism will be RPSO and CDC will act as project officer. A Request For Proposals will be developed to identify the appropriate architectural expertise to design a laboratory facility with Biosafety Level 3 capacity. The most qualified proposal will be award the contract to complete the architectural and engineering phase of the project. As physical infrastructure investments are a priority for the Government of Mozambique, allocation of the remaining $4,500,000 to construct the National Public Health Reference Laboratory will be prioritized in Mozambique's COP 2010.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3640.09

Mechanism: TBD Cooperative Agreement

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 29846.09
Planned Funds: [redacted]
Activity System ID: 29846
Activity Narrative: Funds will be reprogrammed as programmatic need arises in the systems strengthening technical area. Possible uses of funds include additional support for newly competed country managed co-ags, Field Epidemiology and Laboratory Program, and support for emergent Ministry of Health priorities.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3570.09
Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 29851.09
Planned Funds: $50,000
Activity System ID: 29851
Activity Narrative: Funds are being redirected to support the first short course that is the kick-off of the Field Epidemiology and Laboratory Training Program (FELTP) to be held at the end of June 2009. The Minister of Health has deemed this course and the FELTP to be a priority activity. MOH, comprised of organizations with both experience in epidemiology and in launching a FELTP, is a centrally held cooperative agreement at CDC.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3685.09
Mechanism: USAID-USAID-GHAI-Local
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 29867.09
Planned Funds: $500,000
Activity System ID: 29867
Activity Narrative: This funding will support contracting a team with strategic design experience to write, review existing indicators, budgetary systems and help develop feasible targets for the PF as well as support the government of Mozambique's effort to develop a national HIV/AIDS strategy.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 11931.09
Mechanism: GHAI CDC HQ PHE MULTIc EffPEPFAR
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 29228.09
Planned Funds: [redacted]
Activity System ID: 29228
Activity Narrative: Approved FY 09 PHE. Title: "System-Wide Effects of PEPFAR-Supported HIV Service Provision."
New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation [redacted]

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3583.09
Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 29835.09
Planned Funds: $250,000
Activity System ID: 29835
Activity Narrative: In October 2008, the Ministry of Health launched their strategy for Human Resources for Health. While pre-service is a noted priority, they also are emphasizing strengthening and coordinating in-service activities nationally. Per request from Ministry of Health Department of Training, ITECH is being requested to support the development of a National In-Service Training Strategy in conjunction with JHPIEGO. Terms of reference have been drafted and approved by the Ministry of Health to guide this work.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3520.09
Mechanism: DOD-DOD-GHAI-HQ
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening

Budget Code: OHSS
Program Budget Code: 18
Activity ID: 29849.09
Planned Funds: $300,000
Activity System ID: 29849
Activity Narrative: DOD will identify a TBD partner to renovate a military health post in Tete and upgrade it to health center with the required conditions to also provide ART. The general health services (including ART) will also benefit the local surrounding community.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3529.09
Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 29859.09
Planned Funds: $249,751
Activity System ID: 29859
Activity Narrative: This amount will partially fund the Global Fund Liaison position for Mozambique for one year. The position will facilitate better coordination between the Global Fund and USG efforts including those of the Partnership Framework.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 3685.09
Mechanism: USAID-USAID-GHAI-Local
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 29866.09
Planned Funds: $250,000
Activity System ID: 29866
Activity Narrative: This sum is dedicated to the logistical arrangements necessary to successfully negotiate the signing and development of a Partner Framework and Implementation Plan. It will include conferencing, workshop and meetings set up for host government and other relevant counterparts.
New/Continuing Activity: New Activity
Continuing Activity:

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: $16,380,918

Program Area Narrative:

FY09 support costs for management and staffing (M&S) for the USG team managing PEPFAR in Mozambique is $16.3 million,

and includes implementing agency staffing costs, all related training costs, travel, housing, benefits, & entitlements. USG agencies report to the Chargé d'Affaires via an interagency management structure with 3 management/operational levels: a Principals group (Chargé, USAID, CDC, & Peace Corps directors, USAID Health Team Leader, & PEPFAR Coordinator); a Task Force group (Technical Working Group (TWG) chairs, PEPFAR Coordinator & Assistant Coordinator), and the various TWGs. This year-old structure has provided an alternative way of presenting and discussing ideas, processes, implementation, and reviews and will be reassessed soon for its further effectiveness as a way to manage PEPFAR. Management challenges have arisen, in part, because Mozambique has never had a full-time PEPFAR coordinator. The USG PEPFAR team supported Staffing for Results by implementing two key retreats which made a serious effort to improve interagency communication and collaboration. The January 08 retreat facilitated clarity of roles and established the present interagency management structure, while the June 08 retreat allowed all team members to actively engage in discussions on all program aspects in a creative format called Open Space Technology.

Currently there are 62 positions (CDC) and 47 positions (USAID) approved under various mechanisms, with current vacancies of 23 and 11 positions, respectively. Of the 23 CDC vacant positions, selections have been made for 5 positions and are awaiting final clearances. Of these 5 positions, 2 are interagency in nature. Additionally, 3 of the 23 positions are in the final stage of the selection process, with placement expected shortly. The remaining 15 positions are at various stages of the recruitment process, from finalizing position descriptions to advertising positions to interviewing of candidates. On the USAID side, incumbents have been selected for 5 of the 11 vacant positions, pending security and medical clearance. The remaining 6 positions are at various stages of the recruitment process, from re-advertisement to interview of applicants.

Despite not incorporating all approved COP 08 positions, PEPFAR Mozambique has staffed up in the past year and, more recently, selected a person for the PEPFAR coordinator position whose contract is being processed. There is a new commitment to restructuring our interagency organization, revitalizing our Technical Working Groups, and re-assessing our staffing needs. Consequently, until this management and staffing review is fully conducted, PEPFAR Mozambique is only requesting 2 local positions for DOD, and State with COP 09 funding at this time. The PEPFAR team, however, will re-assess unfilled, approved positions and restructured program needs and request staff accordingly. PEPFAR Mozambique's new strategic direction and emphasis in PEPFAR II necessitates candid, flexible assessments of staffing complement for this program. In early-2009, we hope to approach the Office of the Global AIDS Coordinator with a proposal to reassign certain approved positions, with the possibility of requesting a few additional technical personnel.

Recruiting and hiring in Mozambique has proven to be difficult on many fronts because of a lack of available hiring mechanisms (Comforce is no longer available for new overseas hires and existing positions are being transitioned), Work permit/visa restrictions by local government for third country nationals, and severe shortage of local human resources. M&S working group is interested in providing more training opportunities related to project management and monitoring and evaluation skills. This training focus will enhance uniform reporting, improve field data collection accuracy, as well as improve the quality of the joint program reviews.

Presently, the Department of State has three PEPFAR-funded positions at the Embassy: a Grants Coordinator, a Political Affairs PEPFAR Assistant, and a Public Affairs PEPFAR Assistant. The Embassy in Mozambique is proposing 1 additional technical position that will manage the significant increase in activities for 2009 and beyond.

A. PEPFAR Deputy Coordinator: The PEPFAR program will administer more than $200 million US dollars in FY09 in Mozambique, a priority country. The PEPFAR Deputy Coordinator will assist the PEPFAR Coordinator in Mozambique's Strategic Planning process for PEPFAR FY09 funding in Mozambique, in conjunction with other USG agencies in Mozambique (Peace Corps, DoD, CDC, USAID, and US Embassy). The incumbent will prepare and edit Country Operational Plan narratives and supporting documents; will coordinate PEPFAR reporting and response requirements among other agencies; will develop reports, memoranda, press releases, and other material regarding PEPFAR for internal and external audiences; will assist in evaluating overall performance of current PEPFAR partners and agencies; will maintain liaison with host country government officials and non-governmental partners involved in PEPFAR; will coordinate technical assistance from Washington with USG officials in Maputo, Washington, and Atlanta, as well as with local governmental and non-governmental partners, and will work in an interagency capacity to identify and document valuable lessons learned, best practices, and PEPFAR success stories.

The Department of Defense at the Embassy in Mozambique has one existing position that has already been approved. This year, however, the DAO has requested the approval of one additional technical position that will manage the increase in activities for 2009 and additional years as needed.

B. DoD PEPFAR Assistant Coordinator: Works directly for and with the DoD PEPFAR Manager to assist in the implementation and execution of DoD funded PEPFAR activities. Due to the increased funding of DoD PEPFAR in the $3 Million dollar plus range, the need for an assistant to better help the current program manager meet the increasing goals and projects of the program is necessary as the original position and responsibilities have evolved from a one person office as planned for three years ago. This assistant would start out working directly for and with the DoD PEPFAR Manager; however, a transition is envisioned for this position as the professional becomes more familiar with their duties and is ready to receive more responsibility by managing projects independently with their supervisor's concurrence. Having an assistant will also allow for more site visits by DoD PEPFAR manager to various projects located across Mozambique at the different military bases where we work, while ensuring that the office in Maputo is always covered.

PEPFAR in Mozambique continues to face challenges when attempting to fill technical positions; fluency in English and the level of technical skills required for these positions are still insufficiently represented in Mozambique. Moreover, our efforts to strengthen the country's professional skills, as well as the agreement established between our government and the Ministry of Health preclude us from hiring staff from within the Government of Mozambique. Additionally, the USG FSN pay scale is not as competitive as the private sector and we often lose selected professionals in the negotiation process. Attracting American staff

with Portuguese language skills is also a challenge. We are continuing to look at innovative approaches to attract and retain highly skilled citizens of Mozambique.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 7080.09
Mechanism: USAID - IRM Cost Recovery
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 15203.26561.09
Planned Funds: $152,000
Activity System ID: 26561
Activity Narrative: This is a continuing activity under COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This entry covers costs related to IRM tax charges for 47 approved and 4 planned HIV/AIDS program and support positions.

This is the activity narrative from COP08
Reprogramming August08: $98,121 will be reprogrammed into OHPS for Abt Associates for assistance to the MOH in the management of Global Fund funds.

April08 Reprogramming Change: Reduced $100,000.

This is a continuing activity from COP 07. This entry covers costs related to IRM tax charges for 47 approved and planned HIV/AIDS program and support positions.

New/Continuing Activity: Continuing Activity
Continuing Activity: 15873

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15873	15203.08	U.S. Agency for International Development	US Agency for International Development	7281	7080.08	USAID/MS	$53,879
15203	15203.07	U.S. Agency for International Development	US Agency for International Development	7080	7080.07	USAID/MS	$27,800

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11910.09
Mechanism: State/OGAC/ICASS
Prime Partner: US Department of State
USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 21415.21506.09
Planned Funds: $5,000
Activity System ID: 21506
Activity Narrative: August08 Reprogramming: For OGAC to cover ICASS costs.
New/Continuing Activity: Continuing Activity
Continuing Activity: 21415

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21415	21415.08	Department of State / African Affairs	US Department of State	9303	9303.08	State/OGAC/ICASS	$45,015

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 6693.09
Mechanism: CDC_DoS_ICASS/Capital Security Cost
Prime Partner: US Department of State
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 14044.22680.09
Planned Funds: $1,089,000
Activity System ID: 22680
Activity Narrative: ACTIVITY UNCHANGED FROM 2008

CDC Mozambique subscribes to several ICASS services provided by the Embassy in Maputo. The funding in this activity pays for these ICASS services. This value reflects the increase in staff expected for 2008 and was provided to CDC by the Administrative Officer at the Embassy.

New/Continuing Activity: Continuing Activity
Continuing Activity: 14044

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14044	14044.08	HHS/Centers for Disease Control & Prevention	US Department of State	6693	6693.08	CDC - Dept of State	$1,024,368

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 8786.09
Mechanism: M&S
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 19732.22975.09
Planned Funds: [redacted]
Activity System ID: 22975

Activity Narrative: This is a continuing activity under COP09.

Per guidance in NTTF 10.17.08, this activity will not be funded in FY09.

This is the activity narrative from COP08
USAID Administrator Fore has directed new policy regarding USAID administrative costs under PEPFAR. Administrative costs associated with supporting program implemention by USAID should be applied to PEPFAR. Many of USAID's PEPFAR FTEs are still funded through the agency's administrative (OE) account. In FY 2008, USAID, OMB and OGAC agreed to cover a larger share of the administrative costs incurred to implement PEPFAR. To meet this requirement, USAID/Mozambique is asked to reprogram the amount of $1,000,000 from other program areas to Management and Staffing. This will help cover the costs of USDH FTEs that are currently OE funded to now be funded directly through PEPFAR.

Once the reprogramming request is approved, the USAID Management Bureau will bill Mozambique programs for staff listed within the Staffing for Results (SfR) database for USAID US direct hire non-PEPFAR funded Salary and Benefits (S&B). The bill for USDH S&B for each individual will include the full year of funding necessary for FY08. The Management Bureau will bill only up to $1,000,000. The USAID Management Bureau will copy USAID Global Health on the bills that they send USAID/Mozambique for reimbursement of direct hire salary and benefits.

USAID Global Health will set up a mechanism using field support so that USAID/Mozambique can obligate PEPFAR administrative funds to reimburse the Agency's OE account for those staff that are now direct hire OE funded staff.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19732

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19732	19732.08	U.S. Agency for International Development	To Be Determined	8786	8786.08	M&S	[redacted]

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 7246.09 **Mechanism:** USAID - ICASS Costs

Prime Partner: US Department of State **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Budget Code:** 19

Activity ID: 18269.22989.09 **Planned Funds:** $273,000

Activity System ID: 22989

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The requested amount covers ICASS costs for 28 approved management, technical, and administrative positions. This activity does not includes ICASS costs for 20 positions under other program areas (19 approved), namely HVAB, HVOP, HBHC, HKID, HTXS, HTXD, HVSI and OHSS. The ICASS for these positions are reflected in the respective program area.

This is the activity narrative from COP08
This is a new activity following COP 08 guidance to enter ICASS costs as a stand alone activity. The requested amount covers ICASS costs for 47 management, technical, and administrative positions (26 approved and 18 planned). This activity includes ICASS costs for all positions under HVMS, in addition to three positions funded out of program areas, namely one HVAB Community Risk Reduction Foreign Service National, one HVAB Behavior Change Communication Global Health Fellow, and one OVC Activity Manager Foreign Service National.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18269

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18269	18269.08	U.S. Agency for International Development	US Department of State	7246	7246.08	USAID-Dept of State Management and Staffing	$302,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3528.09 **Mechanism:** Peace Corps-Peace Corps-GHAI-Local

Prime Partner: US Peace Corps **USG Agency:** Peace Corps

Funding Source: GHCS (State) **Program Area:** Management and Staffing

Budget Code: HVMS **Program Budget Code:** 19

Activity ID: 5009.21521.09 **Planned Funds:** $100,000

Activity System ID: 21521

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008

In FY09, Peace Corps/Mozambique (PC/MZ) will use Management and Staffing funds to continue to support an Project Assistant, a driver, and an Administrative Assistant; staff training; and part time technical assistance in monitoring and reporting.

The PC/M COP '08 budget portion for Management and Staffing will be used in the support of the following functions:(a) three full-time continuing PEPFAR staff positions 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; (b) staff participation in-service PEPFAR conferences and training; and (c) part time technical assistance in monitoring and reporting. The sub-total for the above functions will be $70,000. The remaining $30,000 will be directed to PC/HQ to cover overhead costs for PC PEPFAR management and staffing. This figure is reduced from the prior year ('07) M&S budget: per agency policy, HQ overhead costs for each program area are to be taken from that program area budget, not all from M&S, as before.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12960

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12960	5009.08	Peace Corps	US Peace Corps	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	$100,000
9465	5009.07	Peace Corps	US Peace Corps	5198	3528.07	Peace Corps-Peace Corps-GHAI-Local	$184,600
5009	5009.06	Peace Corps	US Peace Corps	3528	3528.06		$114,400

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3520.09 **Mechanism:** DOD-DOD-GHAI-HQ

Prime Partner: US Department of Defense **USG Agency:** Department of Defense

Funding Source: GHCS (State) **Program Area:** Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 8689.21514.09

Planned Funds: $300,000

Activity System ID: 21514

Activity Narrative: Salary and benefits for 2 FSNs. Travel costs, Trainings, Orientation, Conferences, Exchange visits, overhead/administration, supplies and other office costs, ICASS.
DOD is planning to hire a new staff member to work as an assistant of the PEPFAR program manager. By doing this, we will be prepared to respond to the fast growing budget allocated to our agency.
This person will participate in some of the working group meetings, will coordinate with the FADM and implementing partners all logistic aspects related to travel, seminars, meetings, international trainings, etc...
Part of the M&S funding will be used to cover fuel and maintenance of the DoD PEPFAR vehicle.

[April 2009 Reprogramming]
New Staffing Request: Small Grants Coordinator (This position replaces the program support assistant requested by the embassy in COP09)

The coordinator administers and manages the Mission's Small Grants Coordination Office, which incorporates six funds that promote grassroots-level initiatives throughout Mozambique. Job holder oversees the entire life cycle of the grants, including making recommendations to senior management for the awarding of the grants to monitoring progress and preparing close-out reporting on completed projects. Position is also responsible for overseeing end use monitoring for U.S. Government funding provided for other small projects in Mozambique. Job holder is directly supervised by the Chief, Political-Economic Section and supervises PEPFAR funded HIV/AIDS Coordinator for the embassy.

New/Continuing Activity: Continuing Activity

Continuing Activity: 12955

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12955	8689.08	Department of Defense	US Department of Defense	6348	3520.08	DOD-DOD-GHAI-HQ	$250,000
8689	8689.07	Department of Defense	US Department of Defense	4882	3520.07	DOD-DOD-GHAI-HQ	$118,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3648.09

Mechanism: U.S. Department of State-U.S. Department of State-GHAI-Local

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 5222.23025.09

Planned Funds: $480,000

Activity System ID: 23025

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:
New staff request: PEPFAR Deputy Coordinator

The PEPFAR program will administer more than $200 million US dollars in fiscal year 2009 in Mozambique, a priority country under PEPFAR. The PEPFAR Deputy Coordinator will assist the PEPFAR Coordinator in Mozambique's Strategic Planning process for PEPFAR fiscal year 2009 funding in Mozambique, in conjunction with other USG agencies in Mozambique (Peace Corps, DoD, CDC, USAID, and US Embassy); Position will prepare and edit country operational plan (COP) narratives and supporting documents; will coordinate PEPFAR reporting and response requirements among other agencies; will develop reports, memoranda, press releases, and other material regarding PEPFAR for internal and external audiences; will assist in evaluating overall performance of current PEPFAR partners and agencies; will maintain liaison with host country government officials and non-governmental partners involved in PEPFAR; will coordinate technical assistance from Washington with USG officials in Maputo, Washington, and Atlanta, as well as with local governmental and non-governmental partners, and will work in an interagency capacity to identify and document valuable lessons learned, best practices, and PEPFAR success stories.

Reprogramming August08: Funding decrease by $45,015 for the component number 3. The remaining funds will be used to support the Management and Staffing rather than ICASS related costs

Funding for management and staffing for the State Department follows the role the embassy plays in the coordination and management of the public affairs aspects of this initiative. Funding is requested the following line items:
1) salary and benefits for 2 locally engaged staff
2) Utilities, supplies, equipment, travel, and other admin support cost

These identified costs are essential for State to support and sustain its PEPFAR-related activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15191

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15191	5222.08	Department of State / African Affairs	US Department of State	7075	3648.08	U.S. Department of State-U.S. Department of State-GHAI-Local	$143,945
10031	5222.07	Department of State / African Affairs	US Department of State	5372	3648.07	U.S. Department of State-U.S. Department of State-GHAI-Local	$105,500
5222	5222.06	Department of State / African Affairs	US Department of State	3648	3648.06	State	$93,300

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3685.09
Mechanism: USAID-USAID-GHAI-Local
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 5322.24357.09
Planned Funds: $8,366,102
Activity System ID: 24357

Activity Narrative: This is a continuing activity under COP09.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

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 FY 09 are higher than those for FY 08 (but are not over the recommended 7% earmark, at slightly under 7 %) due to the rapid increase in program size and complexity, budgeting for positions previously supported by OE funds, and increases in shared Mission costs borne by the HIV/AIDS Team.

In FY09, USAID will have no new positions, bringing total planned staff to 47 management, technical, and administrative positions. Of the total, 19 positions are technical non-management positions that are funded within the PMTCT, HVAB, HVOP, HBHC, HKID, HTXD, HVSI and OHSS program areas.

In FY 2008, USAID undertook a concentrated effort to staff up quickly with excellent results, i.e. from a team of 15 staff members to 30 in less than one year. Of the approved vacant positions, 4 will be filled before the end of CY 08, and 1 in early 2009. Recruitment is ongoing for another 6 administrative and professional staff. The team is expected to be fully staffed by mid-CY 2009.

The requested funds include the following: (1) $XXX in Emergency Plan staff costs (including salary, benefits, administrative support, and entitlement travel); (2) $XXX in office costs and $XXX for non-office costs, including residential furniture and maintenance; (3) $XXX in ICASS charges; (4) $XXX in IRM tax charges for HIV/AIDS program and support staff; (5) $XXX in other program costs, including the Emergency Plan 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.

As in FY08 COP, ICASS and IRM costs have been entered as separate activities.

This is the activity narrative from FY08.

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 FY 08 are higher than those for FY 07 (but still less than the recommended 7% level) due to the rapid increase in program size and complexity, budgeting for positions previously supported by OE funds, and increases in shared Mission costs borne by the HIV/AIDS Team.

USAID requests 21 new positions, bringing total planned staff to 47 management, technical and administrative positions. Of the total, three positions are technical non-management positions that are funded within the AB, C&OP, and OVC program areas.
USAID has budgeted for nine new technical management/program manager positions in FY 2008. This includes staff to manage cross-cutting activities such as gender-related activities, public-private partnerships, capacity development for local NGOs, and nutritional support. New positions are also requested in areas such as child development, pharmaceutical logistics management, and health and nutrition linkages where USAID has growing programs and provides technical leadership. Positions essential for sound management and accountability are also requested, including two Deputy Team Leaders, a Legal Advisor, and a Site Monitoring Specialist. USAID also proposes to fund positions in the USAID Office of Administrative Management, Procurement Management Unit, and Program Office that are key to PEPFAR implementation. Hence, of the new positions, six are existing OE-funded staff supporting PEPFAR whose contracts will be funded by PEPFAR for the first time in FY 2008. PEPFAR will still receive substantial support (30% of time) from 18 OE-funded positions. All new positions have been developed through interagency analysis and collaboration, in keeping with the Staffing for Results Guidance.

The requested funds include the following: (1) $3,750,300 in Emergency Plan staff costs (including salary, benefits, administrative support, and entitlement travel); (2) $439,570 in office costs and $964,400 for non-office costs, including residential furniture and maintenance; (3) $302,000 in ICASS charges; (4) $252,000 in IRM tax charges for HIV/AIDS program and support staff; (5) $998,650 in other program costs, including the Emergency Plan 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.

USAID has faced challenges in hiring professional staff for Mozambique. International recruitment is challenging due to the need for Portuguese language capability and the high demand for HIV-related professional skills, both in Mozambique and worldwide. The market for qualified Mozambican staff is fiercely competitive due to human resource constraints, and the USG local compensation plan is not attractive to many potential Foreign Service National employees. Nonetheless, adequate staffing is critical to results, sustainability, and accountability, and solutions have been identified to reduce recruiting time and fill vacancies. For example, USAID has won USAID/Washington approval to offer pre-service language training at post (only one other USAID post, Indonesia, is authorized to do this). This will greatly expand the range of eligible candidates and improve staff effectiveness. In addition, efforts to recruit Third Country National PSCs have been expanded. USAID will also bring in short-term experts in recruitment and contracting to expedite hiring and will explore greater use of the new Public Health Institute Fellows Program.

ICASS and IRM costs have been entered as separate activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 15875

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
15875	5322.08	U.S. Agency for International Development	US Agency for International Development	7282	3685.08	USAID-USAID-GHAI-Local	$6,152,920
9122	5322.07	U.S. Agency for International Development	US Agency for International Development	5050	3685.07	USAID-USAID-GHAI-Local	$4,557,850
5322	5322.06	U.S. Agency for International Development	US Agency for International Development	3685	3685.06		$3,076,698

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3526.09

Mechanism: GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 8624.24441.09

Planned Funds: $950,605

Activity System ID: 24441

Activity Narrative: The CDC office currently has sixty-two (62) approved positions under various mechanisms – including eight (8) direct hires, forty (40) locally employed staff, including two (2) Eligible Family Member (EFM), and fourteen (14) contracted staff (COMFORCE, PSC). Thirty-nine (39) positions are currently filled, and twenty -three (23) positions are currently vacant, but will be filled in the near future. Recruiting and hiring in Mozambique has proven to be difficult on many fronts due to a lack of available hiring mechanisms (Comforce is no longer available for overseas hires), DIRE/visa issues with the local government and severe shortage of local human resources. Even with these tremendous challenges, CDC has been able to fill many of the vacant positions and is on line to fill the outstanding vacancies during this next fiscal year.

Of the twenty-three (23) CDC vacant positions, selections have been made already for five (5) positions and are only awaiting final clearances. Of these five (5) positions, two (2) are interagency in nature. Additionally, three (3) of the 23 positions are in the final stage of the selection process, with placement expected shortly. The remaining fifteen (15) positions are at various stages of the recruitment process, from finalizing position descriptions to advertising positions to interviewing candidates.

Most of the costs included in the M&S budget cover expenses related to supporting the CDC staff and office expenses. Some technical staff salaries are included in the M&S budget per COP Guidance.

This activity contains funding for various administrative activities:

- Contractual staff salaries and benefits (PSC, COMFORCE) - Sr. Prevention Coordinator (existing),PEPFAR Coordinator - Medical Officer, Technical PHA, Senior Prevention Coordinator ($570,605)
- Shipment of things by Atlanta held Funds ($235,000)
-ITSO ($145,000)

New/Continuing Activity: Continuing Activity

Continuing Activity: 12941

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12941	8624.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6345	3526.08	GHAI_CDC_HQ	$554,743
8624	8624.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	$947,504

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3524.09

Mechanism: BASE_CDC_POST

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 8611.24442.09

Planned Funds: $1,778,680

Activity System ID: 24442

Activity Narrative: The CDC office currently has sixty-two (62) approved positions under various mechanisms -- including eight (8) direct hires, forty (40) locally employed staff, including two (2) Eligible Family Member (EFM), and fourteen (14) contracted staff (COMFORCE, PSC). Thirty-nine (39) positions are currently filled, and twenty -three (23) positions are currently vacant, but will be filled in the near future. Recruiting and hiring in Mozambique has proven to be difficult on many fronts due to a lack of available hiring mechanisms (COMFORCE is no longer available for overseas hires), DIRE/visa issues with the local government and a severe shortgage of local human resources. Even with these tremendous challenges, CDC has been able to fill many of the vacant positions and is on line to fill the outstanding vacancies during this fiscal year.

Of the twenty-three (23) CDC vacant positions, selections have been made already for five (5) positions and are only awaiting final clearances. Of these five (5) positions, two (2) are interagency in nature. Additionally, three (3) positions are in the final stage of the selection process, with placement expected shortly. The remaining fifteen (15) positions are at various stages in the recruitment process, from finalizing position descriptions to advertising positions to interviewing of candidates.

Most of the costs included in the M&S budget cover expenses related to supporting the CDC staff and office expenses. Some technical staff salaries are included in the M&S budget per COP Guidance.

This activity contains funding for various administrative activities:

- Salaries for various administrative support staff ($443,185) - Accountant, Administrative Assistant I, Administrative Assistant II, Administrative Assistant III, Administrative Assistant IV, Driver I, Driver II, Driver III, Driver IV, Driver V, Dispatcher/Driver, Executive Secretary, IT Assistant, Procurement Agent, Procurement Logistics Assistant, Receptionist, Senior Financial specialist, Travel Assistant, Translator/Language Instructor, Workforce Career Development Specialist, and Program Support Specialist .

Staff Overtime costs - $12,000
Travel (Medivac/R&R/Home leave, Conferences and other Administrative Travel) - $249,000
Transportation of Items - $32,500
Cumunication, Utilities and Rents - $788,580
Supplies and Materials - $24,000
Residential Furniture and Equipment - $175,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 12942

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12942	8611.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6346	3524.08	BASE_CDC_POST	$1,633,048
8611	8611.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4866	3524.07	BASE_CDC_POST	$1,224,824

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3521.09

Mechanism: BASE_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 8512.24428.09

Planned Funds: $558,320

Activity System ID: 24428

Activity Narrative: The CDC office currently has sixty-two (62) approved positions under various mechanisms – including eight (8) direct hires, forty (40) locally employed staff, including two (2) Eligible Family Member (EFM), and fourteen (14) contracted staff (COMFORCE, PSC). Thirty-nine (39) positions are currently filled, and twenty -three (23) positions are currently vacant, but will be filled in the near future. Recruiting and hiring in Mozambique has proven to be difficult on many fronts due to a lack of available hiring mechanisms (Comforce is no longer available for overseas hires), DIRE/visa issues with the local government and severe shortage of local human resources. Even with these tremendous challenges, CDC has been able to fill many of the vacant positions and is on line to fill the outstanding vacancies during this next fiscal year.

Of the twenty-three (23) CDC vacant positions, selections have been made already for five (5) positions and are only awaiting final clearances. Of these five (5) positions, two (2) are interagency in nature. Additionally, three (3) of the 23 positions are in the final stage of the selection process, with placement expected shortly. The remaining fifteen (15) positions are at various stages of the recruitment process, from finalizing position descriptions to advertising positions to interviewing of candidates.

Most of the costs included in the M&S budget cover expenses related to supporting the CDC staff and office expenses. Some technical staff salaries are included in the M&S budget per COP Guidance.

This activity contains funding for various administrative activities in the amount of $558,320

- Salaries and benefits ($518,320)– 100% of CDC's Deputy Director and 100% of the Director are paid via the Management and Staffing program through this mechanism. In addition, full salary and benefits are provided in this activity for the IT Manager and the Office Manager positions. Note that we are requesting early funding for this amount to assure availability of funding for these key employees.
- Other Equipment paid with IMPAC ($20,000)
- Other Supplies paid with IMPAC ($20,000)

New/Continuing Activity: Continuing Activity

Continuing Activity: 12931

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12931	8512.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6344	3521.08	BASE_CDC_HQ	$703,952
8512	8512.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4864	3521.07	BASE_CDC_HQ	$569,111

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 3529.09

Mechanism: GHAI_CDC_POST

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 8634.24457.09

Planned Funds: $1,763,730

Activity System ID: 24457

Activity Narrative: The CDC office currently has sixty-two (62) approved positions under various mechanisms – including eight (8) direct hires, forty (40) locally employed staff, including two (2) Eligible Family Member (EFM), and fourteen (14) contracted staff (COMFORCE, PSC). Thirty-nine (39) positions are currently filled, and twenty -three (23) positions are currently vacant, but will be filled in the near future. Recruiting and hiring in Mozambique has proven to be difficult on many fronts due to a lack of available hiring mechanisms (Comforce is no longer available for overseas hires), DIRE/visa issues with the local government and severe shortage of local human resources. Even with these tremendous challenges, CDC has been able to fill many of the vacant positions and is on line to fill the outstanding vacancies during this next fiscal year.

Of the twenty-three (23) CDC vacant positions, selections have been made already for five (5) positions and are only awaiting final clearances. Of these five (5) positions, two (2) are interagency in nature. Additionally, three (3) of the 23 positions are in the final stage of the selection process, with placement expected shortly. The remaining fifteen (15) positions are at various stages of the recruitment process, from finalizing position descriptions to advertising positions to interviewing of candidates.

Most of the costs included in the M&S budget cover expenses related to supporting the CDC staff and office expenses. Some technical staff salaries are included in the M&S budget per COP Guidance.

This activity contains funding for the following administrative costs:

- Salary Costs - ($284,742) Admin Assistant PEPFAR Coordinators Office,Contract Specialist I, Contract Specialist II, HIV Prevention Specialist, Outreach Information Specialist,Prevention M&E Officer.
- Travel (Technical staff Travel) - $150,000
- Office Rents - $356,471
- Residential Electricity - $108,000
- Residential Water - $27,000
- Telecomuting - $10,400
- Local Guard Service - $105,600
- Staff Training - $35,000
- Translation Services for Technical Documents - $75,000
- Office Maintenance- $25,000
- Office Cleaning Services - $8,520
- Virtual Assistance with Programs - $7,500
- Automobile Maintenance - $35,000
- Automobile Fuel - $23,100
- IT Equipment - $93,581
- Housing Upgrades - $250,000
- Comunication - $11,000
- Industrial Shredder - $8,000
- Office Furniture for new Positions - $20,000
- School Fees - $129,816

New/Continuing Activity: Continuing Activity

Continuing Activity: 12951

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12951	8634.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	6347	3529.08	GHAI_CDC_POST	$1,681,877
8634	8634.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4867	3529.07	GHAI_CDC_POST	$226,772

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 6693.09
Mechanism: CDC_DoS_ICASS/Capital Security Cost
Prime Partner: US Department of State
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 14046.25666.09
Planned Funds: $564,481
Activity System ID: 25666
Activity Narrative: ACTIVITY UNCHANGED FROM FY2008 Department of State's Capital Security Tax
New/Continuing Activity: Continuing Activity
Continuing Activity: 14046

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
14046	14046.08	HHS/Centers for Disease Control & Prevention	US Department of State	6693	6693.08	CDC - Dept of State	$444,415

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	**X**	**Yes**		**No**
If yes, Will HIV testing be included?	X	Yes		No
When will preliminary data be available?			10/15/2009	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?		**Yes**	**X**	**No**
If yes, Will HIV testing be included?		Yes		No
When will preliminary data be available?				
Is a Health Facility Survey planned for fiscal year 2009?		**Yes**	**X**	**No**
When will preliminary data be available?				
Is an Anc Surveillance Study planned for fiscal year 2009?	**X**	**Yes**		**No**
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?			11/15/2009	
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 2009?		**Yes**	**X**	**No**

Other Significant Data Collection Activities

Name: Behavioral Surveillance Survey

Brief Description of the data collection activity:

Estimation of HIV prevalence and behavioral indicators in 2-4 high risk groups.

Preliminary Data Available:

3/1/2010

Name: Prevalence and Behavioral Survey among Mozambican Armed Forces

Brief Description of the data collection activity:

HIV Prevalence and behavior survey including 700 military personnel from 11 facilities. Note that data will likely not be released to the public due to security concerns of the armed forces of Mozambique.

Preliminary Data Available:

12/1/2009

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Moz HCD Document.doc	application/msword	11/12/2008	MoH HCD Document	Other	MGormley
Management and Staffing Budget Table for Mozambique.xls	application/vnd.ms-excel	11/12/2008	Moz M&S Budget Table	Management and Staffing Budget Table	MGormley
COP 09 Mozambique target justifications for Table 2.doc	application/msword	11/13/2008	Table 2 Explanation	Summary Targets and Explanation of Target Calculations	MGormley
COP 09 Mozambique Global Fund Supplemental.doc	application/msword	11/13/2008	Moz Gloabl Fund Supp.	Global Fund Supplemental	MGormley
Moz_Public Private Partnerships.xls	application/vnd.ms-excel	11/13/2008	Moz PPP Supp.	PPP Supplement	MGormley
USAID PEPFAR Org chart updated 11.13.08.doc	application/msword	11/13/2008	USAID Agency Org Chart	Other	MGormley
CDC Org Chart.doc	application/msword	11/13/2008	HHS/CDC Agency Org Chart	Other	MGormley
Peace Corps Org Chart.doc	application/msword	11/13/2008	PC Mozambique Agency Org Chart	Other	MGormley
State Org chart.doc	application/msword	11/13/2008	DoS Agency Org Chart	Other	MGormley
Moz Functional Staffing Chart.doc	application/msword	11/13/2008	Moz Functional Staffing Chart	Other	MGormley
Mozambique_COP09_Addedum 5 Year Strategy_11 12 08 FINAL.doc	application/msword	11/13/2008	Mozambique 5 Year Strategy Addedum	Other	MGormley
COP 09 Table 2.1 Targets.xls	application/vnd.ms-excel	11/13/2008	Table 2.1	Summary Targets and Explanation of Target Calculations	MGormley
FY08 APR Treatment Projections.xls	application/vnd.ms-excel	11/13/2008	Treatment Projections	Summary Targets and Explanation of Target Calculations	MGormley
M&S Staffing List.xls	application/vnd.ms-excel	11/13/2008	Mozambique Staffing List	Other	MGormley
Management and Staffing Budget Table for Mozambique.xls	application/vnd.ms-excel	11/13/2008	COP09 M & S Budget Table for Mozambique	Management and Staffing Budget Table	MGormley
CU justification 8%_FINAL.doc	application/msword	11/14/2008	Columbia University Justification	Single Partner Funding	MGormley
EGPAF justification 8% _FINAL.doc	application/msword	11/14/2008	Elizabeth Glaser Pediatric Aids Foundation Justification	Single Partner Funding	MGormley
FY09 Budgetary Requirements Worksheet- Mozambique.xls	application/vnd.ms-excel	11/14/2008		Budgetary Requirements Worksheet*	MGormley
FY09 OHSS_HRH_budget justification-final.doc	application/msword	11/14/2008	OHSS HRH justification	Other	PMozambique
OHSS HCD_Program Narrative_COP09_FINAL.doc	application/msword	11/14/2008	OHSS HCD program area narrative	HRH Program Area Narrative*	PMozambique
Moz Executive Summary_COP09.doc	application/msword	11/14/2008	Executive Summary	Executive Summary	MGormley
Ambassador's Letter.doc	application/msword	11/14/2008	Ambassador's Letter	Ambassador Letter	MGormley
OHSS Gender_Supplemental Narrative_COPO9 final.doc	application/msword	11/14/2008	OHSS Gender	Gender Program Area Narrative*	PMozambique
Mozambique HCD Salary Support Table.xls	application/vnd.ms-excel	11/24/2008		Health Care Worker Salary Report	MGormley
Mozambique Summary Targets and Explanations 2009-01-12.xls	application/vnd.ms-excel	1/12/2009		Summary Targets and Explanation of Target Calculations	MLee