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Excluding To Be Determined Partners

2007

Mozambique

Country Contacts

Contact Type	First Name	Last Name	Title	Email
DOD In-Country Contact	Antonio	Langa	HIV/AIDS Program Manager	LangaAJ@state.gov
DOD In-Country Contact	John	Roddy	Defense and Army Attache	RoddyJM@state.gov
HHS/CDC In-Country Contact	Bill	Comeaux	Deputy Director	Comeauxb@cdcmz.org
HHS/CDC In-Country Contact	Lisa	Nelson	Country Director	Nelsonl@cdcmz.org
Peace Corps In-Country Contact	David	Bellama	Director	dbellama@mz.peacecorps.gov
Peace Corps In-Country Contact	Jenelle	Norin	Associate Director Health	jnorin@mz.peacecorps.gov
USAID In-Country Contact	Jay	Knott	Director	jknott@usaid.gov
USAID In-Country Contact	Linda Lou	Kelley	HIV/AIDS Team Leader	lkelley@usaid.gov
U.S. Embassy In-Country Contact	Elizabeth	Raspolic	Charge d'Affaires, a.i.	Raspolic@state.gov
U.S. Embassy In-Country Contact	James	Dudley	Deputy Chief of Mission	DudleyJL@state.gov
U.S. Embassy In-Country Contact	Kristin	Kane	Public Affairs Officer	KaneKMZ@state.gov

Table 1: Country Program Strategic Overview

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

Yes No

Description:

A new strategic approach in the FY 07 COP will be to designate Zambezia and Sofala as focus provinces in order to accelerate treatment roll-out; strengthen the linkages between treatment, care and prevention; and develop more equitable access to treatment within Mozambique. The USG will continue to support activities in all 11 provinces of Mozambique, as described in the original Five-Year Strategic Plan, but will strive to allocate roughly 40% of the FY 07 field budget increase to Zambezia and Sofala.

The Ministry of Health (MOH) and USG have agreed on this provincial focus for several reasons. First, treatment is now well established in Maputo, the provincial capitals, and many district hospitals, but these sites are at capacity. Meeting the rapidly growing need for ART will require decentralizing ART to urban satellite sites and rural health centers, as well as integrating ART into other clinical services, such as primary care, TB and STI services. Second, 50% of Mozambicans on ART live in the capital city or in the surrounding Maputo Province. To improve geographic equity, the MOH has established highly ambitious treatment targets for other provinces. Third, all the elements of a comprehensive HIV/AIDS program have been established, and it is time to focus on strengthening the quality and continuity of care. Strong referral and follow-up linkages are needed between treatment, care and prevention activities, particularly between health facilities and community level programs, and this can best be achieved by intensifying efforts at the provincial and district levels.

The MOH and USG selected Zambezia and Sofala for three main reasons. First, these provinces are home to an estimated 30% of all PLWHA in Mozambique. Sofala has the highest prevalence rate (27%) and most mature HIV epidemic among all the provinces. Zambezia is the most populous province, and with a high HIV prevalence rate (18%) that is still climbing. The MOH has more than doubled the treatment targets for these two provinces. Second, these provinces have very great infrastructure and human resource constraints, even by Mozambican standards, and further progress cannot be assured without addressing these basic requirements. Third, USG treatment, care and prevention partners are now well-established in the Zambezia and Sofala, and the MOH recognizes that the USG is well-positioned to help achieve rapid and effective scale-up under the challenging conditions present in these provinces.

The USG will ramp up technical support to the Zambezia and Sofala Provincial Health Directorates and to the Provincial Offices of the National AIDS Council (NAC) and Ministry of Women and Social Action in order to strengthen leadership, coordination and quality of the HIV/AIDS response. To address MOH human resource constraints, the USG will support pre-service training outside of Maputo for nurses, medical technicians, laboratory staff, and pharmacists committed to serving in Zambezia and Sofala upon graduation and will also construct staff housing at rural health facilities. Space constraints for treatment and other HIV-related services will be addressed by construction and renovation of rural clinics. Information systems will be developed, strengthened or expanded to ensure quality and continuity of care, including patient tracking systems, HIV/QUAL and pharmaceutical and supplies management systems. The USG will increase HIV counseling and testing by establishing CT in additional clinics and services (including TB and STI services), piloting new approaches to community-based CT, and use of satellite CT sites. Strengthening local NGOs, CBOs, and FBOs and workplace programs will be a priority. Community resource centers will be piloted to provide space for PLWHA support groups, OVC day care, community CT, and wrap-around services. New approaches developed in the focus provinces will be extended to other provinces in future years.

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
	End of Plan Goal: 506,379			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		20,704	13,750	34,454
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		235,844	110,000	345,844
Care				
	End of Plan Goal: 550,000			
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		120,000	160,000	280,000
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		6,000	0	6,000
Number of OVC served by OVC programs		180,000	0	180,000
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		220,000	80,000	300,000
Treatment				
	End of Plan Goal: 110,000			
Number of individuals receiving antiretroviral therapy at the end of the reporting period		36,990	57,000	93,990

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
	End of Plan Goal: 506,379			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		53,125	13,750	66,875
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		425,000	110,000	535,000
Care				
	End of Plan Goal: 550,000			
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		216,552	160,000	376,552
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		12,000	0	12,000
Number of OVC served by OVC programs		200,000	0	200,000
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		500,000	80,000	580,000
Treatment				
	End of Plan Goal: 110,000			
Number of individuals receiving antiretroviral therapy at the end of the reporting period		66,000	57,000	123,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Follow-on to PHRplus

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5047

Planned Funding(\$): \$ 375,000.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: ABT Associates

New Partner: No

Sub-Partner: Aga Khan Foundation

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Bearing Point's Emerging Markets Group

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Research Triangle Institute

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Forum One Communications

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Training Resources Group

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Tulane University' School of Public Health and Tropical Medicine

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Capable Partners Program

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5037

Planned Funding(\$): \$ 3,677,067.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: Academy for Educational Development

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 990,000.00

Early Funding Request Narrative: In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and to avoid interruption of capacity building, particularly in improving quality of services, early funding is requested for a portion of the total FY 2007 amount for each program area.

Early Funding Associated Activities:

Program Area:HTXS - ARV Services

Planned Funds: \$300,000.00

Activity Narrative: This activity is related to: OHPS 8800; HBHC 9131; HKID 9147; HVAB 9135; C&OP 9154; and OHPS 9212.

Program Area:HBHC - Basic Health Care and Support

Planned Funds: \$500,000.00

Activity Narrative: This activity is related to HKID 9147, HVAB 9135, HXTS 9109, and C&OP 9154. All AED activities i

Program Area:HVAB - Abstinence/Be Faithful

Planned Funds: \$1,147,067.00

Activity Narrative: This activity is linked to: HBHC 9131; HKID 9147; AB 9112; HTXS 9109 and OHPS 9212. All AED activ

Program Area:HKID - OVC

Planned Funds: \$350,000.00

Activity Narrative: This activity is related to: HBHC 9131; HVAB 9135; HTXS 9109; and OHPS 9212. All AED activities int

Program Area:HVOP - Condoms and Other Prevention

Planned Funds: \$480,000.00

Activity Narrative: Plus-up/Reprogramming: AED will build capacity of and provide subagreements to organizations which

Sub-Partner: Mozambican Nurses Association

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Foundation for Community Development, Mozambique

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: International Relief and Development
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No
Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4782
Planned Funding(\$): \$ 821,287.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Africare
New Partner: No

Mechanism Name: Track 1 Supplement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5038
Planned Funding(\$): \$ 649,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Africare
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: \$ 300,000.00
Early Funding Request Narrative: In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and to ensure services to orphans and vulnerable children and their families are maintained, early funding is requested for a portion of the total of FY 2007 amount.

Early Funding Associated Activities:

Program Area:HKID - OVC
Planned Funds: \$649,000.00
Activity Narrative: This activity is related to HKID Africare Track 1 Activity 8225 where the targets are claimed for th

Sub-Partner: Habitat for Humanity
Planned Funding: \$ 90,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: Track 1 Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4764
Planned Funding(\$): \$ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: American Association of Blood Banks
New Partner: No

Mechanism Name: Twinning

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4940
Planned Funding(\$): \$ 1,126,122.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: American International Health Alliance
New Partner: No

Sub-Partner: University of Pittsburgh
Planned Funding: \$ 300,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: African Palliative Care Association
Planned Funding: \$ 80,320.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4874
Planned Funding(\$): \$ 5,697,122.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Association of Public Health Laboratories
New Partner: No

Sub-Partner: Ministry of Health, Mozambique
Planned Funding: \$ 1,149,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HLAB - Laboratory Infrastructure
OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4860
Planned Funding(\$): \$ 75,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Association of Schools of Public Health
New Partner: No

Mechanism Name: CDC CARE INTL

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6124
Planned Funding(\$): \$ 309,375.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: CARE International
New Partner: No

Mechanism Name: USAID-CARE International-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5062
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: CARE International
New Partner: No

Mechanism Name: State Grant

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4793
Planned Funding(\$): \$ 53,800.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: Catholic University of Mozambique
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: \$ 23,800.00
Early Funding Request Narrative: Early funding is requested to cover tuition expenses for 17 scholarship students. Academic year begins in January and funds are necessary as early as possible in calendar year.

Early Funding Associated Activities:

Program Area: OHPS - Other/Policy Analysis and Sys Strengthening
Planned Funds: \$53,800.00
Activity Narrative: DOS will expand its program of providing scholarships for medical students specializing in HIV/AIDS

Mechanism Name: USAID-Chemonics International, Inc.-GHAI-HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5189
Planned Funding(\$): \$ 100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Chemonics International
New Partner: No

Sub-Partner: JHPIEGO
Planned Funding: \$ 80,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Mechanism Name: Track 1 ARV

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 4765

Planned Funding(\$): \$ 4,500,000.00

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central (GHAI)

Prime Partner: Columbia University

New Partner: No

Sub-Partner: Abrantina Maputo

Planned Funding: \$ 91,011.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Abrantina Jose Macamo

Planned Funding: \$ 469,755.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Armindo & Gonsalves

Planned Funding: \$ 219,978.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Arquiplan

Planned Funding: \$ 290,714.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Ceta Milange DH

Planned Funding: \$ 431,065.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: University of Washington

Planned Funding: \$ 139,692.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Nigico Mocuba

Planned Funding: \$ 379,359.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Tavel Empreendimentos

Planned Funding: \$ 273,001.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Mechanism Name: Columbia University/LAB

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7079
Planned Funding(\$): \$ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Columbia University
New Partner: No

Mechanism Name: Track 1 ARV Moz Supplement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4878
Planned Funding(\$): \$ 7,231,250.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Columbia University
New Partner: No

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4859
Planned Funding(\$): \$ 3,283,125.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Columbia University
New Partner: No

Sub-Partner: Step Namicopo
Planned Funding: \$ 140,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Ceta 25 de Setembro
Planned Funding: \$ 488,700.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Step 1o de Maio
Planned Funding: \$ 16,209.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HTXS - ARV Services

Mechanism Name: Track 1 ARV Moz Supplement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4869
Planned Funding(\$): \$ 7,084,251.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: CARE International
Planned Funding: \$ 550,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVOP - Condoms and Other Prevention
HVCT - Counseling and Testing
HTXS - ARV Services

Sub-Partner: Vanderbilt University
Planned Funding: \$ 1,199,998.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Akuvumbana
Planned Funding: \$ 13,190.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Reencontro Xaixai
Planned Funding: \$ 10,549.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: LadoLado
Planned Funding: \$ 12,464.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Associacao Ntwanano
Planned Funding: \$ 17,550.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Tsembeca
Planned Funding: \$ 7,111.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HTXS - ARV Services

Sub-Partner: Desafio Jovens
Planned Funding: \$ 12,824.00

Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HTXS - ARV Services
Sub-Partner: Association of Solidarity in Health
Planned Funding: \$ 12,780.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HTXS - ARV Services
Sub-Partner: Pfukane
Planned Funding: \$ 12,919.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HTXS - ARV Services

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5088
Planned Funding(\$): \$ 2,880,174.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
New Partner: No

Sub-Partner: Akuvumbana
Planned Funding: \$ 5,664.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: MTCT - PMTCT
Sub-Partner: Reencontro Xaixai
Planned Funding: \$ 2,000.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: MTCT - PMTCT
Sub-Partner: African Muslim Agency
Planned Funding: \$ 2,000.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: MTCT - PMTCT
Sub-Partner: Nivenyee
Planned Funding: \$ 2,000.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: MTCT - PMTCT
Sub-Partner: Associacao Ntwanano
Planned Funding: \$ 5,749.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HTXS - ARV Services

Sub-Partner: Unit for Basic Education
Planned Funding: \$ 7,595.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HLAB - Laboratory Infrastructure

Mechanism Name: ACQUIRE

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6100
Planned Funding(\$): \$ 740,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: EngenderHealth
New Partner: No

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5078
Planned Funding(\$): \$ 5,905,094.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: \$ 1,621,200.00
Early Funding Request Narrative: In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and to ensure that there will be no gaps in vital services (palliative care, counseling and testing and prevention of mother to child transmission), early funding is requested for a portion of the total FY 2007 amount for each program area.

Early Funding Associated Activities:

Program Area:HVCT - Counseling and Testing
Planned Funds: \$1,200,000.00
Activity Narrative: This activity relates to HBHC 9209 and MTCT 9223.
Continuation of 3 CT services (Nicoadala, Ile, Qu

Program Area:HBHC - Basic Health Care and Support
Planned Funds: \$1,679,735.00
Activity Narrative: Per 07/07 reprogramming; Family Health International will reach an additional 1,000 people with home

Program Area:MTCT - PMTCT
Planned Funds: \$3,018,850.00
Activity Narrative: Per July 2007 reprogramming; This addition of resources will allow FHI to reach an additional 1,000

Sub-Partner: Esperanca Association
Planned Funding: \$ 65,000.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support

Sub-Partner: KEWA Group
Planned Funding: \$ 35,000.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: MTCT - PMTCT

Sub-Partner: Muslim Association of Quichanga
Planned Funding: \$ 10,000.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: MTCT - PMTCT

Sub-Partner: ACCEVE
Planned Funding: \$ 15,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: MTCT - PMTCT

Sub-Partner: Promoters of Health (Paquita Sisters)
Planned Funding: \$ 15,000.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: MTCT - PMTCT

Sub-Partner: Mozambique Network of AIDS Service Organizations
Planned Funding: \$ 38,068.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: ARO Mocambique
Planned Funding: \$ 5,000.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: OVARANA
Planned Funding: \$ 3,600.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: National Association of Nurses of Mozambique
Planned Funding: \$ 84,645.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: MTCT - PMTCT

Mechanism Name: FURJ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6128
Planned Funding(\$): \$ 1,500,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Federal University of Rio De Janeiro
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8622
Planned Funding(\$): \$ 125,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Food and Nutrition Technical Assistance
New Partner: Yes

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4783
Planned Funding(\$): \$ 613,480.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Food for the Hungry
New Partner: No

Sub-Partner: Nazarene Compassionate Ministries

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Christian Reformed World relief Committee

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Kubatsirana, Mozambique

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: USAID-Food for the Hungry-GHAI-HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5082
Planned Funding(\$): \$ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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: 5040
Planned Funding(\$): \$ 5,065,930.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Foundation for Community Development, Mozambique
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: \$ 980,000.00
Early Funding Request Narrative: In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and to ensure that there will be no gaps in the delivery of palliative care and essential services for OVC, early funding is requested for a portion of the total FY 2007 amount for each program area.

Early Funding Associated Activities:

Program Area:HBHC - Basic Health Care and Support
Planned Funds: \$1,000,000.00
Activity Narrative: This activity is related to HVAB 9112, C&OP 9152, HVTB 9127 and HBHC 9131. In this activity, the Fo

Program Area:HKID - OVC
Planned Funds: \$1,048,430.00
Activity Narrative: This activity is related to: HBHC 9132; HVAB 9112; HVOP 9152; HVTB 9127 and OHPS 9212. In this acti

Sub-Partner: Mozambican Association for Urban Development
Planned Funding: \$ 35,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Reencontro Xaixai
Planned Funding: \$ 40,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Anglican Church of Maciene
Planned Funding: \$ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Mozambican Nurses Association
Planned Funding: \$ 112,500.00
Funding is TO BE DETERMINED: No
New Partner:
Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Mozambican Association for Women's Development
Planned Funding: \$ 12,091.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Association for the Promotion of Traditional Medicine
Planned Funding: \$ 8,833.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Associação para o Desenvolvimento das Comunidades de Inhambane (ADECI)
Planned Funding: \$ 52,002.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Associação para o Desenvolvimento das Comunidades Ruras (ADCR)
Planned Funding: \$ 5,267.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Association of Women Affected by AIDS in Africa
Planned Funding: \$ 8,460.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: African Rural Association
Planned Funding: \$ 6,170.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Liwoningo Association
Planned Funding: \$ 6,290.00
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: The Franciscan Sisters of Mumemo
Planned Funding: \$ 3,596.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Islamic Council of Mozambique
Planned Funding: \$ 6,662.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Paroquia Zacarias Manhica
Planned Funding: \$ 2,884.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Associacao Mbatilmukene
Planned Funding: \$ 24,651.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Wonandlela Association
Planned Funding: \$ 6,470.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Associacao Ntwanano
Planned Funding: \$ 5,653.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Combate a Fome
Planned Funding: \$ 882.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Comite de Zimbene
Planned Funding: \$ 1,806.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Associacao Nhacutse
Planned Funding: \$ 1,677.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Associacao Activa
Planned Funding: \$ 4,469.00
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Associação Produtores Maciene

Planned Funding: \$ 10,082.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 4784

Planned Funding(\$): \$ 0.00

Agency: U.S. Agency for International Development

Funding Source: Central (GHAI)

Prime Partner: Fresh Ministries

New Partner: No

Sub-Partner: Anglican Church of Southern Africa

Planned Funding:

Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

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

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5041

Planned Funding(\$): \$ 15,993,083.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: Health Alliance International

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 5,642,300.00

Early Funding Request Narrative: In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and to assure that there will be no gaps in vital services (ART services, palliative care, essential services to orphans and vulnerable children, counseling and testing and prevention of mother to child transmission) early funding is requested for a portion of the total FY 2007 amount for each program area.

Early Funding Associated Activities:

Program Area:HVCT - Counseling and Testing

Planned Funds: \$1,541,447.00

Activity Narrative: This activity is related to : MTCT 9140; HBHC 9133; HVTB 9128; HTXS 9164 and HTXD 9160 . HAI will

Program Area:HBHC - Basic Health Care and Support

Planned Funds: \$1,399,816.00

Activity Narrative: Per 07/07 reprogramming; Health Alliance International will reach an additional 5,000 people with ho

Program Area:MTCT - PMTCT

Planned Funds: \$2,851,875.00

Activity Narrative: Per July 2007 reprogramming; Health Alliance International will need less money than anticipated giv

Program Area:HTXS - ARV Services

Planned Funds: \$9,714,320.00

Activity Narrative: This activity is linked to HBHC 9133, HVTB 9128, and HTXS 8806. Health Alliance International imple

Sub-Partner: Care for Life

Planned Funding: \$ 100,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support

Sub-Partner: Kubatsirana, Mozambique

Planned Funding: \$ 300,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: MTCT - PMTCT
HBHC - Basic Health Care and Support

Sub-Partner: Organization of Women Educating About AIDS

Planned Funding: \$ 20,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Kubatana
Planned Funding: \$ 11,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT
HVCT - Counseling and Testing

Sub-Partner: Cruz Vermelha
Planned Funding: \$ 52,274.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Food for the Hungry
Planned Funding: \$ 20,614.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Programa de Assistencia e Desenvolvimento de Comunidade
Planned Funding: \$ 17,943.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Associacao Juvenil de Prevencao e Combate do SIDA na Crianca
Planned Funding: \$ 64,320.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Africare
Planned Funding: \$ 28,378.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Sub-Partner: Rudho Ni Upeni
Planned Funding: \$ 17,429.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVSI - Strategic Information

Mechanism Name: USAID-VOA-GHAI-HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4862
Planned Funding(\$): \$ 200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: International Broadcasting Bureau, Voice of America
New Partner:

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4870
Planned Funding(\$): \$ 5,521,093.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4785
Planned Funding(\$): \$ 236,696.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: The Health Communication Partnership

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4893
Planned Funding(\$): \$ 1,970,226.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Mechanism Name: Track 1 Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4766
Planned Funding(\$): \$ 200,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Ministry of Health, Mozambique
New Partner: No

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4876
Planned Funding(\$): \$ 3,756,721.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Health, Mozambique
New Partner: No

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4877
Planned Funding(\$): \$ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Women and Social Action, Mozambique
New Partner: No

Mechanism Name: HRSA IAA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4943
Planned Funding(\$): \$ 500,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: New York AIDS Institute
New Partner: No

Sub-Partner: JHPIEGO
Planned Funding: \$ 205,225.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVSI - Strategic Information

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4786
Planned Funding(\$): \$ 530,447.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Opportunity International
New Partner: No

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

Associated Program Areas: HKID - OVC

Mechanism Name: Supply Chain Management System**Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 5045**Planned Funding(\$):** \$ 17,694,442.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** Partnership for Supply Chain Management**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** \$ 5,069,000.00**Early Funding Request Narrative:** In order to ensure there are no stockouts of ARVs, OI drugs, STI drugs and avoid slowing down treatment and palliative care roll-out, early funding is requested for a portion of the total FY 2007 amount for each program area.**Early Funding Associated Activities:**

Program Area:HTXD - ARV Drugs

Planned Funds: \$14,204,518.00

Activity Narrative: This activity is related to activities HVCT 9156. HLAB 9254, HBHC 9136 and MTCT 9142. The Supply Ch

Program Area:HBHC - Basic Health Care and Support

Planned Funds: \$1,129,015.00

Activity Narrative: Additional Funds to SCMS will be used supplement activities planned in FY07 to strengthen the CMAM (

Program Area:MTCT - PMTCT

Planned Funds: \$875,000.00

Activity Narrative: This activity is related to activities CT 9156, HTXD 9117, HLAB 9254, and HBHC 9136. The Supply

Program Area:HVCT - Counseling and Testing

Planned Funds: \$571,200.00

Activity Narrative: Plus-up: A HIV rapid test kits need forecasting exercise performed by SCMS, taking into account the

Program Area:HLAB - Laboratory Infrastructure

Planned Funds: \$914,709.00

Activity Narrative: This activity is related to activities HVCT 9156, HTXD 9117,HBHC 9136, and MTCT 9142. The Supply Ch

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5042
Planned Funding(\$): \$ 9,103,627.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Population Services International
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: \$ 1,003,200.00
Early Funding Request Narrative: In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and to ensure that there will be no gaps in vital services (essential services to orphans and vulnerable children, counseling and testing and prevention of mother to child transmission), early funding is requested for a portion of the total FY 2007 amount for each program area.

Early Funding Associated Activities:

Program Area:HVCT - Counseling and Testing
Planned Funds: \$1,595,927.00
Activity Narrative: Plus-up: Utilizing plus up funds PSI will research, develop, and test new IEC campaign materials su

Program Area:MTCT - PMTCT
Planned Funds: \$1,828,000.00
Activity Narrative: Plus-up change: Utilizing plus up funds PSI will research, develop, and test new IEC and BCC campaig

Program Area:HKID - OVC
Planned Funds: \$325,000.00
Activity Narrative: This activity relates to another PSI activity in HIV treatment services, HTXS 9166. This activit

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4787
Planned Funding(\$): \$ 1,600,261.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Project HOPE
New Partner: No

Mechanism Name: USAID-Project Hope-GHAI-HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5079
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Project Hope
New Partner: No

Mechanism Name: USAID-Project HOPE-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5043
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Project HOPE
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8620
Planned Funding(\$): \$ 225,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: QED Group, LLC
New Partner: Yes

Mechanism Name: Track 1 Blood Safety RPSO

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5006
Planned Funding(\$): \$ 1,500,000.00
Agency: Department of State / African Affairs
Funding Source: Central (GHAI)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: Yes

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4788
Planned Funding(\$): \$ 475,596.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
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
Planned Funding(\$): \$ 500,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Samaritan's Purse
New Partner: No

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5089
Planned Funding(\$): \$ 2,238,019.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Save the Children US
New Partner: No

Sub-Partner: Save the Children Norway
Planned Funding: \$ 350,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Save the Children UK
Planned Funding: \$ 305,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: CARE International (Hope for African Children's Initiative)
Planned Funding: \$ 520,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HKID - OVC

Sub-Partner: Kindlimuka
Planned Funding: \$ 80,554.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Associacao dos tecnicos agro-pecuarios
Planned Funding: \$ 43,630.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Associacao dos Aposentados de Mozambique
Planned Funding: \$ 3,510.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Associacao IMAGINE
Planned Funding: \$ 28,266.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Association of Women Affected by AIDS in Africa
Planned Funding: \$ 4,689.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Association of Mozambican Miners
Planned Funding: \$ 6,432.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Kubatsirana, Mozambique
Planned Funding: \$ 11,692.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Associacao para o progresso social dos jovens
Planned Funding: \$ 9,088.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Kuyakana National Network of Women Living with HIV/AIDS
Planned Funding: \$ 20,106.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Wona Sanana
Planned Funding: \$ 38,490.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Association for Child and Family Development
Planned Funding: \$ 6,080.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Association for Adventist Christian Community Development
Planned Funding: \$ 19,664.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Reencontro Xaixai
Planned Funding: \$ 20,800.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

Mechanism Name: N/A

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6129
Planned Funding(\$): \$ 534,400.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
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: 5044
Planned Funding(\$): \$ 1,345,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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
Planned Funding(\$): \$ 300,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: United Nations Children's Fund
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: \$ 200,000.00
Early Funding Request Narrative: In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and to ensure continue support concerning monitoring and evaluation at the national and provincial levels, early funding is requested for a portion of the total FY 2007 amount.

Early Funding Associated Activities:

Program Area:HVSI - Strategic Information
Planned Funds: \$300,000.00
Activity Narrative: This activity is a follow-on to the COP06 activity #5386 and will continue the M&E work at the natio

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4888
Planned Funding(\$): \$ 100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of California at San Francisco
New Partner: No

Mechanism Name: MEASURE Phase II Evaluation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5049
Planned Funding(\$): \$ 1,200,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: University of North Carolina, Carolina Population Center
New Partner: No

Mechanism Name: I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4941
Planned Funding(\$): \$ 2,819,485.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: University of Washington
New Partner: No

Sub-Partner: National Alliance of State and Territorial AIDS Directors
Planned Funding: \$ 25,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: USAID/MS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7080
Planned Funding(\$): \$ 27,800.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID/AB

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7081
Planned Funding(\$): \$ 0.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
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: 5050

Planned Funding(\$): \$ 4,940,645.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: US Agency for International Development

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 1,300,000.00

Early Funding Request Narrative: In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and to avoid interruption of program management and oversight, early funding is requested for a portion of the total FY 2007 amount.

Early Funding Associated Activities:

Program Area:HVMS - Management and Staffing

Planned Funds: \$4,557,850.00

Activity Narrative: 07/07; \$27,800 to cover IT recovery costs will be retained in Washington under an HQ mechanism. Thi

Mechanism Name: BUCEN-SCILS

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5051

Planned Funding(\$): \$ 280,000.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: US Bureau of the Census

New Partner: No

Mechanism Name: BASE_CDC_HQ

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4864

Planned Funding(\$): \$ 839,155.00

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:** 4865**Planned Funding(\$):** \$ 4,525,718.00**Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHAI**Prime Partner:** US Centers for Disease Control and Prevention**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** \$ 1,670,460.00**Early Funding Request Narrative:** CDC activities take place on a FY basis, so for planned technical assistance activities to occur, early funding must be available. In addition, funding for contract positions is required to continue existing positions when contracts are renewed throughout the year. Because funding is expected about halfway through the fiscal year, approximately 1/2 of proposed funding for all activity areas is needed as early funding.**Mechanism Name: BASE_CDC_POST****Mechanism Type:** Local - Locally procured, country funded**Mechanism ID:** 4866**Planned Funding(\$):** \$ 1,497,845.00**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_POST****Mechanism Type:** Local - Locally procured, country funded**Mechanism ID:** 4867**Planned Funding(\$):** \$ 2,770,772.00**Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHAI**Prime Partner:** US Centers for Disease Control and Prevention**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** \$ 542,805.00**Early Funding Request Narrative:** CDC activities take place on a FY basis, so for planned technical assistance activities to occur, early funding must be available. In addition, funding for contract positions is required to continue existing positions when contracts are renewed throughout the year. Because funding is expected about halfway through the fiscal year, approximately 1/2 of proposed funding for all activity areas is needed as early funding.**Mechanism Name: DOD-DOD-GHAI-HQ****Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 4882**Planned Funding(\$):** \$ 593,000.00**Agency:** Department of Defense**Funding Source:** GHAI**Prime Partner:** US Department of Defense**New Partner:** No

Mechanism Name: PAO

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4978
Planned Funding(\$): \$ 406,667.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Sub-Partner: Association of Youth for the Development of Inhambane
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Youth for Change and Action Committee
Planned Funding: \$ 30,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Capoeira Group of Inhamussua
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Radio Mozambique - Zambezia
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Thumba Sound
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Cultural Group of Maputo City
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Soico Television
Planned Funding: \$ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Golo
Planned Funding: \$ 55,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Girls in Development for Health and Education (Redes Committee)

Planned Funding: \$ 30,000.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Regional Science and HIV/AIDS Fair Committee

Planned Funding: \$ 16,781.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: PROLIR

Planned Funding: \$ 8,000.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Paul Johnson PCV

Planned Funding: \$ 4,366.00

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Associacao Tchavelela

Planned Funding: \$ 2,600.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Amanhecer - Seminario Independente

Planned Funding: \$ 15,524.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Caminhos de Ferro de Mocambique

Planned Funding: \$ 2,930.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Future Business Leaders of Mozambique

Planned Funding: \$ 4,512.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Nova Familia

Planned Funding: \$ 755.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Escola Secundaria 4 do Outubro - Inhambane

Planned Funding: \$ 3,200.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: English Club of IAC
 Planned Funding: \$ 3,425.00

Funding is TO BE DETERMINED: No
 New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: English Club of Homoine
 Planned Funding: \$ 2,821.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Escola Secundaria de Ile
 Planned Funding: \$ 250.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: Quick Impact Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4931
Planned Funding(\$): \$ 180,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Sub-Partner: Association for Fostering Community Development
 Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
 OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Association of People Taking Antiretrovirals
 Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Good Samaritan Transit Center
 Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Mozambique Association of the Deaf
 Planned Funding: \$ 0.00

Funding is TO BE DETERMINED: No
 New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Mawehero Association
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: United Methodist Church of Mozambique
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Islamic Council of Mozambique
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Massjid Riadh us Salihin Mosque
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Jacana
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Kuyakana National Network of Women Living with HIV/AIDS
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Society for Women and AIDS in Africa, Mozambique
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful

Sub-Partner: Association of Employment Promotion
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVAB - Abstinence/Be Faithful
OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: International Training for the Survival of Orphans
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HVOP - Condoms and Other Prevention

Sub-Partner: Trimoder - Regional Development Movement
Planned Funding: \$ 0.00
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Program Areas: HVAB - Abstinence/Be Faithful

Mechanism Name: State Grant

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4791
Planned Funding(\$): \$ 30,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
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: 5372
Planned Funding(\$): \$ 360,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: \$ 174,000.00
Early Funding Request Narrative: The non-ICASS portion of the budget is requested for early funding. These funds are for staff and operations costs that commence in October, 2005.

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5198
Planned Funding(\$): \$ 1,339,720.00
Agency: Peace Corps
Funding Source: GHAI
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6127
Planned Funding(\$): \$ 4,845,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Vanderbilt University
New Partner: No

Mechanism Name: USAID-World Food Program-GHAI-Local**Mechanism Type:** Local - Locally procured, country funded**Mechanism ID:** 5052**Planned Funding(\$):** \$ 2,300,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**Prime Partner:** World Food Program**New Partner:** No**Early Funding Request:** Yes**Early Funding Request Amount:** \$ 1,580,000.00**Early Funding Request Narrative:** In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and to ensure that there will be no gaps in vital services for ART and palliative care, early funding is requested for a portion of the total FY 2007 amount for each program area.**Early Funding Associated Activities:**

Program Area:HKID - OVC

Planned Funds: \$1,000,000.00

Activity Narrative: This activity is related to HBHC 9138 and HXTS 9167. The World Food Program has worked closely with

Program Area:HBHC - Basic Health Care and Support

Planned Funds: \$500,000.00

Activity Narrative: This activity is related to HKID activities 9125, 9155, 9148, 8225, 8230, 9213; HBHC activity 9207

Program Area:HTXS - ARV Services

Planned Funds: \$800,000.00

Activity Narrative: This is a follow-on to the FY06 activity and is related to HKID 9124 and HBHC 9138. This activity d

Mechanism Name: Track 1**Mechanism Type:** Central - Headquarters procured, centrally funded**Mechanism ID:** 4789**Planned Funding(\$):** \$ 372,153.00**Agency:** U.S. Agency for International Development**Funding Source:** Central (GHAI)**Prime Partner:** World Relief Corporation**New Partner:** No**Mechanism Name: USAID-World Relief Corporation-GHAI-HQ****Mechanism Type:** HQ - Headquarters procured, country funded**Mechanism ID:** 5080**Planned Funding(\$):** \$ 300,000.00**Agency:** U.S. Agency for International Development**Funding Source:** GHAI**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: 5053

Planned Funding(\$): \$ 1,715,700.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: World Relief Corporation

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 700,000.00

Early Funding Request Narrative: In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and to ensure that there will be no gaps in the delivery of palliative care and essential services for OVC, early funding is requested for a portion of the total FY 2007 amount for each program area.

Early Funding Associated Activities:

Program Area:HKID - OVC

Planned Funds: \$1,183,200.00

Activity Narrative: This activity is related to: HBHC 9139; HVAB 8232 and 9146; HVTB 9130. World Relief (WR) will conti

Program Area:HBHC - Basic Health Care and Support

Planned Funds: \$520,000.00

Activity Narrative: This activity is related to HKID 9125, HVAB 8232, HVAB 9146 and HVTB 9129. World Relief will conti

Sub-Partner: Deeper Life Christian Ministry Church

Planned Funding: \$ 8,800.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Hanha Na Swu Tsemba

Planned Funding: \$ 11,800.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Association of Community Religious Churches

Planned Funding: \$ 11,800.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Pastors Association Network of Munguine

Planned Funding: \$ 11,800.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Pastors Association of Tipswalo, Maputo City

Planned Funding: \$ 11,800.00

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Program Areas: HKID - OVC

Sub-Partner: Ministerio de Crista Profunda

Planned Funding: \$ 8,840.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Associacao Religiosa da Matola "A"

Planned Funding: \$ 11,820.00

Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HKID - OVC

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

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5054

Planned Funding(\$): \$ 7,925,544.00

Agency: U.S. Agency for International Development

Funding Source: GHAI

Prime Partner: World Vision International

New Partner: No

Early Funding Request: Yes

Early Funding Request Amount: \$ 1,540,600.00

Early Funding Request Narrative: In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and assure that there will be no gaps in vital services (palliative care, PMTCT, counseling and testing, essential services for orphans and vulnerable children), early funding is being requested for a portion of the total FY 2007 amount for each program area.

Early Funding Associated Activities:

Program Area:HBHC - Basic Health Care and Support

Planned Funds: \$652,600.00

Activity Narrative: This activity is related to MTCT 9143, HKID 9155, HTXS 9168 and HVCT 9157. World Vision implements

Program Area:MTCT - PMTCT

Planned Funds: \$415,500.00

Activity Narrative: This activity is related to other World Vision activities CT 9157, HBHC 9126 and HKID 9155. WV propo

Program Area:HKID - OVC

Planned Funds: \$2,527,756.00

Activity Narrative: This activity is related to: MTCT 9143; HBHC 9126; HTXS 9168 and HVCT 9157. World Vision (WV) and s

Program Area:HVCT - Counseling and Testing

Planned Funds: \$300,000.00

Activity Narrative: This activity is related to: HBHC 9126; HTXS 9168; HKID 9155 ; HVTB 9130; and MTCT 9143. In this

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

Planned Funding: \$ 750,000.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

HBHC - Basic Health Care and Support

HKID - OVC

HVCT - Counseling and Testing

Table 3.3.01: Program Planning Overview

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

Total Planned Funding for Program Area: \$ 16,573,568.00

Program Area Context:

PMTCT services initiated in Mozambique with a total of eight sites in 2002, expanding progressively over the past four years to a total of 93 sites, of which 42 sites began PMTCT services during 2005. There are more than 1,000 antenatal care sites in Mozambique, and the estimated PMTCT services coverage ratio is approximately 5%. There are now PMTCT sites in all provinces but one, with 3-9 sites in each province (ICAP Factsheet, Columbia University, 2005). The cumulative total of pregnant women counseled and tested from 2002- 2005 reported by the MOH is 175,319 (of which 25,547 were HIV-positive). A reported 99,835 pregnant women were counseled and tested in 2005, with 13,747 diagnosed as HIV-positive.

A total of 7,295 HIV-positive pregnant women received a complete course of ARV prophylaxis in 2005. With an estimated 110,000 HIV women giving birth in 2006, this represents a ratio of 6.6% (calculations based on World Bank Factbook 2006 and The Demographic Impact of HIV/AIDS in Mozambique, MOH, 2004). A cumulative total of 634 HIV-positive pregnant women were reported as receiving ART by the end of 2005.

At the end of March 2006, a total of 63 PMTCT service sites were receiving USG support. From October 2005 through March 2006, USG PMTCT partners reported 58,486 pregnant women receiving counseling and testing services and 4,452 women provided with a complete course of ARV prophylaxis. In addition, the USG supported the training of 1,291 PMTCT service providers during this time period.

National PMTCT targets for 2005 were set at 120 PMTCT sites and 50,734 pregnant women "attended." This year, the MOH has announced that the new key PMTCT indicator will be the number of pregnant HIV-positive women receiving a complete course of ARV prophylaxis during the past 12 months, and the national target for 2006 was set at 16,500 (10% of 1st antenatal care visits).

Almost all of the national and USG-supported PMTCT service sites established so far are within antenatal care (ANC) settings. The MOH is expected to approve the establishment of PMTCT and counseling and testing (CT) services in maternities in September 2006. In the meantime, the USG has been allowed to support PMTCT within the maternity services of the Maputo Central Hospital, Mozambique's biggest health facility. Lessons learned from that experience have been incorporated in the draft PMTCT and CT guidelines and training materials for labor and delivery (L&D) settings developed with technical assistance from USG and partner technical staff. Expansion plans for 2007 include extending PMTCT services to additional ANC sites, including rural health facilities, and to the maternities of general, provincial and rural hospitals.

Currently, CT in ANC settings is provided by trained nurses or lay counselors. The final policy document formalizing the use of opt-out CT in clinical settings is in final stages of approval, and sites have been allowed to implement this strategy since March 2006. National testing algorithms are in use at all sites; HIV rapid test kits are being used, and results are issued to women during the same ANC consultation. The challenges concerning HIV test kit supplies and distribution are described in the CT program narrative; USG PMTCT partners maintain buffer stocks of HIV rapid test kits to ensure continuity of CT services at PMTCT sites. The USG will support the MOH to improve procurement and distribution of the drugs and supplies required for PMTCT service provision through the Supply Chain Management System contract.

Currently, all USG-supported PMTCT sites provide the following services as part of the minimum PMTCT service package: CT, Nevirapine (NVP) single dose prophylaxis, training for providers following the National PMTCT training curricula, site supervision, reporting of PMTCT data using national ANC/PMTCT registers and reporting forms, malaria prophylaxis, nutrition counseling, facilitation of mother-to-mother support groups, and provision of basic biosafety supplies.

In line with national PMTCT program priorities, USG PMTCT partners have decided to prioritize the

following PMTCT and related interventions in FY 07: expansion of PMTCT and CT in L&D, introduction of AZT and NVP dual prophylaxis at all PMTCT sites within proximity of treatment services where AZT can be accessed, training of nurses and improved provision of Cotrimoxazole prophylaxis, CD4 count within ANC, improved clinical staging, improved referral and increased enrollment of women and children for ART, improved coding and registration for identification of the exposed child, revitalization of child-at-risk consultations at all PMTCT sites, systematic TB screening, access to PCR for PMTCT sites at all provincial capitals, and improved partner and family CT.

PMTCT partners are looking for synergies and complementarities with the President's Malaria Initiative (PMI) for activities such as malaria prophylaxis and distribution of bed nets through antenatal care services.

In addition to service development, the USG will provide technical assistance to the MOH and National AIDS Council to develop nationwide PMTCT behavior change communications aimed at increasing knowledge about mother-to-child transmission and prevention, promoting testing among couples, and improving adherence to ante- and postnatal follow-up and treatment.

A new Minister of Health took office in 2005; this year, the Minister and his staff have focused on HIV program and policy issues that have constrained PMTCT service expansion. With technical assistance from WHO, UNICEF and the USG, the MOH is revising PMTCT guidance to include the provision of NVP from 28 weeks of gestation (previously at 36 weeks), introduction of PMTCT and CT in L&D, group pre-test counseling, privileged access to ART for pregnant women, and introduction of dried blood spots/PCR for early infant diagnosis. These changes will greatly facilitate expansion and improvement of PMTCT services in FY 07. To improve integration with other relevant services, including family planning, the Minister has moved coordination of the national PMTCT program from the department of family health to the reproductive health division. In order to support the new managers in implementing these new policies, the USG will continue to provide technical assistance for overall coordination; development or revision of policies, guidelines, protocols, and training materials, and training roll-out, as it has since the inception of the PMTCT program.

USG PMTCT partner meetings have been revitalized, and, after a one-year hiatus, a National PMTCT Task Force meeting is being organized for September 2006 as a result of continued advocacy together with WHO and UNICEF PMTCT technical staff.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	239
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	30,556
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	352,156
Number of health workers trained in the provision of PMTCT services according to national and international standards	760

Table 3.3.01: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8567
Planned Funds: \$ 2,603,125.00

Activity Narrative: This activity is also linked to 8588, 8638 and 8545 activity sheets. Since the beginning of scale-up of PMTCT and treatment services in Mozambique, Columbia University (CU) has collaborated with the Ministry of Health (MoH) to support PMTCT and treatment service expansion nationally. HIV-infected pregnant women participating in PMTCT programs are referred to the Day Hospitals where ARV treatment services are supported by CU. The majority of women are currently enrolled in PMTCT during pregnancy. Their infants, other HIV-infected children, HIV-infected partners and family/household members are also offered enrollment. The program provides comprehensive clinical and psychosocial services to the participants with a focus on adherence and retention in care through a multidisciplinary team of providers. In FY07, CU is proposing to continue support for two family-focused PMTCT Model Centers, one at the Jose Macamo Health Center, co-located at the Jose Macamo Hospital compound in Maputo city, and the other at the 25 of September Health Center in Nampula city.

Besides PMTCT services provided at ante-postnatal care services, services are also being implemented in two maternities to ensure prevention coverage at model center referral maternities. With funding provided in FY06, the program is currently expanding services to an additional nine PMTCT service sites located nearby, and referring clients to the two Model Centers for delivery and/or specialized consultations. CU plans to support implementation of PMTCT services at an additional six PMTCT service sites next year, thereby completing the PMTCT Model Center referral network and covering all peripheral PMTCT sites within the vicinity of the two model centers. CU will establish PMTCT services at all peripheral ANC clinics referring women for delivery at the model centers. Costs include rehabilitation, supervision and clinical support to peripheral sites. Commodities such as safe delivery kits, essential obstetric drugs and neonatal equipment will be provided. Maternity health care workers will be trained in best obstetric practices to minimize risk of transmission.

The emphasis of activities supported during FY07 will be on integration of mother and child care and treatment at the two model centers, increasing the number of infants identified as HIV exposed and/or infected through introduction of early infant HIV diagnosis (1160 expected children), and improving quality of follow-up for HIV exposed infants through 'at risk consultations' and enhancing referral to care and treatment. Support will also include provision of technical assistance to the PMTCT program within the MoH at central level as well as at provincial level in two provinces, Nampula and Inhambane; provision of clinical mentoring and in-service trainings for 72 nursing staff at the model centers; trainings of Mother and Child Health (MCH) nurses in PMTCT, salary support for 15 PMTCT personnel; procurement of supplies and medication required for PMTCT services and not or not regularly supplied through the MoH national supply system, and support for PMTCT-related strategic information activities.

During FY07, CU is also planning to initiate support for therapeutic nutritional services for malnourished pregnant women to be provided at both PMTCT Model Centers. In collaboration with the World Food Program, CU will provide nutritional support after the weaning period for children exposed to HIV. This support will include storage costs, distribution logistics management, nutritional training for PMTCT and MCH staff, food procurement, and micronutrient supplementation. Beyond the training activities for Model Center PMTCT staff, CU will continue provincial PMTCT training support, and expand to regional, by increasing the number of MCH staff trained in PMTCT, counseling and testing, pediatric HIV diagnosis, and infant follow-up (160 trainees). In addition, CU, in collaboration with the MoH and I-TECH, will establish a formal mentorship program with practica for nurses to rotate through the model centers to build their clinical capacity. Community-based Traditional Birth Attendants will be trained to increase their involvement in the community outreach program.

Technical assistance will be provided to assist the MOH PMTCT and IMCI staff to integrate pediatric HIV/AIDS diagnosis and care into the existing IMCI curriculum and training program. In addition, Columbia University is proposing to expand and introduce PMTCT services at 14 Columbia University-supported ART sites with existing ante/postnatal care services that are not part of the PMTCT model center referral network, and the establishment and implementation of PMTCT services at an additional maternity in Maputo city. Funds will be used for rehabilitation of space to improve privacy for provision of PMTCT services, training of MCH staff at these sites in PMTCT and infant follow-up, and technical support to establish linkages and referral between services. Selected participants and volunteers in PMTCT are trained to act as peer educators and medication supervisors, creating strong links between the program and community. In FY06, Columbia University's partner CARE worked in Nampula with trained "activists" to support HIV care and

treatment, and enhance community involvement in PMTCT. Columbia University will expand its activities to improve adherence to PMTCT and follow-up of children exposed to HIV at all Columbia University-supported PMTCT sites. This includes technical support for 13 existing and 19 new mother/baby support groups at MCH services, and financing outreach counselors (peer educators or activists) to perform active defaulter tracking.

Continued Associated Activity Information

Activity ID: 5208
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 1,091,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	36	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	89,774	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	7,392	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	100	<input type="checkbox"/>

Target Populations:

Adults
Community-based organizations
Doctors
Nurses
Traditional birth attendants
Discordant couples
HIV/AIDS-affected families
Infants
People living with HIV/AIDS
Pregnant women
Women (including women of reproductive age)
HIV positive pregnant women
Other Health Care Worker
HIV positive infants (0-4 years)

Key Legislative Issues

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

Coverage Areas

Inhambane
Maputo
Nampula

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement
Prime Partner:	Ministry of Health, Mozambique
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	8588
Planned Funds:	\$ 524,200.00
Activity Narrative:	<p>This activity is linked to 8571, 8567, 8630, 8638 and 8580 activity sheets. Since the formal establishment of the Ministry of Health (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 the training of PMTCT program trainers and PMTCT service providers. Funding proposed under this activity will contribute to and support the following activities: 1) PMTCT training for trainers: Funding for FY07 will support the training of 60 new PMTCT program trainers and 60 existing PMTCT program trainers, using the new/revised PMTCT program curricula, incorporating Counseling and Testing (CT) in ante/postnatal and maternity settings, couples counseling and support for discordant couples as well as a revised overall counseling contents. These trainers will in turn conduct training for PMTCT service providers at existing and newly established PMTCT service sites in FY07.</p> <p>2) In addition to training of trainers, plus up funding proposed will support the training of 150 PMTCT service providers (i.e. 6 courses) that the Ministry of Health PMTCT program is planning to conduct for PMTCT service sites, with priority to sites receiving little or no NGO support so far and may lack funds to support adequate training of PMTCT providers. 3) Production and distribution of 1,500 PMTCT kits for PMTCT trainers and providers: These kits contain key PMTCT program materials such as the PMTCT operational guidelines, the PMTCT training manual, the PMTCT providers' pocket guide, and other job aids and educational materials that have been developed by the PMTCT program over the past two years.</p> <p>4) Community Health Agent Trainings: the MoH PMTCT program priorities and plans for FY07 include an increased effort in community mobilization and enhanced linkages between community-based and facility-based PMTCT activities. As part of these efforts, the MoH proposes to train 60 PMTCT trainers on how to train, facilitate and supervise PMTCT activities conducted by Community Health Agents, focusing on PMTCT service promotion, PMTCT-related BCC (Behavior Change Communications), 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+ pregnant women, mothers and families at community level. 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 Initiative.</p>

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

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of service outlets providing the minimum package of PMTCT services according to national and international standards		<input checked="" type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		<input checked="" type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		<input checked="" type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	270	<input type="checkbox"/>

Indirect Targets

The Ministry of Health (MoH) National Prevention of Mother-to-Child Transmission (PMTCT) targets were defined in 2003 and publicized within the MoH National Strategic Plan to Combat HIV/AIDS and STIs, 2004-2008. Targets for the respective calendar years include 200 PMTCT service sites attending 67,209 clients in 2006, and 250 PMTCT service sites attending 85,394 clients in 2007.

In April 2006, the MoH circulated a letter from the Minister announcing the number of pregnant HIV-positive women receiving a complete course of ARV prophylaxis during the past 12 months as a new PMTCT indicator with a target of 16,500 (10% of first antenatal care visits) for 2006 and 22,500 (13% of 1st antenatal care visits) for 2007.

Target Populations:

Adults
Family planning clients
Doctors
Nurses
Traditional birth attendants
National AIDS control program staff
Pregnant women
Women (including women of reproductive age)
Host country government workers
Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8617
Planned Funds: \$ 19,422.00
Activity Narrative: This activity is linked to 8605, 8630, and 8638 activity sheets.

This activity will partially fund the salary and benefits package for a CT & PMTCT Prevention Program Support Officer. The CDC staffperson will provide technical assistance directly to Ministry of Health (MoH) PMTCT program personnel and assist the MOH PMTCT team with coordination and guidance provided to USG and non-USG funded NGOs, CBOs and FBOs involved in PMTCT interventions. In addition, the senior CDC staff person participate in various donor coordination fora and assists providing relevant PMTCT program information and up-dates to other multi- and bilateral donor agencies.

The CDC CT & PMTCT Prevention Support Officer will dedicate part of his/her time to participate in the finalization of the assessment of clinical staging performed by PMTCT personnel with comparison to CD4+ & total lymphocyte count to determine eligibility for antiretroviral therapy, and dissemination of findings through presentation of findings to MOH and stakeholders in-country, production and dissemination of the final report.

Continued Associated Activity Information

Activity ID: 5251
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: BASE_CDC_POST
Funding Source: GAP
Planned Funds: \$ 5,771.00

Emphasis Areas

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

Adults
 Community-based organizations
 Faith-based organizations
 Doctors
 Nurses
 Infants
 International counterpart organizations
 National AIDS control program staff
 Non-governmental organizations/private voluntary organizations
 Pregnant women
 Women (including women of reproductive age)
 Host country government workers
 Public health care workers
 Laboratory workers
 Other Health Care Worker

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	GHAI_CDC_HQ
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	8630
Planned Funds:	\$ 178,047.00
Activity Narrative:	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.

Continued Associated Activity Information

Activity ID: 5257
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_HQ
Funding Source: GHAI
Planned Funds: \$ 200,341.00

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

Adults
 Community-based organizations
 Faith-based organizations
 Doctors
 Nurses
 Infants
 International counterpart organizations
 National AIDS control program staff
 Non-governmental organizations/private voluntary organizations
 Pregnant women
 Women (including women of reproductive age)
 Public health care workers
 Laboratory workers
 Other Health Care Worker
 Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8638
Planned Funds: \$ 345,000.00
Activity Narrative: This activity is linked to 8588, 8567, 8605, 8617, and 8571 activity sheets.

FY07 funding is requested to support the USG PMTCT program in the following areas:

- 1) Travel expenditures for the CDC PMTCT Technical Advisor facilitating regional and provincial PMTCT trainings and participating in PMTCT site supervision and quality assurance, in particular to 2007 focus provinces- Sofala and Zambezia; CDC technical staff visits to the PMTCT reference center and satellite units in Nampula Province; and participation in PMTCT program evaluation activities.
- 2) Participation in international and/or regional continuing education events relevant to PMTCT program policy development and management for five people, 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 approximately 5 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 in maternity settings, infant and child follow-up, integration of Counseling and Testing, and male partner involvement.
- 4) 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.

Continued Associated Activity Information

Activity ID: 5252
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_POST
Funding Source: GHAI
Planned Funds: \$ 166,000.00

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

Target Populations:

Adults
Community-based organizations
Faith-based organizations
Doctors
Nurses
Infants
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Pregnant women
Women (including women of reproductive age)
Host country government workers
Public health care workers
Laboratory workers
Other Health Care Worker

Table 3.3.01: Activities by Funding Mechanism

Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 8798
Planned Funds: \$ 450,000.00

Activity Narrative: This activity is linked to activity 8567. The philosophy of the International Training and Education Center for HIV (I-TECH) is to support the ongoing development of health care worker training systems that are locally-determined, responsive and self-sustaining in countries hardest hit by the AIDS epidemic. The primary activities of I-TECH include assessing needs and capacity for training and clinical care; designing clinical management and workforce training systems; supporting knowledge transfer through instructional design and on-site training; measuring access to quality care through monitoring and evaluation; and strengthening organizational capacity through development assistance and strategic planning. I-TECH has been working internationally on training and capacity development activities for health care providers around HIV, TB, and STIs for the past 4 years. Since 2003, the USG in Mozambique has supported PMTCT activities through the adaptation of the WHO-CDC PMTCT curriculum and in the establishment of two PMTCT reference centers.

Columbia University (CU) has supported the development of both of these centers; one at Jose Macamo Hospital in the Maputo Province that serves the southern region of the country and a second at the 25th of September health clinic in Nampula that serves the northern region. From October 2005 through March 2006, both centers collectively trained 820 PMTCT providers. To date, trainings are based on a national curriculum and have been classroom-based with no practicum associated. I-TECH provides a special expertise in developing clinical mentoring programs. In 2007, I-TECH will be asked to work together with PMTCT staff at CU to provide technical assistance and support for translating and adapting clinical mentoring materials for PMTCT service providers who have undergone the classroom training. In particular, I-TECH will be asked to establish a standardized process for preparing supervisors to offer practica in a consistent way. In addition, I-TECH will work with CU to develop a plan for rolling out PMTCT training activities nationally. Deliverables that will be provided include: standardized elements for PMTCT practica the number of providers undergoing practica, and a plan for rolling out training activities -including practica - nationally. In addition, I-TECH will strengthen linkages between community based activities and clinic based PMTCT activities. In Mozambique, linkages between facility- and community-based PMTCT activities as well as between health care workers and community volunteers are weak. There has been some success in mobilizing and using community volunteers, including Traditional Birth Attendants, peer educators and/or PLWHA, to provide and strengthen PMTCT-related health education that includes counseling, tracing of defaulters, and promotion and use of PMTCT services at existing individual PMTCT service sites. However, in discussion with the Mozambique MOH PMTCT program and USG-funded PMTCT implementing partners, the need to develop a comprehensive community framework to formalize, guide, and standardize these efforts has been identified. This can include development of guidelines, job descriptions, training materials, and job aids for community based volunteers.

Plus Up funding will allow I-TECH to provide technical assistance to the MOH PMTCT team, and work with PMTCT partners in-country, to design the framework, identify needed materials and tools, develop a plan and timeline, and develop the first set of materials ready for piloting at selected sites. Similarly, while several PMTCT partners are currently supporting the establishment and coordination of mother-to-mother support groups at the sites, no standardized guides, scripts or tools exist to conduct and sustain these groups. The mother-to-mother support groups are composed primarily of HIV-infected pregnant women and mothers who gather on a regular basis to discuss various topics of interest. The discussions are generally led and facilitated by MOH nurses, volunteer peers or PLWHAs with few materials to facilitate and stimulate discussion. Funding proposed under this activity will allow I-TECH to gather existing in-country and regional materials for mother-to-mother support groups, translate, adapt and pilot materials in collaboration with the MOH PMTCT team and PMTCT partners.

I-TECH will subcontract a portion of the technical assistance to the FXB Center of University of Medicine and Dentistry of New Jersey, a group well-known for its work in PMTCT material development. Deliverables for this second activity will be a proposal and timeline for the development of the framework for community-based follow-up and promotion activities, a needs assessment of existing in-country and regional materials and tools, and the adaptation of selected materials for mother-to-mother support groups in Mozambique. In addition, I-TECH will coordinate piloting of mother-to-mother support group materials with in-country partners, to be determined.

Emphasis Areas**% Of Effort**

Local Organization Capacity Development

10 - 50

Training

51 - 100

Target Populations:

Doctors

Nurses

Public health care workers

Other Health Care Worker

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: USAID-Health Alliance International-GHAI-Local
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9140
Planned Funds: \$ 2,851,875.00
Activity Narrative: 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.

Continued Associated Activity Information

Activity ID: 5352
USG Agency: U.S. Agency for International Development
Prime Partner: Health Alliance International

Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,495,000.00

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

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	122	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	107,100	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	8,369	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	294	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
Infants
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Religious leaders
Other Health Care Worker
HIV positive infants (0-4 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Manica

Sofala

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	USAID-Population Services International-GHAI-Local
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9141
Planned Funds:	\$ 1,828,000.00
Activity Narrative:	<p>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.</p>

Continued Associated Activity Information

Activity ID:	5280
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Services International
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 690,000.00

Emphasis Areas

	% Of Effort
Information, Education and Communication	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	22	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	49,350	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,700	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	56	<input type="checkbox"/>

Target Populations:

Nurses
Pregnant women
HIV positive pregnant women
Other Health Care Worker
HIV positive infants (0-4 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Gaza
Maputo
Zambezia

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9142
Planned Funds: \$ 875,000.00

Activity Narrative: This activity is related to activities CT 9156, HTXD 9117, HLAB 9254, and HBHC 9136.

The Supply Chain Management System (SCMS) project will support MOH to strengthen its logistics management of the medicines and consumable supplies necessary for a range of HIV/AIDS prevention, care, and treatment services such as antiretroviral (ARVs) medicines for treatment and PMTCT, HIV test kits, laboratory reagents and consumables, medicines for the treatment of opportunistic infections, items for home-based care kits, etc. 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.

SCMS will assist the CMAM (the MOH Central Medical Stores), in collaboration with other MOH departments, programs and sectors, such as DAM (the MOH Department that supervises hospitals), and Laboratory section and to strengthen the capacity of the appropriate MOH staff in the following areas:

ARV – for treatment and MTCT - Quantification and Procurement: SCMS will assist CMAM in forecasting ARV needs through at least one complete forecast annually and quarterly updates and train CMAM Staff in Quantimed (quantifying ARV needs) and Pipeline (scheduling procurement shipments to maintain appropriate inventory levels) software; analyze the basic processes in each software package to theoretical concepts and practical processes that can be integrated into the existing systems currently used at CMAM.

Procurement: CMAM would like to move to more flexible contracting mechanisms in its own procurement. SCMS will provide short-term technical assistance to CMAM to develop its capacity in procurement.

Importation: Because SCMS will procure and transport ARVs for use in Mozambique, it will need to provide CMAM/Medimoc with all of the necessary documentation for importation of the commodities. SCMS will prepare a process map of the importation process to become fully aware of the applicable Mozambican regulations and requirements affecting drug importation, in order to be able to provide a high level of customer service to MISAU, evidenced by shipments of PEPFAR funded ARVs arriving on time.

Distribution and Storage: Given the increasing volume and value of ARVs and other drugs procured by MISAU and to be donated under PEPFAR, SCMS will work with CMAM to improve the quality and security of storage facilities at central, provincial, and district warehouses, as well as at individual ART sites which are expected to expand from approximately 45 (end April 2006) to nearly 105 sites by the end of 2006.

ARV SOP Development: CMAM currently calculates the number of ARV drugs to be received by each ART site (a 'push' system). However, as the number of sites increases, CMAM staff will be increasingly challenged to keep up with this level of centralized calculation. SCMS can support CMAM's need to design a decentralized ("pull") ARV logistics system that is flexible and responsive to support scale up efforts, and to institutionalize the system through creation of tools and training for staff at all levels of the supply chain.

Logistics Information System Implementation: SIGM is an information management tool which will greatly increase the quality of management data available to CMAM and provinces in managing MOH's integrated logistics system for all medicines, including ARVs. The SIGM software has been developed with previous USAID funding through release 2, and has been implemented at the Central level sites of CMAM and Medimoc Headquarters, and the three Central Warehouses. During COP07, SCMS will assist CMAM in implementing the SIGM at 10 provincial warehouses, 3 central hospitals and 3 general hospitals, fund a service-level agreement (SLA) including help desk support, develop release 3 of the SIGM software and Support CMAM's ability to use information produced by SIGM for monitoring, management and evaluation. To support the collection of ARV data through the SIGM, SCMS will develop an additional module of the SIGM specifically for the unique needs for ARV data.

Supply of Nevirapine (NVP) for single dose prophylaxis to antenatal care (ANC) services were most PMTCT services have been provided so far, has been supported by MOH CMAM for some sites, by NGOs involved in PMTCT service provision at other sites. With the introduction of AZT and the development of a prophylactic drug protocol that includes

more than one drug, only those ANC or PMTCT services located in physical proximity to Day Hospitals were able to introduce this new prophylactic regimen. In FY07, the MOH PMTCT program and PMTCT partners intend to more rapidly expand the provision of NVP-AZT dual prophylaxis to a larger number of PMTCT service sites, not all of them co-located with treatment sites, as there are currently more antenatal care sites providing PMTCT services than treatment sites.

In addition, protocols for prophylaxis and treatment for pregnant women continue to undergo frequent changes and are generally moving towards more complex protocols with a use of combinations of drugs, the Mozambique program following and carefully analyzing revised WHO recommendations each time, which pose a challenge to the MOH PMTCT program and CMAM staff in terms of the need for re-adjustments. SCMS will provide technical assistance to the MOH in this process

Emphasis Areas

	% Of Effort
Logistics	51 - 100
Training	10 - 50

Target Populations:

- Doctors
- Nurses
- Pharmacists
- Infants
- Pregnant women
- HIV positive pregnant women
- Laboratory workers

Coverage Areas:

- National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: USAID-World Vision International-GHAI-Local
Prime Partner: World Vision International
USG Agency:
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9143
Planned Funds: \$ 415,500.00
Activity Narrative: 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.

Continued Associated Activity Information

Activity ID: 5279
USG Agency: U.S. Agency for International Development
Prime Partner: World Vision International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 310,000.00

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

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	3	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	8,448	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	928	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	39	<input type="checkbox"/>

Target Populations:

Nurses
Pregnant women
HIV positive pregnant women
Other Health Care Worker
HIV positive infants (0-4 years)

Coverage Areas

Zambezia

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	The Health Communication Partnership
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9162
Planned Funds:	\$ 150,000.00
Activity Narrative:	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.

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

Targets

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

Indirect Targets

It is not possible to set targets at this point; however, we would expect to see changes in the number of women counseled, tested and receiving results and in the number of pregnant women receiving a complete course of ARV prophylaxis in PMTCT settings pre and post implementation of the communication strategy.

Target Populations:

Family planning clients
Doctors
Nurses
People living with HIV/AIDS
Pregnant women
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9222
Planned Funds: \$ 2,880,174.00

Activity Narrative: Plus-Up Change: EGPAF will start PMTCT services in an additional 9 sites: 3 in Cabo Delgado, 2 in Nampula 1 in Gaza and 2 in Maputo. The sites include the following health centers: Nametil, Mossuril, Incaia, Campoane, Belleluane, and Ressano Garcia. The sites for Cabo Delgado are, tentatively, Palma, Nangade, Muidumbe, This expansion of PMTCT services aims at 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 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. The CBO's provide community sensitization and mobilization activities regarding PMTCT and ART services and link HIV positive mothers and their families to additional sources of support. The CBO's also provide critical follow up activities, actively finding defaulting mother/infant pairs and encouraging them to timely access MCH services. CBO's are an important information dissemination mechanism planned for the results of the targeted evaluation on early cessation of breastfeeding through their mother/family support groups.

Additional support activities will be introduced to provide a comprehensive package of care services within the PMTCT program. The Foundation will support the provision of ITN and IPT for malaria control to all pregnant women in ANC. With UNICEF funding, EGPAF in FY06 began providing PMTCT services in sites in Cabo Delgado including a pilot activity using PlumpyNut for HIV exposed infants to support early breastfeeding cessation after 6 months. If additional funding for PlumpyNut is identified, it may be possible to expand this activity to other sites.

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.

Continued support to MOH/DPS will be provided for M&E and quality assurance of the different program components, including support to the establishment of a computerized information system in each district and continued support to district level PMTCT/ART taskforces established in 2006.

Continued Associated Activity Information

Activity ID: 5276
USG Agency: U.S. Agency for International Development
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
Mechanism: Call to Action Project
Funding Source: GHAI
Planned Funds: \$ 1,638,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	31	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	49,425	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,097	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	61	<input type="checkbox"/>

Target Populations:

Community-based organizations
Nurses
Pregnant women
HIV positive pregnant women
Other Health Care Worker
HIV positive infants (0-4 years)

Coverage Areas

Cabo Delgado
Gaza
Maputo
Nampula

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	USAID-Family Health International-GHAI-Local
Prime Partner:	Family Health International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9223
Planned Funds:	\$ 3,018,850.00
Activity Narrative:	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: Utilizing 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 surrounding wood 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 physicians, in state-of-the-art PMTCT services to urban and rural pregnant women at antenatal facilities. Community mobilization and primary prevention of MTCT also will take place through sub-partners. 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 be trained.

Continued Associated Activity Information

Activity ID: 5269
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: Follow-on to IMPACT
Funding Source: GHAI
Planned Funds: \$ 1,274,000.00

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

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services		<input checked="" type="checkbox"/>
Number of service outlets providing the minimum package of PMTCT services according to national and international standards	22	<input type="checkbox"/>
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	48,459	<input type="checkbox"/>
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	4,820	<input type="checkbox"/>
Number of health workers trained in the provision of PMTCT services according to national and international standards	60	<input type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Doctors
 Nurses
 HIV/AIDS-affected families
 People living with HIV/AIDS
 Pregnant women
 Volunteers
 Women (including women of reproductive age)
 HIV positive pregnant women
 Other Health Care Worker
 HIV positive infants (0-4 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Zambezia

Niassa

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	12208
Planned Funds:	\$ 100,000.00
Activity Narrative:	This activity is linked to activities 8579, 8572 and 8633. Through this activity JHPIEGO will support the Mozambique Ministry of Health (MOH) PMTCT and CT programs to gather existing regional or international screening tools and materials that can be used for the identification of women that access HIV testing services and as a result are at risk of sexual and/or domestic violence. Simple tool(s) will be translated and adapted for use in the Mozambican context, and piloted at selected PMTCT sites. In-country staff as well as qualified experts with experience in the clinical and behavior areas working with the MOH PMTCT and CT programs will be involved in this effort.

Emphasis Areas

Quality Assurance, Quality Improvement and Supportive Supervision

% Of Effort

51 - 100

Key Legislative Issues

Reducing violence and coercion

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	CDC CARE INTL
Prime Partner:	CARE International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	12222
Planned Funds:	\$ 309,375.00
Activity Narrative:	<p>The level of knowledge about the risk of a HIV positive mother infecting her child is low, and more so in rural areas and among poor women and women with no formal education. Utilization of PMTCT services is observed to be higher in and around provincial capitals, access for women living in remote villages is limited due to poor infrastructure and long distances to PMTCT sites. CARE Mozambique is proposing to strengthen MoH PMTCT services at 3 rural district health facilities in Vilankulos, Mabote and Inhassoro where clinical PMTCT services have recently been initiated but with low capacity to reach women of reproductive age facing difficulties in accessing HIV/AIDS services, including PMTCT and ART in case of HIV infection.</p> <p>Support will include improved and increased access to prophylaxis such as nevirapine for HIV-infected pregnant women from rural facilities with inadequate health care systems and to-date limited access to HIV counseling and testing (CT) services. For example in Mabote, the VCT services are located far from the main health facility where antenatal and other reproductive health services are provided. As staff capacity and motivation are low, training and on-the-job support will be critical. A comprehensive package of PMTCT services and interventions will be provided to help uninfected women to stay negative, to lower the risk of HIV transmission to children from HIV-infected mothers, and to support HIV-infected mothers and babies. On-the-job training will be provided to nurses and doctors on up-dated PMTCT and pediatric AIDS treatment protocols, counseling and infant feeding among other topics. The proposed project will create and strengthen linkages between the PMTCT and ART services to increase access to AZT for pregnant women and as a result reduce child morbidity and mortality. Moreover HIV-infected mothers are faced by the burden associated with their own infection, therefore attention will be paid to preserving the health of HIV-infected mothers after they give birth to ensure the continued survival of their infants. The support to PMTCT services will include reaching mothers in maternity wards for counseling and testing for those who missed the opportunity during the antenatal period, and hence increase access to HIV counseling and testing as well as prophylaxis or treatment when necessary. Health promotion and education on family planning, breastfeeding and nutrition will be an integral aspect of prevention intervention to be provided to HIV-infected pregnant women, mothers and their families. Women are often afraid to access CT and ART because they fear being ostracized by their partners, family and friends. As in Mozambique, HIV-related stigma is a critical issue, that hinders continued utilization of services, the project will introduce male participation in PMTCT and counteract stigma by supporting community information campaigns and increase male support for HIV-infected women in order to reduce drop outs, as well as educate HIV-infected women from the antenatal to postnatal period to increase adherence among PMTCT clients to treatment and care. More than 60% of pregnant women in rural areas deliver at home. The project will, in collaboration with MOH district level staff, identify Traditional Birth Attendants (TBAs), known to provide antenatal and delivery services to women from the targeted rural areas and will provide basic PMTCT training and establish referral linkages with PMTCT sites for CT and ART. Beyond reinforcing linkages between clinical and community interventions, the project will assist Positive Mothers to form support groups to provide mother-to-mother support, for community level counseling, encourage women to deliver in health facilities rather than at home, as well as help pregnant HIV-infected women to adhere to PMTCT services.</p>

Emphasis Areas

Quality Assurance, Quality Improvement and Supportive Supervision

% Of Effort

10 - 50

Training

51 - 100

Targets

Target

Target Value

Not Applicable

Number of community activists trained in delivery of PMTCT services

Number of service outlets providing the minimum package of PMTCT services according to national and international standards

3

Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results

600

Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting

400

Number of health workers trained in the provision of PMTCT services according to national and international standards

Target Populations:

Infants

People living with HIV/AIDS

Pregnant women

HIV positive pregnant women

Private health care workers

Doctors

Nurses

Traditional birth attendants

HIV positive infants (0-4 years)

Key Legislative Issues

Gender

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Inhambane

Table 3.3.02: Program Planning Overview

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

Total Planned Funding for Program Area: **\$ 11,282,818.00**

Program Area Context:

Coordination and management of HIV prevention in Mozambique fall under the leadership and guidance of both the Ministry of Health (MOH) and the National AIDS Council (NAC). Since the President's Emergency Plan began in Mozambique, Abstinence and Being Faithful (AB) programs have contributed to MOH prevention objectives of increasing knowledge through IEC activities; promoting protective behaviors of delaying sexual debut, reducing one's number of partners, practicing fidelity; and increasing use of HIV related services within the MOH integrated health network.

Most recent estimates of HIV/AIDS prevalence among women age 15-24 range from 10.6-18.8, while for men age 15-24, range from 4.4-7.8. 30.6% of adolescent women 15-19 in urban areas have begun childbearing; 43.6% in rural areas and fully half of the adolescent women with no or only primary education have begun childbearing. [UNFPA] Clearly, young women are exposed to HIV at early ages and at a greater rate than young men, though all youth are at considerable risk. Median age at first sexual intercourse for women age 25-49 is reported to be 16.1, [UNFPA] and by age 18, 79% of females and 64% of males have had their first sexual experience [DHS 2003]. According to the 2003 DHS, more than half of the females and almost 65% of the males in the "never married age 15-24 group" had sex in the last 12 months. Almost 40% of the males in this same group and about 8% of the females report having had sex with more than one partner in the last 12 months. In response to these data, activities and campaigns that empower and protect youth with AB behavior knowledge and skills will continue to be the USG's main AB strategy in FY07.

High risk behaviors and dangerous norms such as multiple casual sex partners, intergenerational and transactional sex are common in all strata of society and are the driving force behind Mozambique's generalized epidemic. In addition, gender based violence and coercive sex exist in everyday situations and in several traditional practices. Examples are having sex for grades; 'purification sex' or wife inheritance; certain initiation rituals for youth that involve sex, and 'therapeutic sex', in which virgin girls or infants are raped by HIV positive males hoping to 'cure' themselves.

Now in its third year, USG AB programs will continue to challenge these harmful norms and practices, through interpersonal behavior change activities in community and faith-based organizations and schools. By mid- FY06, 51% of the 81 MOH Integrated Health Network priority districts had USG- supported AB programs, reaching approximately 675,000 individuals. This represents a 40% achievement of the FY06 target of 1,700,000 individuals reached with AB. In addition, by mid FY06, 9,000 (or 76%) of the targeted 12,000 individuals were trained to promote AB [FY06 SAPR]. Other progress made since COP06 include most Track One partners' graduation from recruitment, set up and training into field implementation, and, for all partners, increased opportunity for coordination of AB campaigns and messages at the provincial and district levels through operationalization of the newly launched NAC National HIV Communications Strategy.

Barriers to program implementation in the AB area include continued failure by one Track 1 partner to get an appropriate curriculum adapted to Mozambique, and difficulty in tracking and reporting on the "A" subset indicator. In a recent site visit to a primary school, students ranging in age from 6 to 20 were observed in the same classroom. Also, there has not been a broad consensus in Southern Africa in support of AB. This is beginning to change with increased consultation and documentation such as the SADC Expert Think Tank Meeting on HIV Prevention in High-Prevalence Countries in Southern Africa in May of 2006.

In COP07, the USG portfolio of AB activities will use a variety of strategies to change AB social norms and support individual behavior change, including: classroom activities led by education PCV's in support of the Ministry of Education and Culture strategic plan; continued Track 1 and local interventions with FBO; Embassy Quick Impact and PEPFAR PCV work with small CBO and FBO, particularly targeting youth;

partnership with FDC, the large

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	352,709
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,563,799
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	35,338

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Track 1
Prime Partner:	Food for the Hungry
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8226
Planned Funds:	\$ 613,480.00
Activity Narrative:	This Track One activity is related to the USAID_HVAB_Food for the Hungry (2)_Activity #9389, the Field support funding AB activity for \$500,000.

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.

Continued Associated Activity Information

Activity ID: 5297
USG Agency: U.S. Agency for International Development
Prime Partner: Food for the Hungry
Mechanism: Track 1
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	214,509	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	8,874	<input type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Girls
 Boys
 Primary school students
 Secondary school students
 Religious leaders

Key Legislative Issues

Reducing violence and coercion
 Stigma and discrimination

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Sofala

Tete

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Fresh Ministries
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8227
Planned Funds: \$ 0.00
Activity Narrative:

This activity is a continuation of Fresh Ministries' 'Siyafundisa Teaching Our Children' AB prevention program. Siyafundisa operates through parish networks and youth groups to facilitate community discussions, peer education, parent-child communication skills training, and community mobilization to address AB related behaviors and norms. Fresh Ministries and its local implementing partner, the Anglican Church of Southern Africa, began program implementation in mid FY06 with the recruitment of a Field Worker Manager for the southern Lebombo diocese.

Planned activities for FY07 include:

- Clergy,youth leaders, Sunday and school teachers will be involved in the mobilization, training and sensitization of parishes, schools and communities in HIV and AB focused prevention;
- Individuals will be trained and organized to serve as Community Mobilizers for HIV counseling and testing by promoting CT services and encouraging people to get counseled and tested;
- Youth are recruited to act as "Parish Mobilizers for HIV Prevention";
- Workshops for Mothers' Unions will focus on parenting communication skills for A, secondary A for their children;
- Educational and interactive large community events such as World AIDS Day celebrations and poetry and theatre competitions.

The main emphasis area of this activity is Community mobilization/participation. Through the network of Anglican parishes, Fresh Ministries and local implementing partner the Anglican Church of Southern Africa organizes multiple day pastors' (men, women and youth) workshops that provide trainees with basic information on the virus, prevalence, risk behaviors and prevention but also allows these local leaders to generate discussion and identify local solutions to local norms or behaviors that increase local vulnerability.

Key Legislative issues addressed by the Siyafundisa program are Gender and stigma. Gender based violence and harmful norms and behaviors are addressed in all programs for all beneficiaries but especially those targeting young men and boys. Siyafundisa will reduce stigma through its partnership with local associations of people living with HIV/AIDS to allow individuals openly living with HIV to share their stories and hopes with parish members.

Through the national presence of the Anglican Church, Fresh Ministries has targeted every province for program implementation.

In mid-FY06, a second Field Worker for the northern Niassa diocese was identified and program strengthening in this region is expected to continue in this area. Targeted populations are children and youth, men and women, PLWHA, community and religious leaders, CBOs and FBOs.

Targets reached will be
 30,000 reached with AB messages
 17,000 reached with primarily A messages (A subset)
 2,500 trained to promote AB

Continued Associated Activity Information

Activity ID: 5373
USG Agency: U.S. Agency for International Development
Prime Partner: Fresh Ministries

Mechanism: Track 1
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

Community Mobilization/Participation

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

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

17,000

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

30,000

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

2,500

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

People living with HIV/AIDS

Girls

Boys

Primary school students

Secondary school students

University students

Men (including men of reproductive age)

Women (including women of reproductive age)

Religious leaders

Key Legislative Issues

Reducing violence and coercion

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas

Niassa

Gaza

Inhambane

Manica

Maputo

Nampula

Tete

Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Samaritan's Purse
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8231
Planned Funds: \$ 475,596.00

Activity Narrative: This is an ongoing Track One Activity. It is related to:
USAID_HVAB_Samaritan's Purse Activity # 9391, SP's Field Support funded AB activity of \$400,000 and
USAID_HVCT_ Activity # 9256, SP's Community Based Counseling and Testing activity for \$100,000.

In FY06, Samaritan's Purse (SP) continued to mobilize more community volunteer team leaders through its "Initial 5-day Workshops" that cover HIV, communication and home 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 activities. 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.

Continued Associated Activity Information

Activity ID: 4958
USG Agency: U.S. Agency for International Development
Prime Partner: Samaritan's Purse
Mechanism: Track 1
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	28,700	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,320	<input type="checkbox"/>

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Non-governmental organizations/private voluntary organizations
- Orphans and vulnerable children
- People living with HIV/AIDS
- Teachers
- Volunteers
- Girls
- Boys
- Primary school students
- Secondary school students
- Men (including men of reproductive age)
- Women (including women of reproductive age)
- Caregivers (of OVC and PLWHAs)
- Out-of-school youth
- Religious leaders

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas

Inhambane

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Track 1
Prime Partner:	World Relief Corporation
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8232
Planned Funds:	\$ 372,153.00
Activity Narrative:	This activity is an ongoing Track One activity and is related to USAID_HVAB_World Relief (2) Activity #9146, the World Relief Mission Funded activity for \$300,000.

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.

Continued Associated Activity Information

Activity ID:	5284
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Relief Corporation
Mechanism:	Track 1

Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

Community Mobilization/Participation

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

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

15,000

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

70,000

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

1,840

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- Teachers
- Girls
- Boys
- Primary school students
- Secondary school students
- Men (including men of reproductive age)
- Women (including women of reproductive age)
- Out-of-school youth
- Religious leaders
- Implementing organizations (not listed above)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

- Gaza
- Inhambane
- Maputo
- Sofala

Table 3.3.02: Activities by Funding Mechanism

Mechanism: State Grant
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8234
Planned Funds: \$ 15,000.00
Activity Narrative: These funds will support two USG events aimed at promoting, among USG employees and their families, HIV risk avoidance through abstinence and faithfulness behavior change, within the context of broader healthy behaviors (such as diabetes management, blood pressure, healthy weight control). Activities will include information events and IEC materials on abstinence, fidelity, partner reduction, and the importance of knowing own and partner serostatus. Confidential CT will be available to participants, including couples and family counseling. Other topics covered will include risks and adverse effects of alcohol and other drugs as well as information about first aid, dental health, blood sugar, and tobacco use. Offering focused AB, BCC information and skills within a "health fair" context encourages openness to the messages and involvement of spouses and other family members. Similar USG health events in the past have been successful, with large numbers of employees/family members taking advantage of on-site CT services.

Continued Associated Activity Information

Activity ID: 5302
USG Agency: U.S. Agency for International Development
Prime Partner: US Agency for International Development
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 6,000.00

Emphasis Areas

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

Targets

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

Target Populations:

USG in-country staff

Table 3.3.02: Activities by Funding Mechanism

Mechanism: USAID-VOA-GHAI-HQ
Prime Partner: International Broadcasting Bureau, Voice of America
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8502
Planned Funds: \$ 114,167.00

Activity Narrative: This activity is related to HVAB 8502 describing the VOA's Portuguese Service programming for youth. The program is an interactive weekly radio program aimed at -- and largely produced by -- young people across Mozambique. The new show, "Your Health, Your Future," will focus on HIV/AIDS: Healthy lifestyles, including abstinence, faithfulness, correct and consistent condom use and drug avoidance; safe sexual behavior; treatment and care; testing; mother-to-child transmission; social and political implications of HIV/AIDS in Mozambique and educational issues. With news and information, the program will also spotlight US-funded programs dealing with HIV/AIDS. Besides radio broadcasts, the program will be posted on the Internet at www.voanews.com. VOA will assess the show's impact, ie, the number of people listening to the show, through its annual listenership surveys conducted by InterMedia.

This activity is related to activity 6620. Recent surveys, as reported in the New York Times (August 6, 2006), indicate young people in Africa are "most receptive to an AIDS campaign that was about more than just AIDS." In particular, young people responded to messages that encourage self-worth and a belief in the future. Radio has the power to deal with social, psychological and cultural aspects of HIV/AIDS.

VOA's Portuguese service will create a vibrant, interactive weekly radio program aimed at -- and largely produced by -- young people across Mozambique. The new show, "Your Health, Your Future," will focus on HIV/AIDS: Healthy lifestyles, including abstinence, faithfulness and drug avoidance; safe sexual behavior; treatment and care; testing; mother-to-child transmission; social and political implications of HIV/AIDS in Mozambique and educational issues. With news and information, the program will also spotlight U.S.-funded programs dealing with HIV/AIDS.

Using a network of young stringers, trained medical doctors and professional journalists, the lively format will give a voice to Mozambique's young majority, allowing them to have a say in helping combat HIV/AIDS.

The 30-minute show, targeting Mozambicans between 15-25, will be divided into several segments: 1) Stringer reports 2) a radio drama 3) a call-in segment with a local medical doctor receiving and answering questions related to HIV/AIDS 4) Public Service Announcements (PSAs), and 5) Man-on-street discussions. Stringers will produce local reports on HIV/AIDS clubs, innovative treatment facilities, interview segments with experts and local people, educational activities. The show also will report on social projects as they affect HIV/AIDS, such as sports and music, to poetry and drama. Panel discussions and public service announcements will be included.

The junior correspondents will file stories to an editor/coordinator based in Maputo (Radio Klint.) The local coordinator will work with a lively youth host who will anchor the call-in segments and provide bridges between segments. The coordinator will assemble the show and send it to Washington by FTP where a VOA staffer will check the show for accuracy and content and provide the opening and closing segments.

To promote and advertise the show and its content, VOA will organize "health summits" outside Maputo in the places where VOA has affiliates: Nampula, Beira, Quelimane and Chimoio. Events will be covered by VOA.

VOA will organize a training session for the new correspondents joining the program as stringers around the country.

VOA's Portuguese service reaches about 38 percent of adults in the five major cities in which VOA surveyed. It also reaches millions with shortwave broadcasts, according to research conducted by InterMedia. VOA programs are broadcast by shortwave, and by local FM affiliates. The new program, which will be rebroadcast several times a week, will target youth in a country of nearly 20 million people. Some 14.9 percent of people between the ages of 15 and 49 are infected with HIV/AIDS. The country's median age is 18.3.

Besides radio broadcasts, the program will be placed on the Internet at www.voanews.com.

Monitoring and Evaluation
 VOA will assess the show's impact – i.e. the number of people listening to the show – through its annual listenership surveys conducted by InterMedia.

Continued Associated Activity Information

Activity ID: 6620
USG Agency: U.S. Agency for International Development
Prime Partner: International Broadcasting Bureau, Voice of America
Mechanism: VOA
Funding Source: GHAI
Planned Funds: \$ 150,000.00

Emphasis Areas

Information, Education and Communication

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

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

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

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

Indirect Targets

The materials developed are expected to reach 150,000 individuals across the country with AB behavior change messages and information.

Target Populations:

Children and youth (non-OVC)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: PAO
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8503
Planned Funds: \$ 30,000.00
Activity Narrative: This activity is related to activity 5444. This activity will implement a leadership and training conference for 45 girls aged 13-18 in 7 provinces nationwide, focusing on acquisition of leadership and decision-making skills and how to implement them in the context of HIV-prevention. This empowerment program will instruct participants on design and implementation of community-based follow-up activities using the skills learned in the leadership conference. The activity anticipates funding these follow-up activities, enhancing the scope and breadth of the activity.

Continued Associated Activity Information

Activity ID: 5444
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: State
Funding Source: GHAI
Planned Funds: \$ 25,000.00

Emphasis Areas

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

Targets

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

Target Populations:

Girls
 Women (including women of reproductive age)

Key Legislative Issues

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

Coverage Areas

Gaza
Inhambane
Manica
Maputo
Nampula
Sofala
Tete

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	PAO
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8504
Planned Funds:	\$ 50,000.00
Activity Narrative:	This activity is related to activity 5445. This activity will provide small grants to community-based organizations and schools for community-level AB initiatives. The supported events, all of which will have an A/B focus, will include, but not be limited to, community & school-based theatre, dance and music group productions; debates; health fairs, sports teams and sports events; training of trainer events for activists, peer educators, media staff and others; focus-group training on life skills; support for A/B materials development; and income generating activities and skills training for young girls, poor women and OVCs who might otherwise turn to transactional sex for financial gain. The messaging will be focused on encouraging behavior change for A/B and also will address gender-based norms and practices that promote unsafe behavior.

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

Continued Associated Activity Information

Activity ID:	5445
USG Agency:	Department of State / African Affairs
Prime Partner:	US Department of State
Mechanism:	State
Funding Source:	GHAI
Planned Funds:	\$ 50,000.00

Emphasis Areas

Community Mobilization/Participation

% Of Effort

51 - 100

Targets

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

Target Populations:

Community-based organizations
 Faith-based organizations
 Non-governmental organizations/private voluntary organizations
 Secondary school students

Coverage Areas

Gaza
 Inhambane
 Manica
 Maputo
 Nampula
 Sofala
 Tete
 Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	PAO
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8505
Planned Funds:	\$ 50,000.00
Activity Narrative:	This activity is related to activity 5446. The Embassy Public Affairs Office will continue to provide grants for developing radio (especially community radio), television, 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.

Continued Associated Activity Information

Activity ID: 5446
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: State
Funding Source: GHAI
Planned Funds: \$ 50,000.00

Emphasis Areas

Information, Education and Communication

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

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

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

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

Indirect Targets

The materials developed are expected to reach 50,000 individuals across the country with AB behavior change messages and information.

Target Populations:

Adults

Children and youth (non-OVC)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	The Health Communication Partnership
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8645
Planned Funds:	\$ 600,000.00
Activity Narrative:	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/REST and the CNCS and implementation of communication 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 radion 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.

Continued Associated Activity Information

Activity ID:	5289
USG Agency:	U.S. Agency for International Development
Prime Partner:	Johns Hopkins University Center for Communication Programs
Mechanism:	The Health Communication Partnership
Funding Source:	GHAI
Planned Funds:	\$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	200	<input type="checkbox"/>

Indirect Targets

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

Target Populations:

Community leaders
Community-based organizations
Family planning clients
National AIDS control program staff
Policy makers
Teachers
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Gender
Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Quick Impact Program
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 8768
Planned Funds: \$ 100,000.00
Activity Narrative: The Quick Impact Program will enable new partner organizations at the grassroots level to implement modest, targeted prevention projects promoting abstinence and faithfulness. Activities directed at ages 10-14 will focus on abstinence. Small grants will be provided to help NGOs/CBOs/FBOs implement innovative projects, including some managed by local youth and cultural associations. The Quick Impact Program will also operate in the Emergency Plan program areas of Other Prevention, OVC and Palliative Care.

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

Continued Associated Activity Information

Activity ID: 4853
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: State
Funding Source: GHAI
Planned Funds: \$ 56,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	7,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	225	<input type="checkbox"/>

Coverage Areas

Manica
Maputo
Nampula
Sofala
Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	PAO
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8865
Planned Funds:	\$ 100,000.00
Activity Narrative:	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.

Emphasis Areas

Information, Education and Communication
Training

% Of Effort

51 - 100
10 - 50

Target Populations:

Adults
Children and youth (non-OVC)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	PAO
Prime Partner:	US Department of State
USG Agency:	
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9045
Planned Funds:	\$ 30,000.00
Activity Narrative:	<p>This activity is related to activity 5445. This activity will implement a conference for 40 boys aged 13-17 in 8 provinces nationwide, developing knowledge of gender theory, critical thinking, and life-skills – confronting the complex social issues that drive the HIV/AIDS epidemic in Mozambique. Students will learn to communicate through theatre, print and broadcast journalism, documentary photography or public murals, while teachers develop the capacity to implement these skills in follow-up micro-projects, enhancing the scope and breadth of this activity.</p> <p>A related activity also taking place in FY07 using funding from activity 5445 (FY06) are the school and community-based micro-projects that students and teachers at the 17 secondary schools that participated in the 1st JOMA Boys Conference. These micro-projects will be carried out in the following areas: theater, community art, gardening and documentation/journalism. Groups of interested students will meet regularly to discuss issues of HIV and gender and how these relate to their communities. Based on these regular meetings and discussions, groups will develop activities (theater presentations, debates, student newsletters, community bulletin boards, murals, nutrition workshops, etc) to convey messages of HIV awareness and gender equality to their schools/communities. Documentation of micro-project successes and challenges will be collected in a JOMA Project 2006 Yearbook and distributed to participants and partners.</p> <p>These activities will take place twice in FY07. The first time with funding from activity 5445 (FY06) in the beginning of FY07 the second one towards the end of FY07.</p>

Continued Associated Activity Information

Activity ID:	5445
USG Agency:	Department of State / African Affairs
Prime Partner:	US Department of State
Mechanism:	State
Funding Source:	GHAI
Planned Funds:	\$ 50,000.00

Emphasis Areas

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

Target Populations:

Boys
Men (including men of reproductive age)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Gaza

Inhambane

Manica

Nampula

Sofala

Tete

Zambezia

Table 3.3.02: Activities by Funding Mechanism

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9112
Planned Funds:	\$ 2,400,000.00
Activity Narrative:	This activity is related to USAID_HVAB_AED_Activity # 9135 for \$1,200,000 and USAID_HVOP_FDC_Activity # 9152 for \$400,000.

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. There are five components:

1. \$600,000 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, focused on out-of-school youth, parents and community leaders include: training of traditional leaders on protective, community led alternatives to harmful initiation rituals and on creating enabling environments for delayed sexual debut and other AB behaviors; a traveling information bus that will give isolated, rural communities access to information on HIV and protective AB behaviors, lead skills development trainings for peer educators and adults and facilitate fun and interactive sessions for all community members. As of FY07, this activity will also include FDC's Esh! AB program in Nampula province, formerly funded under State/Public Affairs (\$70,000).

2. \$1,275,000 MEN'S AND WOMEN'S CAMPAIGNS

FDC is Mozambique's leading voice for national promotion of behavior change. This funding will continue the design and production of cutting edge mass media campaigns that reinforce and normalize desired behavior changes and address adult behaviors that increase vulnerability to HIV. Print, radio and television programs will be aimed at different age groups. Miners, a major mobile population in Mozambique, will continue to have a special focus. One mass media strategy is to recruit nationally known Mozambican leaders, sports and music celebrities, as well as youth, to serve as positive role models.

3. \$125,000 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. \$300,000 WINDOW OF HOPE PROGRAMS

This funding will continue FDC's programs for youth under 14. Messages will focus primarily on delay of sexual debut and abstinence for both in and out-of-school youth.

Continued Associated Activity Information

Activity ID:	5283
USG Agency:	U.S. Agency for International Development
Prime Partner:	Foundation for Community Development, Mozambique
Mechanism:	N/A
Funding Source:	GHAI

Planned Funds: \$ 1,700,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	131,085	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	778,041	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	11,700	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Traditional birth attendants
Traditional healers
Orphans and vulnerable children
Program managers
Teachers
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Migrants/migrant workers
Out-of-school youth
Religious leaders

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: USAID-Project HOPE-GHAI-Local
Prime Partner: Project HOPE
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9115
Planned Funds: \$ 0.00
Activity Narrative:

Continued Associated Activity Information

Activity ID: 5286
USG Agency: U.S. Agency for International Development
Prime Partner: Project HOPE
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 649,000.00

Emphasis Areas

Community Mobilization/Participation

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

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

87,500

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

175,000

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

1,900

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- Girls
- Boys
- Primary school students
- Secondary school students
- Men (including men of reproductive age)
- Women (including women of reproductive age)
- Out-of-school youth
- Religious leaders

Key Legislative Issues

Reducing violence and coercion

Increasing women's access to income and productive resources

Coverage Areas

Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9135
Planned Funds: \$ 1,147,067.00

Activity Narrative: This activity is linked to: HBHC 9131; HKID 9147; AB 9112; HTXS 9109 and OHPS 9212.

All AED activities, under the Capable Partners Program (CAP), interlink with each other for the overall purpose of building capacity of Mozambican and other NGO/CBO/FBOs to create competent, results-oriented organizations eligible to compete for USG and other funding to mitigate the impact of HIV.

In COP07, AED has responsibilities for several PEPFAR program areas, representing 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, Youth in AB focused Prevention programs, 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 funding will allow AED to continue its technical support to small, grass roots organizations working in AB but not yet eligible to receive direct USG funding. This support will continue to strengthen the technical and organizational capacity of these nascent NGO/CBO/FBOs to provide better AB behavior change programs to youth groups, faith based associations, school based programs, and community groups that currently receive PEPFAR AB support. Support to to USG's most important indigenous partner, the Foundation for Community Development (FDC), will be emphasized. Capacity Building components of this activity include:

(1) ORGANIZATIONAL DEVELOPMENT

AED will continue to strengthen the operational and technical capacity of local networks, umbrellas and organizations to plan, coordinate, implement and monitor their community based AB behavior change programs. AED will foster strong linkages between these groups and district/provincial NAC and MOH representatives to create supportive environments advocating for individual and normative behavior change. AED will utilize the CAP method of an 18-month training program for organizations. Skills covered include institutional strengthening, advocacy, monitoring and evaluation.

(2) GRANTS MANAGEMENT

This funding will allow AED to expand on its FY06 small grants pilot with International Relief and Development (IRD). AED, will provide a grants management service to selected organizations, partly as a demonstration model to assist the organizations in learning better management practices and partly as a support to USG which finds that direct granting to multiple small but strategic national NGOs difficult to manage. Organizations benefiting from the grants management activity will be strengthened and will gain the fiscal experience to acquire smaller HIV funding from NAC and other sources.

(3) CAPACITY BUILDING FOR FOUNDATION FOR COMMUNITY DEVELOPMENT (FDC)

FDC provides the most Mozambican response to HIV, directly managing several programs and sub-granting to dozens of local, CBOs working in AB. In FY07, FDC will receive more AB funding than any other partner. A portion of this activity's funding will directly provide AED's technical and organizational support to FDC's AB programs and its AB sub-partners' programs in Maputo, Gaza, Inhambane and Nampula provinces. This includes a tailor-made program of organizational development and grants management specific to FDC's capacity as the largest indigenous, grant making organization in the country. Through this activity, AED is expected to support organizations to reach 300,000 individuals, 100,000 of whom will receive A messages only. In addition, over 300 peer educations, volunteers and activitas will be trained to promote HIV/AIDS prevention through abstinence or being faithful.

Continued Associated Activity Information

Activity ID:	5293
USG Agency:	U.S. Agency for International Development
Prime Partner:	Academy for Educational Development
Mechanism:	Capable Partners Program

Funding Source: GHAI
Planned Funds: \$ 1,000,000.00

Emphasis Areas

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

Targets

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

Target Populations:

- Community leaders
- Community-based organizations
- Faith-based organizations
- Non-governmental organizations/private voluntary organizations
- Program managers
- Volunteers
- Girls
- Boys
- Primary school students
- Secondary school students
- Men (including men of reproductive age)
- Women (including women of reproductive age)
- Out-of-school youth
- Religious leaders

Coverage Areas:

- National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: USAID-Population Services International-GHAI-Local
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9144
Planned Funds: \$ 200,000.00

Activity Narrative: This activity is related to Activity 9150, PSI's C&OP activity.

This activity is the AB component of an ABC behavior change communications activities for uniformed services.

\$150,000 will support activities for Military recruits and \$50,000 will support activities for Police recruits.

We know from experience that AIDS is more than a health issue: it is now a global security concern. In countries like Mozambique, AIDS epidemic proportions, it is devastating whole regions, knock decades off national development and destroying what constitutes a nation: the communities, the economy, the political institutions, and even the military and police forces. In many countries the pandemic has affected uniformed personnel far more than civilian populations.

Every year around 4,000 recruits aged 18-25 are drafted into the Mozambican armed forces for a 2 years mandatory period of service. The majority of recruits are from rural areas where education about HIV/AIDS/STI prevention is almost entirely absent. Inadequate information received in high schools, prior to military service, also explains recruits' poor knowledge of HIV/AIDS/STI and their risky behavior patterns.

Uniformed services, including defense and civil defense forces, are highly vulnerable to sexually transmitted infections (STIs), mainly because of their work environment, mobility, age and other facilitating factors that expose them to higher risk of HIV/AIDS infection. It is also known that there is a correlation between low education, low information and HIV. Those who have more access to information are better protected.

Providing information alone is not enough. There is a need to change attitudes and, the young recruits will be the agents of this change since they are particularly important in view of their potential role as future leaders and decision-makers, and as peacekeepers in their own countries and elsewhere. Young soldiers are also often seen as role models among their peers, and could serve as agents for change not only within the military/police forces but also in their communities. The behavior of young recruits and the services and information they receive determine the quality of life of millions of people. Therefore, the military young recruits will be targeted with mostly AB messages, during the 3 months training period in the two training centers (Manhiça - Maputo and Montepuez – Cabo Delgado) and when assigned to definitive posts at various military bases. A specific program will be implemented in the Police Academy (ACIPOL) targeting the students with messages about Abstinence, Faithfulness during the training period.

During the course of military service soldiers may increasingly be exposed to alcohol and drugs, and become involved in various forms of risky behavior, such as sex with casual partners, injecting drugs and alcohol use. This is particularly the case in regions where drug and alcohol consumption are high: industrial centers, seaports, cities, places with high levels of unemployment, etc. Therefore the activity implementing partner will also reinforce peer education, BCC, IEC, in # police squadrons along the country and in all military bases especially the sites targeted during the prevalence and behavioral study. This activity will include theatre presentations, production & distribution of informative material (pamphlets, booklets, stickers, etc).

Targets

4,000 Military recruits reached with AB

1,000 Police recruits reached with AB

50 Military recruits trained to promote AB

15 Police recruits trained to promote AB

Emphasis Areas

Information, Education and Communication

% Of Effort

51 - 100

Local Organization Capacity Development

10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	65	<input type="checkbox"/>

Target Populations:

Military personnel

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	USAID-USAID-GHAI-Local
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9145
Planned Funds:	\$ 382,795.00
Activity Narrative:	These funds support full costs for two technical positions on the USAID HIV/AIDS team: the Technical Advisor for Behavior Change Communications (Fellow or PSC) and the Community Risk Avoidance/Reduction Specialist (FSN). The costs covered for these two positions include: compensation, administrative/logistics support, and entitlement travel (total \$298,935); office costs (\$35,860); ICASS charges (\$12,000); USAID IRM tax (\$14,000); and other costs including local and international travel (\$22,000). These team members provide technical leadership on the rapidly expanding AB portfolio as well as technical oversight and monitoring of AB partners' activities, implementation progress, and results.

Continued Associated Activity Information

Activity ID:	5303
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 365,300.00

Table 3.3.02: Activities by Funding Mechanism

Mechanism: USAID-World Relief Corporation-GHAI-HQ
Prime Partner: World Relief Corporation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9146
Planned Funds: \$ 300,000.00

Activity Narrative: This activity is funded through Field Support and is related to USAID_HVAB_World Relief_Activity #8232, the World Relief Track One Funded activity for \$372,153.

This funding will allow World Relief to

- 1) replicate its Mobilizing Youth for Life (MYFL) AB Youth program into strategic communities along the national highway in Muanza and Machanga districts in Sofala province and
- 2) following recommendations from the OGAC Prevention TA Team's January 2007 visit to Mozambique, establish "B" focused behavior change activities addressing reduction of multiple, concurrent partnerships and increase of risk perception for adults and high risk groups in those two districts.
- 3) introduce a revised methodology of direct facilitation of the Choose Life lessons by peer educators in schools and churches.
- 4) incorporate MEASURE Evaluation's July 2006 project recommendations listed below.

Muanza and Machanga are PEPFAR priority districts with no USG AB programs. Machanga province is slated for increased USG supported HIV Treatment and VCT services in FY07. World Relief's MYFL program will strengthen the MOH's plan for integrated health networks by providing referral information to HIV related services in the area. Authorization from the National AIDS Council's Provincial nucleo and the Ministry of Education will be given before this expansion begins.

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 teaches AB behavior through stories, illustrations and discussion questions and is currently being used in WR's existing Track One funded activity. 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. The MYFL program will continue to mobilize community participation to support safer sexual norms and behaviors by increasing perceptions of personal risk and addressing the normative and structural factors that place individuals at risk. Meetings and discussions are held through the Pastors' Network to stimulate local questions and solutions to address harmful norms that perpetuate risk. Parents, guardians and other protective influences are involved in parallel programs such as parent-teacher-student groups to increase dialogue between youth and parents. Theatre and role playing are examples of efforts to bridge the communication gap on sexuality and HIV between youth and their guardians.

Through its Track One funded ABY activity, 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. These lessons will also benefit individuals in MYFL's Field Supported Muanza and Machanga programs. Given Muanza and Machanga's locations along major national highways, WR will particularly emphasize reduction of sexual exploitation, incest, rape, including trans/cross generational sex in discussions with older youth and adults.

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.

Emphasis Areas

% Of Effort

Community Mobilization/Participation

51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,880	<input type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Teachers
 Girls
 Boys
 Primary school students
 Secondary school students
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Out-of-school youth
 Religious leaders
 Implementing organizations (not listed above)

Key Legislative Issues

Reducing violence and coercion

Coverage Areas

Sofala

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	PAO
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9185
Planned Funds:	\$ 0.00
Activity Narrative:	This activity is related to activity 5445. This activity will train 10 girls as peer educators. The girls will be chosen from the community and taught HIV/AIDS information, benefits of abstinence and faithfulness, gender and development, leadership and activist strategies. Each will work in a designated place in the community twice a week facilitating debaters, interpersonal campaigns, lectures, etc. on the above mentioned topics. The girls will also meet on a weekly basis to create a communication and support network for the activists and to enhance their own knowledge and understanding of the issues.

Continued Associated Activity Information

Activity ID: 5445
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: State
Funding Source: GHAI
Planned Funds: \$ 50,000.00

Emphasis Areas

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

Target Populations:

Girls

Key Legislative Issues

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

Coverage Areas

Inhambane

Table 3.3.02: Activities by Funding Mechanism

Mechanism: PAO
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9186
Planned Funds: \$ 0.00
Activity Narrative: This activity is a continuation of activity 5445. This activity will train the members of a capoeira group (a Brazilian fight dance) the benefits of Abstinence and Faithfulness. Exceptional members will be appointed group leaders that will in turn lead small school wide workshops promoting and supporting AB reaching the entire school population.

Continued Associated Activity Information

Activity ID: 5445
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: State
Funding Source: GHAI
Planned Funds: \$ 50,000.00

Emphasis Areas**% Of Effort**

Community Mobilization/Participation

51 - 100

Training

10 - 50

Target Populations:

Secondary school students

Coverage Areas

Inhambane

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	PAO
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9189
Planned Funds:	\$ 0.00
Activity Narrative:	This activity is the continuation of activity 5446. This activity will develop radio programs in Zambezia Province in 3 languages (Portuguese, Elomue and Chuabo) promoting behavior change, specifically abstinence and faithfulness, reduction of stigma and raise awareness of OVC's through programs, live transmissions, debates and competitions.

Continued Associated Activity Information

Activity ID:	5446
USG Agency:	Department of State / African Affairs
Prime Partner:	US Department of State
Mechanism:	State
Funding Source:	GHAI
Planned Funds:	\$ 50,000.00

Emphasis Areas**% Of Effort**

Information, Education and Communication

51 - 100

Target Populations:

Girls
 Boys
 Men (including men of reproductive age)
 Women (including women of reproductive age)

Coverage Areas

Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	PAO
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9193
Planned Funds:	\$ 0.00
Activity Narrative:	This activity is a continuation of activity 5446. This activity involves the development of HIV/AIDS awareness songs and messages, radio programs, live music shows, development and distribution of a free newspaper, discussions and lectures in schools, and the creation of a youth group to be trained as activists and peer educators focusing on the promotion of abstinence and faithfulness.

Continued Associated Activity Information

Activity ID:	5446
USG Agency:	Department of State / African Affairs
Prime Partner:	US Department of State
Mechanism:	State
Funding Source:	GHAI
Planned Funds:	\$ 50,000.00

Emphasis Areas

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

Target Populations:

Girls
 Boys
 Men (including men of reproductive age)
 Women (including women of reproductive age)

Coverage Areas

Maputo

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	PAO
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	9194
Planned Funds:	\$ 0.00
Activity Narrative:	This activity is a continuation of activity 5446. This activity involves the development of radio programs including a radio novela and radio debates promoting HIV/AIDS awareness, abstinence and faithfulness and counseling and testing.

Continued Associated Activity Information

Activity ID:	5446
USG Agency:	Department of State / African Affairs
Prime Partner:	US Department of State
Mechanism:	State
Funding Source:	GHAI
Planned Funds:	\$ 50,000.00

Emphasis Areas

Information, Education and Communication

% Of Effort

51 - 100

Target Populations:

Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)

Coverage Areas

Maputo

Table 3.3.02: Activities by Funding Mechanism

Mechanism: USAID-Food for the Hungry-GHAI-HQ
Prime Partner: Food for the Hungry
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9389
Planned Funds: \$ 500,000.00

Activity Narrative: This is a new activity for this partner and is funded through Field Support. This AB activity is related to USAID_HVAB_Activity #8226, the Food for the Hungry Track One funded activity for \$613,480.

This new mission funded activity will allow Track One AB Partner Food for the Hungry to:

- 1) expand its current ABY "Healthy Choices" program for youth, adults and higher risk individuals into Beira district in Sofala province with AB prevention activities focused on transactional sex, cross generational sex and mutual faithfulness/reduction of multiple and concurrent sexual partnerships;

- 2) intensify activities aimed at older youth, adult and higher risk population behavior change in Caia district, site of the new Zambezi Bridge construction project in Sofala province, with a focus on B prevention activities focused on transactional sex, cross generational sex and mutual faithfulness/reduction of multiple and concurrent sexual partnerships; and

- 3) carry out a Holistic Community Assessment in Beira and Caia to assess the community's needs, especially among higher risk individuals.

- 1) Expansion into Beira districts

This funding will allow FFHI to expand Healthy Choices into communities in this high-prevalence, urban district currently reached by only one other USG AB partner. As in its existing program under Track One, FFHI would target unmarried youth, ages 10-24, for inclusion in the new Beira cohort. Using the "Choose Life" manual, programs will be established in conjunction with formation of Youth to Youth Peer Education groups to equip them to make informed, healthy choices about their futures, education and sexual life and life skills to practice and support these choices. These groups create a supportive forum for youth to discuss issues of sexuality, HIV and other STIs, abstinence until marriage, secondary abstinence and faithfulness in committed relationships. FFHI will also simultaneously begin "B" focused behavior change activities for single, as well as married, older youth, adults and high risk individuals. Authorization from the NAC Provincial nucleo will be sought before this expansion begins. In planning for expansion, Food for the Hungry will work in cooperation with World Relief's Mobilizing Youth for Life AB program to ensure there is no overlap of AB programs in Beira district communities.

- 2) Caia district response to Zambezi Bridge Construction project

FFH is currently reaching over 90% of all unmarried, 10-24 year old youth in Caia district with its Healthy Choices AB program funded under Track One. Caia district is the site for the new Zambezi Bridge construction project, estimated for completion in 2009, and site of the February 2007 flood disaster. Projected studies from Save the Children UK warn of threats of increased child prostitution, rape and other sexual abuse linked to the influx of mobile workers in rural, impoverished districts. Caia district is currently part of the Transport Corridor due to its location on the national highway and ferry service across the Zambezi river. "Barracas", the informal and privately managed businesses of sleeping quarters, stores and bars along the river and near the construction, have helped to create a "culture of sexual abuse and exploitation in the form of child prostitution, as well as wide spread child labor and incidents of physical abuse" in the river crossing area. HIV prevalence in Caia is above 20%.

FFHI proposes to respond to these threats by reinforcing and complementing its existing, Track One funded program by introducing older youth and adult focused activities under this Field Support funding. FFHI will intensify "B" focused behavior change activities aimed at increasing personal risk perception among single, as well as married, older youth, adults and high risk individuals such as those involved with the bridge construction, ferry service, local law enforcement and barraca owners. Activities will focus on increasing self-perception of individual risk among these populations and will address sexual exploitation and abuse and transactional and trans-generational sex. Counselors from local Counseling and Testing centers will be invited to share information with the youth groups and will emphasize the importance of knowing one's status in relation to prevention through mutual fidelity.

- 3) Holistic Community Assessment in Beira and Caia

This funding will allow FFHI to conduct a baseline holistic community assessment and Barrier Analysis in Beira and Caia, similar to assessment already conducted in districts

where Healthy Choices is already being implemented.

The main emphasis area is Community Mobilization/Participation. Key legislative issues addressed are Gender (Reducing Violence and Coercion) and Stigma. Particular focus will be given to respond to social norms that increase young girls' vulnerability to HIV/AIDS. The program aims to decrease fear and stigma as youth learn about the importance of knowing one's status and see testing as a normal health care activity. Youth will also be made aware that people with HIV can still be productive members of the community and live long healthy lives. Target populations for this program include: Children and Youth (Girls, Boys, Primary and Secondary Students), Men, Women, Community and Religious leaders, Business community/private sector, migrant workers, port and dock workers, truck drivers, out of school youth and community and faith based organizations.

Emphasis Areas

Community Mobilization/Participation

% Of Effort

51 - 100

Targets

Target

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

Target Value

0

Not Applicable

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

27,690

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

1,904

Target Populations:

Business community/private sector

Community leaders

Community-based organizations

Faith-based organizations

Truck drivers

Girls

Boys

Primary school students

Secondary school students

Men (including men of reproductive age)

Women (including women of reproductive age)

Migrants/migrant workers

Out-of-school youth

Religious leaders

Key Legislative Issues

Reducing violence and coercion

Coverage Areas

Sofala

Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism: USAID-Samaritans Purse-GHAI-HQ
Prime Partner: Samaritan's Purse
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9391
Planned Funds: \$ 400,000.00

Activity Narrative: This is a new activity for this partner and is funded through Field Support. This AB activity is related to:
USAID_HVAB_Activity 8231, Samaritan Purse's Track One activity for \$520,960.48 and USAID_HVCT_Activity 9256, Samaritan Purse's new Community Based Counseling and Testing activity for \$100,000.

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.

Emphasis Areas

Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	3,600	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	19,800	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	660	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Teachers
Volunteers
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Caregivers (of OVC and PLWHAs)
Out-of-school youth
Religious leaders

Key Legislative Issues

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

Coverage Areas

Inhambane

Table 3.3.02: Activities by Funding Mechanism

Mechanism: USAID-World Vision International-GHAI-Local
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9392
Planned Funds: \$ 1,749,000.00

Activity Narrative: This funding will support the second year of implementation for World Vision's Mozambique Abstinence and Risk Avoidance (MozARK) community based AB program in Zambezia, a priority province, and Tete province. WV MozARK was the successful awardee for the Mission's FY06 AB RFA for 'Promoting Abstinence, Faithfulness and Healthy Community Norms and Behaviors'. This activity is linked to World Vision MozARK C&OP_Activity # 12132 for \$100,000. This AB activity addresses the gap between knowledge and behavioral practice and aims to increase risk perception among all members of the community. Youth Groups, Parent Groups and District level leadership groups will continue to implement AB prevention activities through WV's existing Community Care Coalitions (CCCs). Youth, especially older youth, single or married, age 15-24, are the primary target of this program and will receive life skills and an age appropriate HIV education. For older and at risk youth, this activity will be complemented with MozARK's C&OP funded activities.

This activity aims to involve all members of the community to create local responses to the epidemic by reducing overall risk. Attention will be placed on youth in the 10-14 year old range, known as the Window of Hope, and more so on the 15-24 year old age group, in which the majority of new infections occur in Mozambique. Programs for adults will expand from focusing on adult's roles as protectors of youth to addressing adult behaviors that increase adult risk (multiple, concurrent partners) and adult behaviors that increase youth risk (transactional or cross generational sex). WV will continue to build on its existing networks and other health and HIV related programs in Zambezia and Tete provinces to rapidly scale up life skills and values-based, gender-sensitive, age-appropriate HIV education programs, and thereby create lasting impact.

The main emphasis area is in Community Mobilization/Participation. Key legislative issues addressed are Gender (Male norms and behavior, reducing violence and coercion and increasing gender equity in HIV programs) and Stigma. This program will weave gender into all programs by raising awareness of the socio-economic and cultural inequalities faced by women and how these inequalities contribute to the spread of HIV. Girls and women will gain skills in building negotiating power in relationships and boys and men will discuss the roles they play in sexual relationships. Stigma will be addressed by creating a greater recognition of stigma, targeting lessons on the youth/community's definition of stigma and identifying ways to address it. PLWHA will also be involved in all activities, including positions of program leadership and facilitation. "B" activities among PLWHA will help address discordant couples and will encourage testing.

This year's funding will also allow for special responsive action in Mopeia district of Zambezia, site of the Zambezi Bridge Construction project. The town of Chimuara, in Mopeia district, is the site for the new Zambezi Bridge construction project, estimated for completion in 2009. The bridge will link Caia, Sofala with Mopeia, Zambezia. Projected studies from Save the Children UK warn of threats of increased child prostitution, rape and other sexual abuse linked to the influx of mobile workers in rural, impoverished districts. "Barracas", the informal and privately managed businesses of sleeping quarters, stores and bars along the river and near the construction, has helped to create a "culture of sexual abuse and exploitation in the form of child prostitution, as well as wide spread child labor and This AB activity addresses the gap between knowledge and behavioral practice and aims to increase risk perception among all members of the community.

Youth Groups, Parent Groups and District level leadership groups will continue to implement AB prevention activities through WV's existing Community Care Coalitions (CCCs). Youth, especially older youth, single or married, age 15-24, are the primary target of this program and will receive life skills and an age appropriate HIV education. For older and at risk youth, this activity will be complemented with MozARK's C&OP funded activities. of physical abuse" in the river crossing area. HIV prevalence in Mopeia district is above 20%. This partner is currently the only USG AB partner in Mopeia. MozARK may also choose to carry out "B" focused messages with individuals involved with the bridge construction, ferry service, local law enforcement and barraca owners to mitigate sexual exploitation and abuse and transactional and transgenerational sex. Certain activities here can be complemented with MozARK's C&OP funded activities for a holistic prevention approach for higher risk youth and individuals.

Emphasis Areas

Community Mobilization/Participation

% Of Effort

51 - 100

Targets**Target****Target Value****Not Applicable**

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

180,000

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

550,000

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

4,500

Target Populations:

Business community/private sector

Brothel owners

Commercial sex workers

Community leaders

Community-based organizations

Factory workers

Faith-based organizations

Most at risk populations

Discordant couples

HIV/AIDS-affected families

Truck drivers

Non-governmental organizations/private voluntary organizations

Orphans and vulnerable children

People living with HIV/AIDS

Seafarers/port and dock workers

Teachers

Girls

Boys

Primary school students

Secondary school students

Men (including men of reproductive age)

Women (including women of reproductive age)

HIV positive pregnant women

Caregivers (of OVC and PLWHAs)

Migrants/migrant workers

Out-of-school youth

Partners/clients of CSW

Religious leaders

Host country government workers

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Increasing gender equity in HIV/AIDS programs

Coverage Areas

Tete

Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism: ACQUIRE
Prime Partner: EngenderHealth
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9405
Planned Funds: \$ 740,000.00

Activity Narrative: This is a new activity intended to provide national leadership and coordination among PEPFAR partners with regards to specific gender issues, and to link to care, treatment, PMTCT, AB and OP activities in Sofala and Zambezia provinces. It will also specifically link to the Communication Activities and PAO/Peace Corps supported activities, AB (9112, 8645,9045,8503,8502,8505), C&OP (8648, 9150, 9151), PMTCT (9162, 9141), OPSS(8646,8505) Specific areas to be addressed include:

1. Increasing gender equity in HIV/AIDS programs: specifically, a) mitigating the burden of care on women and girls by linking care programs with community efforts that provide resources such as food/school expenses, household help, farm labor and child care; b)partnering with women's organizations in the design and implementation of programs and policies.
2. Male norms and behaviors: supporting counseling, peer education and community interventions with messages that challenge norms about masculinity, multiple sexual partners for boys and men and cross-generational sex.
3. Reducing violence and coercion: a) mobilizing communities to address norms/behaviors related to cross-generational sex; b)supporting workplace and school-based programs for the prevention of violence; c)training health care providers, especially in PMTCT and CT settings and peer educators to identify, counsel and refer victims of sexual abuse and violence; d)supporting women and men to mitigate potential violence or other negative outcomes of disclosure while addressing community norms that permit violent responses to disclosure; e)supporting activities and policies to strengthen sanctions against sexual and physical violence.

It is anticipated that this implementing partner will be based in Maputo, but focus initial implementation in Zambezia and Sofala Provinces. This IP will have the role of coordinating other USG partners in effectively addressing the three components identified above. The partner will need to work effectively with the communication partner, FDC,care, PMTCT and other prevention and treatment partners as well as with the MOH, MINEDUC, MMAS and CNCS at provincial level to effectively address the identified gender issues. The military and the police are important partners in many aspects: as enforcers of sanctions; as providers of treatment; as largely male populations sharing gender norms current in the broader culture. Stakeholders including the military and police need to be involved from the beginning of the project. Piloting of activities, materials, approaches should take place in consultation with appropriate partners at provincial level. Community mobilization and participation has been selected as the main strategy for addressing the areas of increasing gender equity in HIV/AIDS programs, changing male norms and behaviors and reducing violence and coercion. This activity also will apply a gender filter to policy and guidelines, clinic services and training as a way to address the three main areas listed above.

It is hard to estimate targets before the activity has been designed. Of the three program areas, the second one relating to male norms and behaviors best fits within the AB indicators. Hence, modest targets of 4000 individuals reached through community outreach with AB messages, and 80 individuals trained to promote AB are appropriate starting points, to be revised once the project is operational. The 50 individuals trained would most likely be community leaders and stakeholders who are part of the community mobilization efforts. No targets have been set for reducing violence and coercion because the AB indicators do not apply; however, the partner is expected to track indicators related to education related to coercion and violence, and mitigation of violence.

Further, EngenderHealth is requested to work with partners in Zambezia and/or Sofala Province to conduct activities aimed at increasing educational and economic opportunities for girls as alternatives to material gains from transactional and cross-generational sex.

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	80	<input type="checkbox"/>

Target Populations:

Business community/private sector
 Community leaders
 Community-based organizations
 Doctors
 Nurses
 Non-governmental organizations/private voluntary organizations
 Teachers
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Caregivers (of OVC and PLWHAs)
 Religious leaders

Key Legislative Issues

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

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: MEASURE Phase II Evaluation
Prime Partner: University of North Carolina, Carolina Population Center
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9407
Planned Funds: \$ 0.00
Activity Narrative: The original partner identified for this activity cannot receive FY07 funds due to having reached its funding ceiling. A temporary narrative has been added. Please see the new reprogramming sheet for the AB TBD (UNC) Activity.

This activity is related to USAID_HVSI_UNC MEASURE_Activity # 9121. In July 2006, MEASURE Evaluation carried out a process evaluation of Track One ABY partners in Inhambane province. This evaluation has provided useful information on promising practices which can be used to improve the effectiveness of these programs. The USG Mozambique PEPFAR team would like for MEASURE Evaluation to conduct a similar process evaluation to look at locally funded ABY partners and activities. This study would include USAID bilateral AB partners, the US Embassy Quick Impact projects, PAO and Peace Corps ABY activities in the schools and communities. The objectives of this evaluation include:

1. identify promising practices in the Mozambican context
2. provide feedback on programs which program managers in the respective agencies can use to modify workplans and activities
3. assess gender strengths and gaps in partner programs and ABY activities

MEASURE/Evaluation will need to work with the Interagency Working Group to identify funded programs and activities to include in the sample, and jointly develop a schedule for visits. In the best of all worlds, the timing for the study would coincide with one of the PAO-Peace Corps Boys and Girls Conferences or other promising practice activities on the ground.

Emphasis Areas**% Of Effort**

Strategic Information (M&E, IT, Reporting)

51 - 100

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Non-governmental organizations/private voluntary organizations
 Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Peace Corps-Peace Corps-GHAI-Local
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9466
Planned Funds: \$ 458,560.00

Activity Narrative: Volunteers will serve as English and Biology teachers and Teacher Trainers in approximately 45 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 10,000 individuals with AB prevention messages and train 100 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 the COP 07, the Education Volunteers will integrate information and create specific lesson plans on A/B prevention into their English and Biology 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 07 funds will continue to support the production of creative, updated, and accurate A/B materials. Additionally, the COP 07 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 07 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 and Zambezia. The Health Volunteers 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 COP 07 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.

Continued Associated Activity Information

Activity ID: 5011
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 237,800.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	7,000	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Street youth
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Teachers
Volunteers
Girls
Boys
Primary school students
Secondary school students
Men (including men of reproductive age)
Women (including women of reproductive age)
Out-of-school youth
Religious leaders

Key Legislative Issues

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

Coverage Areas

Gaza
Inhambane
Manica
Maputo
Nampula
Sofala
Tete
Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism: PAO
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9715
Planned Funds: \$ 55,000.00
Activity Narrative: This activity is related to activity 1422. This activity will develop radio and/or TV and 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.

Continued Associated Activity Information

Activity ID: 5446
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: State
Funding Source: GHAI
Planned Funds: \$ 50,000.00

Emphasis Areas

Information, Education and Communication

% Of Effort

51 - 100

Target Populations:

Children and youth (non-OVC)

Coverage Areas:

National

Table 3.3.03: Program Planning Overview

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

Total Planned Funding for Program Area: \$ 2,115,000.00

Program Area Context:

A total of 112 blood banks 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 in general is limited to an estimated 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 and advocacy 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. Besides USG-support, the National Blood Transfusion Program (NBTP) receives some funds from the state health budget allocated by the Ministry of Health (MOH) to the NBTP and some support from the World Bank mainly for procurement of equipment, reagents and HIV test kits.

USG support has contributed to the following improvements and NBTP progress to-date: the number of blood units collected has steadily increased from 57,800 in 2003 to 60,600 in 2004 and 76,890 in 2005. HIV prevalence in blood donors has decreased from 8% in 2004 to 6.4% in 2005. Syphilis prevalence in blood donors has decreased from 3.7% in 2004 to 3.3% in 2005. Screening of blood units for Hepatitis B was introduced at the end of 2004, and HBV prevalence in blood donors was reported at 7.6% in 2005.

Systematic screening of blood units for HIV (using HIV rapid tests in the majority of blood banks, and laboratory-based ELISA testing in central and provincial level blood banks), for Hepatitis B (using HBV rapid tests) and syphilis (using RPR) is in place in all blood banks. In 2005, MOH NBTP reported that 100% of blood units were screened for HIV and 95.5% for Hepatitis B. According to information available to the MOH NBTP central level, no HIV rapid test kit stock-outs have been reported.

The American Association of Blood Banks (AABB), the NBTP's main USG-funded technical assistance (TA) provider, has assisted with the development of norms and standards for the NBTP, which will form the basis of the establishment of a quality assurance (QA) system for blood transfusion services in Mozambique. AABB is supporting an ongoing revision of Standard Operation Procedures and starting to incorporate QA into next year's training activities.

In 2005, around 55% of blood donations came from voluntary non-remunerated blood donors while around 45% came from replacement or family blood donors. There is some anecdotal evidence of payment of blood donors that has occurred for individual patients or at individual health facilities in the past, but it is believed that these do not occur frequently or on a large scale.

Despite some improvements and increases in voluntary blood donations over the past years, specific activities in FY07 will include a Knowledge, Attitudes and Practices (KAP) Study to assess barriers and enhancers to blood donation in Mozambique, and continuation of support for improved mobilization of low-risk and repeat blood donors. AABB staff is supporting the development of the KAP study protocol and data collection tools that will be submitted to the US IRB and the Mozambique Bioethics Committee during the first semester of FY07. A technical working group composed of staff from the NBTP, researchers from the Mozambique National Health Institute, AABB and CDC are currently involved in the preparations and will provide oversight for the study to be conducted in FY07.

During the first year of USG support, AABB has provided TA to the NBTP for the development of a National Blood Transfusion Policy and a proposal for a reorganization of the NBTP with a transition towards a network model of service provision. In 2005 the MOH has started with the implementation of this reorganization where 27 blood banks (2-3 blood banks per province) are upgraded to become reference units for the 83 remaining smaller blood banks. While reference blood banks will conduct a full range of procedures, including blood collection, testing, production of blood components, storage, administration of

blood units, they will also be responsible to supply peripheral smaller blood banks and health facilities with blood units. The 83 smaller blood banks, depending on the level of needs for blood transfusions at their respective health facilities will be divided into blood banks performing collection, testing and administration of blood units, and blood banks storing and administering blood units only.

In 2005/06 a large portion of the USG funds has been utilized to upgrade the first 10 of these 27 reference blood banks and to conduct the rehabilitation of the regional blood bank of Nampula Central Hospital (3rd biggest hospital serving the Northern region of the country). In addition AABB technical experts facilitated the development of training materials for blood donor services, blood donor evaluation and infectious disease testing. So far over 60 blood bank staff from the Southern and Central regions has been trained, and a third training for staff from the Northern region will start in late September 2006.

Plans for FY07 include the continuation of rehabilitation of provincial level hospital blood banks, procurement of vehicles and equipment for further upgrade of the remaining reference blood banks and continuation of training efforts with a total of 80 NBTP staff to be trained. AABB will start the training of Mozambican blood safety trainers as well as develop additional training materials for areas such as phlebotomy, donor notification, blood collection through mobile units, and blood component separation.

In line with the NBTP reorganization plan, the establishment of blood transfusion advisory committees will start in 2007. While National guidelines on clinical use of blood transfusions have been in place for a number of years, these committees will assist with improved dissemination and application of these guidelines as well as the monitoring of the prescription and administration of blood transfusions at their respective health facilities.

In addition, as new national regulations for blood transfusion services developed in 2006 are in final stages of approval by the Government of Mozambique, the Minister of Health decided, in line with international WHO guidelines and recommendations, to propose the establishment of an independent National Blood Transfusion Service. Funding from FY07 will assist the MOH, through funding provided to the Regional Procurement Support Office (RPSO) to initiate the design and construction of a new facility which would bring the Blood Transfusion Services Directorate and the National Referral Blood Bank 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, strengthen the coordination of the National Blood Transfusion Quality Assurance and monitoring and evaluation program and improve overall service and coordination of the National Referral Blood Bank. A terrain of adequate size, safety and access that is property of the MOH has already been identified for this unit, and is located in a compound adjacent to Mavalane Hospital (one of the three major hospitals in Maputo City) and the National Maintenance Department.

Program Area Target:

Number of service outlets carrying out blood safety activities	112
Number of individuals trained in blood safety	80

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1 Blood Safety
Prime Partner: American Association of Blood Banks
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8194
Planned Funds: \$ 400,000.00
Activity Narrative: This activity is also linked with activity sheets 8196 and 9004.

The American Association of Blood Banks (AABB) has been awarded Track 1 funding to provide technical assistance 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 FY07 are:

- 1) Continue assistance in establishing a legal framework and appropriate blood legislation/regulation/policy
- 2) Establish a NBTP Advisory Board and continue assistance with the definition, improvement and implementation of an overall management structure for the NBTP. Develop a network of key stakeholders and regional partners. Provide appropriate management training for key NBTP personnel
- 3) Assist in securing approval and implementation of national standards related to blood collection, testing, and transfusion and then support training on these standards
- 4) Continue support and development of plans for renovation and expansion of NBTP facilities and improved procurement processes for critical equipment and supplies. Improve process for the installation, operation, maintenance, calibration and repair of critical equipment.
- 5) Develop data collection systems for Monitoring and Evaluation and Quality Management Systems to routinely monitor progress and operational activities
- 6) Develop training materials and Standard Operating Procedures (SOPs) for donor services, donor evaluation, donor registration/identification, blood collection, and mobile collection. Establish SOPs and training schedules for storage, transport and distribution of blood.
- 7) Conduct training sessions on donor services, donor evaluation, donor registration/identification, phlebotomy and blood collection in mobile units/ camps, blood component preparation and infectious disease testing
- 8) Train key NBTP personnel on quality management systems (QMS).
- 9) Conduct baseline Knowledge Attitudes and Perceptions (KAP) survey
- 10) Develop Information Education Communication (IEC) materials to educate donors and promote voluntary blood donation and develop consistently applied donor notification policy regarding test results.
- 11) Provide educational programs to physicians on appropriate uses of blood.
- 12) Provide fellowship opportunities for physicians in transfusion medicine through Atlanta's Emory University.

Continued Associated Activity Information

Activity ID: 5144
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: American Association of Blood Banks
Mechanism: Track 1 Blood Safety
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas**% Of Effort**

Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets**Target****Target Value****Not Applicable**

Number of service outlets carrying out blood safety activities	111	<input type="checkbox"/>
Number of individuals trained in blood safety	80	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Policy makers
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Public health care workers
 Laboratory workers
 Other Health Care Worker

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1 Blood Safety
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8196
Planned Funds: \$ 200,000.00
Activity Narrative: This activity is also linked with activity sheets 8194 and 9004.

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 FY07:

- 1) Rehabilitate 2 provincial level blood banks, which will provide reference services and blood units to smaller peripheral blood banks and allow staff to participate in Quality Assurance (QA) activities;
- 2) Initiate QA activities in collaboration with the Mozambican National Health Institute laboratory and technical assistance, provided by the American Association of Blood Banks (AABB);
- 3) Conduct training sessions on donor services, donor evaluation, donor registration/identification, phlebotomy and blood collection on mobiles/camps, blood component preparation and infectious disease testing;
- 4) Continue supervision visits conducted by central level NBTP staff to blood banks at central, provincial and rural hospitals, aiming at supervision visits conducted in all 11 provinces, with all central, all provincial and at least 2 rural hospital blood banks per province being visited during FY07;
- 5) Train and support newly recruited blood donor mobilization staff, and continue support for Information Education Communication (IEC) interventions to educate donors and promote voluntary blood donation; and
- 6) Recruit and train biologists (currently two in place, with nine additional biologists to be recruited, i.e. one per province) for provincial level blood bank supervision and management.

Continued Associated Activity Information

Activity ID: 5154
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Mozambique
Mechanism: Track 1 Blood Safety
Funding Source: GHAI
Planned Funds: \$ 0.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	111	<input type="checkbox"/>
Number of individuals trained in blood safety	80	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8626
Planned Funds: \$ 15,000.00
Activity Narrative: This activity is linked to activity sheets 8196, 8194, 9004, 8612 and 8600.

This activity supports technical assistance visits from CDC Atlanta Blood Safety experts for oversight and coordination of blood safety program support and technical inputs in blood safety trainings, monitoring and evaluation and the Knowledge Attitudes and Perceptions Evaluation regarding barriers to blood donations in Mozambique.

Continued Associated Activity Information

Activity ID: 5142
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_HQ
Funding Source: GHAI
Planned Funds: \$ 71,012.00

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

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

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1 Blood Safety RPSO
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 9004
Planned Funds: \$ 1,500,000.00
Activity Narrative: This activity is also linked with activity sheets 8196 and 8194.

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.

These four objectives rely on the timely completion of the construction phase of this project. Indeed, to achieve progress on these objectives in FY 07, early funding is strongly needed to ensure that construction faces no delay and can start immediately. Construction will require an upfront capital cost to develop competitive bids and to hire contractors, who will in turn produce facility designs, hire sub-contractors, procure materials, and begin construction on a foundation for the facility.

Emphasis Areas

	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets carrying out blood safety activities	1	<input type="checkbox"/>
Number of individuals trained in blood safety	0	<input type="checkbox"/>

Target Populations:

- Doctors
- Host country government workers
- Other MOH staff (excluding NACP staff and health care workers described below)
- Public health care workers
- Laboratory workers
- Other Health Care Worker

Coverage Areas:

National

Table 3.3.04: Program Planning Overview

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

Total Planned Funding for Program Area: **\$ 1,047,417.00**

Program Area Context:

The Mozambican Ministry of Health (MOH), within its Medical Assistance Department and closely linked to the National Nursing Department, has a National Biosafety Program under which all activities related to the prevention of medical transmission are coordinated, implemented and supervised.

According to estimates calculated on the basis of WHO guidance, an average of 3 medical injections were administered per person per year in Mozambique. A study conducted in Mozambique in March/April 2004, showed that of 290 therapeutic injections administered, around 54% were administered using correctly sterilized metallic needles and glass syringes. While around 58% of health facilities visited during the study had disposable injection supplies in stock, these were mostly used for vaccinations and within preventive services.

Besides direct support to the MOH biosafety program, USG- funds support two complementary technical assistance (TA) and implementation partner agencies: JHPIEGO, supported through in-country funds, which started biosafety program TA and implementation support at hospital level around March 2004; and John Snow Inc. (JSI), supported through Track 1 funding, which started support for injection safety and waste management activities in Mozambique around May 2004.

All biosafety activities are coordinated through the National Biosafety Task Force, chaired by the MOH, with participation of MOH staff from various departments, including medical assistance, environmental health, training and nursing departments, the immunization program; and partner agencies, including technical staff from USG agencies, JHPIEGO, JSI, WHO, UNICEF, MSF, Project Hope and others involved in implementation or supportive of biosafety program efforts. With technical guidance from USG staff, JHPIEGO and JSI produce annual work plans that are submitted to the MOH and the Biosafety Task Force for approval, describing progress to-date and plans for the following year, and illustrating complementarity and geographical expansion of the activities planned. The promotion and application of universal precautions are woven into the plans and interventions as an essential part of all MOH and USG-supported biosafety efforts.

Over the past three years JHPIEGO has provided overall TA to the MOH biosafety program, assisting with the development of norms and standards (including a total of 207 defined standards) that cover 9 direct services: sterilization, surgical theatre, TB, 1st aid and emergencies, inpatient services (adult and pediatric wards), ENT, blood banks, clinical laboratories and pathology; and 5 support services: administration, health education, kitchen, laundry and waste management; the introduction of a standards-based management and recognition (SBMR) system for biosafety that is now being replicated by the MOH for other HIV/AIDS program areas; the development and operationalization of a 5-year biosafety program strategy; and the development of biosafety training materials for both in-service and pre-service trainings. In addition, JHPIEGO has provided support for a total of 23 hospitals where biosafety committees have been established, hospital staff have been trained on biosafety (over the last 6-month reporting period 257 hospital staff have been trained), activities are being implemented, and quarterly self assessments and annual external progress assessments are being conducted. Activities proposed for FY07, include the expansion of activities to 10 new hospitals, training of 25 biosafety trainers and 100 hospital health workers, achieving compliance with 80% or more of all biosafety standards in at least five hospitals, and the organization of the 1st national biosafety conference in Mozambique.

Since the beginning of the injection safety activities, JSI has worked closely with the MOH, JHPIEGO and partners to ensure that injection safety norms and standards were introduced and embedded in all program guidelines, training materials and plans. During the first years, JSI has led advocacy activities to raise awareness and help with reduction of the administration of unnecessary injections, the need for urgent implementation of safety measures related to injection safety and waste management, improvements of waste management regulations and set-up of appropriate incinerators and waste management systems.

JSI has provided implementation support to the MOH for injection safety and waste management activities district-wide, covering all levels of health facilities from hospital and health centre down to health posts (around 70 health facilities involved by the end of March 2006), training of health workers and support staff (1232 staff trained during the last 6-month reporting period) and behavior change communication (BCC) activities at community level. In addition, JSI has supported the procurement and distribution of large quantities of safe injection and waste management supplies, including AD syringes, safety boxes, injection registers, gloves, eye protectors, etc. Activities proposed for FY07 include further geographical expansion to 28 new health facilities, the training of 2730 health facility staff, the continuation of support for commodity procurement and management, improved and standardized management for sharps disposal, and the beginning of activities with traditional healers at community level.

Challenges encountered by both agencies have included the frequent transfers of health facility personnel, who are part of the biosafety and injection safety committees requiring frequent repeat training to bring new personnel on board, and advocacy with hospital and facility directors to ensure high level support for staff implementing biosafety measures. An additional important challenge for JSI and the realization of injection safety activities has been the understanding and acceptance of injection safety as a new concept and its integration within the overall biosafety program activities.

During the FY07, expansion plans described above will start to include military hospitals (at least 1 hospital to be included) and military and police health facilities (at least 2 facilities to be included) that serve both uniformed services and civilian populations. Priority will be given to military and police facilities already involved in the provision of ART and other HIV/AIDS services supported by the USG. USG, JHPIEGO and JSI staff will facilitate contacts and try to enhance collaboration, in particular between the MOH and the Mozambican Ministry of Defense, for planning, implementation and monitoring of the biosafety activities at these facilities.

Funding support provided directly to the MOH biosafety program has been used and will continue to enable the MOH biosafety program staff to roll-out training activities to health facilities, where no external partners are present. This enhances the MOH staff's capacity to utilize trainings materials developed with assistance from JHPIEGO and JSI, and implement activities on their own, strengthening their confidence and experience in implementing these activities even in the absence of outside support, which in turn will contribute to long-term sustainability and continuation of the program activities. In addition this funding supports supervision visits and inventories of sterilization equipment and other supplies conducted by the MOH staff. In 2007, the MOH biosafety team plans to intensify training efforts and supervision in the two focus provinces, Zambezia and Sofala, selected by the MOH and USG.

Other closely linked USG-supported efforts such as support for guideline development and roll-out of Post-Exposure Prophylaxis (PEP) and workplace safety, and support for improved infrastructure for sterilization and incinerators at ART service sites are described under policy and system strengthening and ART services respectively.

Program Area Target:

Number of individuals trained in medical injection safety	2,730
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Table 3.3.04: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: John Snow, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8228
Planned Funds: \$ 236,696.00

Activity Narrative: This activity is linked to activity sheets CDC_HMIN_8582, CDC_HMIN_8516 and CDC_HMIN_8627.

This activity narrative describes activities proposed by John Snow Inc. (JSI) for FY07 for injection safety (IS) and waste management (WM) activities.

Plans to scale-up injection safety for FY07 are based on the experiences of JSI in supporting the implementation of IS and WM activities in Mozambique since 2004. These plans are designed to emphasize the importance of working closely with the Mozambique National Health System (NHS) and to improve JSI's effectiveness in providing technical assistance to the Ministry of Health (MoH) at the national, provincial, district, and health facility level.

In FY07, JSI proposes to expand support for implementation of Injection Safety (IS) and Infection Prevention & Control (IPC) activities to 40 districts. These sites were selected from the list of a total of 80 priority districts established by the Government of Mozambique based on vulnerability in relation to HIV/AIDS.

Main areas of support and activities proposed fall under the following categories:

1) Commodity Management and Procurement: This component is crucial to injection safety. Without adequate provision of injection commodities, in the past supplies were reused inappropriately. In FY07, JSI and its partner (PATH) will continue pooled procurement to promote sustainability in close coordination with NHS staff. JSI will also continue to support the MoH's central-level procurement and logistics subcommittee, which is responsible for the development and implementation of policies and guidelines for the transition from glass syringes to single use syringes (e.g. AD syringe). JSI will also continue to support the development of logistics management training materials and supervision tools for ensuring effective supply-chain management systems.

2) Capacity-building and Training: JSI has developed high quality training materials with previous funding from the Emergency Plan. These training materials make use of interactive and participatory teaching methods to train trainers in the "Do No Harm" Guide that was adapted for Mozambique in May 2005. To roll-out the trainings, central experts and JSI staff train provincial IS/WM trainers and supervisors, who in turn instruct district and facility level staff using on-the-job training methods. These trainings primarily take place at in-service sites, targeting doctors, nurses and allied health professionals (e.g., laboratory, dental, pharmaceutical, X-ray and support staff). To date, hospitals and health facilities from 4 cities have participated in the IS training: Xai-Xai, Quelimane, Nampula and Maputo city (Mavalane Health Area).

In FY07, training will be expanded to new provinces and cities to reach 40 districts. To accomplish this, JSI will establish a central-level IS training and capacity-building subcommittee to strengthen collaboration and coordination with the MoH Training Department, Training Institutes, Universities, and other MoH Departments as appropriate. Training of trainers (TOT) will again be organized and conducted to ensure that at least three health workers are trained as IS trainers for each of the priority districts covered under the '07 expansion. Future trainers will be selected by MoH provincial and district authorities. The duration of the TOT course is 5 days: 3 days for classroom training and 2 days of practice at the respective health facility. While TOT courses are organized and conducted with direct support from the MoH and JSI, provincial and district trainers will be responsible for further training roll-out at district and health facility levels.

To complement on-the-job training, the JSI team will support MoH supervisors to ensure that formative supervision is in place so that every health worker targeted under this project will be following the recommended Injections Safety practices as well as the Universal Standard Precautions, including the management and proper disposal of medical waste.

3) Behavior Change & Communication (BCC): During FY07, JSI IS technical staff proposes to focus on dissemination and implementation of the IS BCC strategy developed during the previous year. Staff from the MoH health education department, located within the community health department, will participate in coordination and implementation of these

activities. The strategy will guide and support the dynamic process of attitude and behavior change of health workers as well as clients, patients and the community. An assessment, using a simple questionnaire, will be conducted to guide further improvements of the strategy and provide additional information for intervention design. The IS BCC activities will be implemented using the approach of 'Trials of Improvements of Practices' (TIPS) also used for IS training activities.

4) Standardized System for Proper Sharps Disposal: In early 2006, a Waste Management (WM) sub-committee was formed including MoH and JSI key personnel. Main tasks of this subcommittee include the coordination of WM activities among MoH, Ministry of Environment and other relevant stakeholders. As in previous years, JSI is proposing to continue support for procurement and distribution of materials for segregation, collection, final disposal of sharps and waste, protective materials for health workers handling infectious waste and sharps. In addition, plans for FY07 include the set-up of additional needle pits and protection of waste treatment areas through fences.

5) Support of the Informal Health Sector: According to MoH estimates, around 65% of the Mozambican population uses health services provided through the informal health sector, involving consultations with traditional healers at community level. Anecdotal evidence strongly suggests that unsafe practices and the re-use of contaminated sharps and blades may be common among Traditional Healers. In FY07, JSI proposes to conduct a rapid needs assessment to gather data and learn more about current practices in the informal sector, so as to subsequently be able to plan for and design interventions targeting and working with Traditional Healers.

6) Policy Environment: The JSI team is planning to continue support and technical assistance for government counterparts to develop or review policies, protocols, guidelines, norms and standards in the areas of IS and WM. This support will be crucial to work towards sustainability and government commitment for the implementation of injection safety and adequate waste management.

7) Monitoring and Evaluation (M&E): Under this task MoH and JSI IS staff will analyze data from across health facilities, districts and provinces, assess progress, share the information during provincial and national IS working group meetings, and revise work plans accordingly. Discussion will take place with policy makers as to how to use the data generated, and to ensure that lessons learned and "best practices" are considered during the development of future plans for IS and Infection Prevention Control. Activities conducted in this area will therefore assist to bridge the gap between implementers and policy makers.

Continued Associated Activity Information

Activity ID: 5259
USG Agency: U.S. Agency for International Development
Prime Partner: John Snow, Inc.
Mechanism: Track 1
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target

Number of individuals trained in medical injection safety

Target Value

1,920

Not Applicable

Target Populations:

Doctors

Nurses

Pharmacists

Traditional birth attendants

Traditional healers

National AIDS control program staff

Policy makers

Host country government workers

Public health care workers

Laboratory workers

Other Health Care Worker

Private health care workers

Traditional healers

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8516
Planned Funds: \$ 720,900.00

Activity Narrative: This activity is also linked with 8582, 8575 and 8574.

This activity will support JHPIEGO to continue to provide technical assistance to the Ministry of Health (MoH) with standards-based management and expansion of biosafety or Infection Prevention and Control (IPC) interventions to a total of 33 major MoH hospitals in all 11 provinces. JHPIEGO will also work with other partners such as international and local NGOs that are working in the area of IPC and are part of the National IPC Task Force. In 2007, plans include the expansion to at least one Military Hospital in Maputo City that provides HIV/AIDS services to both military and civilian populations, and currently has a large number of patients on anti-retroviral treatment.

Main goals for FY07 will be to:

- 1) Implement and monitor the five-year national operational plan for IPC
- 2) Continue the implementation and follow-up of the Standards-Based Management and Recognition (SBMR) initiative to improve IPC practices in 23 hospitals and expand the initiative to 10 new hospitals. Provide ongoing support of a recognition system to reward hospitals that are complying with IPC standards, to enhance motivation and sustainability and to reinforce regulation
- 3) Continue the strengthening of the central and provincial levels to expand and institutionalize the SBMR process, including the development and implementation of a database system to monitor the SBMR/IPC data
- 4) Continue to strengthen local capacity to provide training and technical assistance in IPC for current health care providers by creating and strengthening trainers and training sites at the provincial level
- 5) Organize and coordinate a national IPC conference to disseminate the IPC initiative, to recognize best performing hospitals, and to promote the institutionalization of the IPC initiative

Activities proposed to achieve these goals for FY07 include:

- 1) Hold SBMR Training and meetings for coaches from the participating hospitals: Two 4-day Module 1 workshops (new 10 hospitals, 3rd expansion); two 2-day Module 2 workshops (new 10 hospitals, 3rd expansion); four 2-day Module 3 workshops (10 hospitals, 2nd and 3rd expansion)
- 2) Conduct Baseline assessments (10 hospitals), internal monitoring assessments (around 33 hospitals), and verification visits by the external assessors in 10 hospitals
- 3) Hold benchmarking visits among hospitals (exchange of best practices) and lend technical assistance to the hospitals (on-the job training and follow-up visits)
- 4) Coordinate meetings with the National IPC Task-Force and other stakeholders
- 5) Implement a recognition process (IPC logo, internal campaign, external recognition procedures)
- 6) Recognize ceremonies in at least five hospitals
- 7) Develop and implement of a database system to collect and analyze the IPC/SBMR data
- 8) Equip 3 provincial training centers with IPC training materials and supplies including the IPC stations for students' practice
- 9) Hold four 5-day IPC training courses for healthcare providers and tutors, one 2-week training of trainers in IPC, and one 2-day National IPC Conference for 100 participants

Expected results for FY07 will be as follows:

- 1) SBMR initiative fully implemented in 23 hospitals and expanded to 10 new hospitals
- 2) Compliance with IPC performance standards in the initial 13 hospitals improved by at least three-fold, and by at least two-fold to the 2nd expansion group of ten hospitals, as compared with their baseline assessment results
- 3) Baseline assessments conducted, operational action plans developed, and implementation started in 10 new hospitals
- 4) Strengthened central, provincial and local infrastructure to support the SBMR initiative: national IPC task force, provincial IPC liaison, and hospital-based SBMR coaches
- 5) External assessments to verify hospitals compliance with the IPC standards conducted in at least 10 hospitals
- 6) Compliance with 80% or more of all IPC standards at least in five hospitals
- 7) Simple database system developed and implemented to capture and analyze the IPC/SBMR results
- 8) 3 provincial training centers strengthened in IPC (IPC training, stations and materials)
- 9) 100 hospital health care providers with knowledge and skills updated in IPC

- 10) 20-25 health care providers trained as trainers in IPC
- 11) 1st National IPC conference conducted to exchange best practices

Continued Associated Activity Information

Activity ID: 5177
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: JHPIEGO
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 825,000.00

Emphasis Areas

	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	89	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- Doctors
- Nurses
- Pharmacists
- Non-governmental organizations/private voluntary organizations
- Public health care workers
- Laboratory workers
- Other Health Care Worker
- Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 8582
Planned Funds: \$ 89,821.00
Activity Narrative: This activity is linked to activity sheets 8516 and 8228.

Since the beginning of USG support for Injection Safety (IS) and Infection Prevention and Control (IPC) under PEPFAR in 2004, some direct support and funding has been provided to the Ministry of Health (MoH) biosafety program to allow MOH biosafety program staff to conduct IS and IPC training activities and to supervise adequately the implementation of IS, IPC and Universal Precautions at health facilities and sites without partner support. The MoH biosafety program staff have been able to use guidelines, norms and standards, and training materials developed with assistance of USG-supported partners such as JHPIEGO and JSI, to implement these activities on their own at selected health facilities. Increasing capacity of MoH staff to conduct these activities will contribute to long-term sustainability and a strong sense of local ownership.

Funding proposed under this activity will contribute to and support the following activities:
 1) IPC and IS trainings: Funding proposed for FY07 will support 5 IPC and IS courses, one in each of the following provinces: Sofala, Gaza, Niassa, Zambezia and Manica. Each course will have around 24 participants selected from health facilities that have no external partner support for IS and IPC activities. Two courses that will be realized in the 2007 focus provinces Sofala and Zambezia.

2) Supervision visits: With support provided in FY07, the MoH team plans to conduct supervision visits to four provinces (Zambezia, Nampula, Sofala and Tete), where facility staff have been trained in 06/07 and IS and IPC activities are currently implemented. During these visits, the MoH central and provincial level supervisors will work with facility staff to assess progress made in implementation of the IS and IPC activities, identify further opportunities for improvement, and help the facility staff to plan further activities accordingly.

Please note that substantial support for procurement and distribution of IPC/biosafety equipment and supplies has been funded in FY06 and will contribute to the training of MoH facility staff (as explained above) necessary to implement the activities.

Emphasis Areas

	% Of Effort
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in medical injection safety	120	<input type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas

Gaza
Manica
Nampula
Niassa
Sofala
Tete
Zambezia

Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area: **\$ 8,038,000.00**

Program Area Context:

Background:

The USG approach in Mozambique seeks to concentrate activities around the MOH Integrated Health Network, which now has HIV/AIDS treatment centers as the nucleus. It is within this context that discordant couples, family members, clients of STI, FP, TB and malaria services can be reached. There are also geographic areas within the country and sub-populations where specific approaches tailored to most-at-risk populations (MARPS) are needed. As Mozambique is experiencing a generalized epidemic, much of the USG C&OP programming takes a holistic ABC approach complementary to the AB activities. From the beginning, the USG team and partners in Mozambique have worked with the MOH, CNCS, other donor organizations and international agencies as well as indigenous partners to reduce new infections from 500 per day to 350 per day in 5 years. [National Strategic Plan II for HIV/AIDS 2004-2008].

Progress has been made since the FY06 COP in a number of areas:

1. Establishment of the condom working group: made up of stakeholders including various donors, the MOH, the Central Medical Stores. This group is working with the MOH to assure an adequate and continuous supply of condoms in Mozambique. The Minister recently issued a letter which will permit distribution of free condoms through NGO's as well as routine health services. The procurement process within Mozambique, requirements from other specific donors and importation regulations remain barriers to the transfer of condom purchase to the MOH and/or other donors.
2. PSI as the main partner in Condoms and Other Prevention Activities has a solid program of condom social marketing and behavior change directed towards sex workers, workplace employees, migrant laborers at borders and along transport corridors and other "hotspots". PSI receives support from DFID for condom procurement and BCC, and from the Dutch Embassy for other activities. Additionally, PSI works with private sector companies including CocaCola to carry out various projects.
3. Military and police activities have been successfully launched, including training of peer educators, radio programs, ABC IEC linked with CT and treatment services.
4. Workplace activities have expanded, and the demand for HIV/AIDS policies and programs has exceeded USG partner ability to respond. The World Bank has provided funding for workplace programs, though businesses that receive this funding must find technical assistance to implement. Activities have begun with the Dunavant cotton company in Zambezia Province, an activity that has the potential to reach 30,000 rural cotton farmers in a high prevalence area with prevention services.
5. USG continues to work with President Guebuza, provincial and district leaders to provide basic information about HIV/AIDS and promote risk reduction in personal behavior.

The greatest constraint in programming are the limits imposed on C&OP resources.

Statistics:

In a generalized epidemic such as Mozambique, much of the population is considered at risk. Certainly, youth and especially young women are at risk. HIV prevalence in young women is double that of men in the 15-19 years age group, and quadruple in the 20-24 age group. [World Bank, Mozambique Profile] Condom use in Mozambique is among the lowest in the Southern Africa region. Approximately one-third of males and less than 30% of females age 15-24, who report having had sex with a non-marital, non-cohabiting partner in the last 12 months, say they used a condom the last time they had sex with such a partner. [DHS 2003] Barely 20% of men reporting sex with a sex worker in the last 12 months reported using a condom during last paid intercourse [DHS 2003]. Miners returning from South Africa infrequently during the year, military and police, truckers, roadside market vendors and areas of bridge and road construction are all situations with risks of HIV transmission. Data on prisoners and MSM are lacking.

The USG remains the main supplier of condoms for free distribution through MOH channels. The "Jeito" brand condom, marketed by PSI, is widely available throughout the country through more than 5000 sales outlets.

Services:

For COP07, the Mozambique USG PEPFAR team seeks put together a prevention portfolio that addresses both normative behavior change and individual behavior change within the general population and with groups identified to be a most risk for HIV infection. Activities designed to impact normative change include FDC campaigns targeted towards men and women of reproductive age, migratory labor (including miners), youth; PSI social marketing and "hotspots" interventions; integrated workplace programs through the Health Policy Initiative; and a major communication activity in partnership with JHU/CCP promoting ABC through the mass media. These activities are complemented by PAO activities directed toward leaders, youth, and journalists. In their work with local community organizations, youth associations and schools, Peace Corps Volunteers support individual risk assessment and reduction as well as normative change around youth and adult behavior. For example, PCV's are working with the MINEDUC to change the perceived acceptability of teachers having sex with female students. Ongoing activities with the military and the police and in the workplace encourage and reinforce individual behavior change and provide access to condoms and needed information on risk reduction. Additionally, assessment and planning activities for male circumcision and identification of IVDU are planned.

Building on the assessment of acceptability of male circumcision in COP06, funding in FY07 will be programmed to look at the feasibility of male circumcision interventions.

In addition to traditional C&OP programs directed towards MARP, holistic programming for ABC and systems strengthening through linked activities has been incorporated in COP07. The JHU/communication activity, PSI work with the military, The Health Policy Initiative workplace activities are examples of this complementary approach. With regards to treatment for alcohol and drug abuse, there is little available in Mozambique other than an alcoholics anonymous group in Maputo, detox in the psychiatric hospital or support from REMAR, a local (Spanish affiliated) FBO much like the Salvation Army. With the design of the communication activity, the USG team will also be looking for effective BCC that addresses the social norms around alcohol use in bars and other hotspots, often leading to risky behavior.

Referrals and Linkages:

Although now included within the Treatment and Care areas, Prevention with Positives is an area that was first addressed with a military population with C&OP funding. Work with free condoms distributed through the MOH and the communication activity will provide additional support for this "no opportunity missed" approach to prevention. The MOH has approved several community based CT pilot activities, and opportunities will be created for linkages. The planned workplace activities will provide additional opportunities, especially for men, to access the full range of HIV services.

Policy:

The condom working group will continue to work with the MOH and the SWAP to address issues of procurement, forecasting, logistics and distribution policy. The USG also works with the Partners Forum, which includes the National AIDS Council (NAC), donors, NGO's and Associations of People Living with HIV/AIDS to assure that resources are programmed in line with Mozambique government plans and priorities. Workplace policy for HIV/AIDS is an essential element of the workplace activity planned for COP07.

Program Area Target:

Number of targeted condom service outlets	5,515
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	582,745
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	880

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8578
Planned Funds: \$ 50,000.00
Activity Narrative: This activity is linked to the I-RARE (International Rapid Assessment, Response and Evaluation) activity 8632.

The I-RARE activity in Mozambique will provide Ministry of Health (MoH) and civil society researchers/workers with skills to conduct and analyze qualitative data on hard-to-reach, vulnerable populations. Upon completion of training by the US-based team, researchers and field workers will collect and analyze qualitative data to assess and respond to local health needs. In particular, this information will be used to reduce stigma and discrimination by improving access to and uptake of HIV services among vulnerable populations.

Proposed FY07 funding will be used to, based on findings from I-RARE (evaluation described under Strategic Information), for a team of MOH technical staff from the HIV/AIDS/STI program, the health education department and the Mozambican National Health Institute, to design, pilot and implement first training and Information Education and Communication (IEC) interventions targeting vulnerable populations, such as drug users and commercial sex workers in Mozambique. Effective interventions targeting these groups in Mozambique to-date are very limited, and this activity will assist the MOH team to gain first experience in designing and implementing interventions, measuring effectiveness and potentially expanding them to larger groups and geographical areas in FY08.

Emphasis Areas**% Of Effort**

Information, Education and Communication	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Commercial sex workers
 Injecting drug users
 National AIDS control program staff
 Partners/clients of CSW
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: The Health Communication Partnership
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8648
Planned Funds: \$ 222,400.00

Activity Narrative: This activity is related to JHU/HCP communication activities OHPS 8646; 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. 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. 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.
5. Mozambique appropriate media and community activities reinforcing uptake of all HIV/AIDS services: prevention, care and treatment.
6. 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.

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.

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	<input type="checkbox"/>

Indirect Targets

It is expected that JHUCCP will be responsible for training of municipal leaders and local leaders as a direct target, and the # of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful will be captured as an indirect target resulting from the community activities they organize. Estimates to be revised with the final proposal to be submitted would be around 50,000

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Military personnel
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Religious leaders

Key Legislative Issues

Addressing male norms and behaviors
 Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: USAID-Chemonics International, Inc.-GHAI-HQ
Prime Partner: Chemonics International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 8651
Planned Funds: \$ 100,000.00
Activity Narrative: This entry is a continuation of FY 06 Activity ID 6419 and represents the second phase of that assessment.

Data indicate that areas of Mozambique with lower rates of male circumcision correspond to higher HIV prevalence. If the remaining international randomized controlled trials confirm that male circumcision reduces HIV transmission, then male circumcision could be a relevant prevention intervention for Mozambique. This funding will allow consultants to continue work with the Ministry of Health to assess the current state of male circumcision services in Mozambique, including training needed to ensure safety of services, potential public and private sector options for expanding services, indications of demand for services in areas where male circumcision is not already prevalent, and issues that would need to be addressed in order to prevent condom migration or other unintended effects of male circumcision activities.

It is expected that the remaining randomized controlled trials will conclude in calendar year 2007. If results are positive, normative bodies such as the World Health Organization and UNAIDS will issue recommendations and guidelines for countries regarding male circumcision. Results of this assessment will provide information for the Ministry of Health and other stakeholders in considering potential next steps, such as training of health workers and public health messages.

The assessment will follow guidelines and use tools developed by the Emergency Plan task force on medical circumcision.

Continued Associated Activity Information

Activity ID: 6419
USG Agency: U.S. Agency for International Development
Prime Partner: Chemonics International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 100,000.00

Emphasis Areas

	% Of Effort
Needs Assessment	51 - 100
Policy and Guidelines	10 - 50

Targets

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

Target Populations:

Doctors
 Nurses
 National AIDS control program staff
 Policy makers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Traditional healers

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Quick Impact Program
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	8771
Planned Funds:	\$ 40,000.00
Activity Narrative:	The Quick Impact Program will enable new partner organizations at the grassroots level to implement modest, targeted prevention projects focused on prevention of new HIV infections. Small grants will be provided to help NGOs/CBOs/FBOs implement innovative projects focused particularly on high-risk populations. The Quick Impact Program will also operate in the Emergency Plan program areas of AB, OVC and Palliative Care.

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

Continued Associated Activity Information

Activity ID:	4891
USG Agency:	Department of State / African Affairs
Prime Partner:	US Department of State
Mechanism:	State
Funding Source:	GHAI

Planned Funds: \$ 40,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	0	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	<input type="checkbox"/>

Target Populations:

- Adults
- People living with HIV/AIDS
- Men (including men of reproductive age)
- Women (including women of reproductive age)

Coverage Areas

- Manica
- Maputo
- Nampula
- Sofala
- Zambezia

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	USAID-Population Services International-GHAI-Local
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9150
Planned Funds:	\$ 4,273,500.00
Activity Narrative:	<p>This activity is linked to PSI activities in CT 9114 and PMTCT 9141. PSI will continue to provide logistics and technical support for condom social marketing (CSM) targeting most-at-risk groups, within the context of a number of behavior change communication (BCC) activities targeting youth and adults of reproductive age in all 11 provinces of Mozambique (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 while increasing coverage in outlets frequented by most-at-risk groups. BCC messages on radio will encourage sexually active adults to remain faithful to one partner and otherwise to make consistent use of condoms. Young couples and sexually active youth are encouraged to prevent both unwanted pregnancies and transmission of 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. PSI will continue to implement and expand a specially targeted BCC strategy utilizing peer educators selected from among young police recruits. These recruits become mentors and positive role models to male youth in towns and urban areas. In FY07, these activities will be expanded to three new provinces, chosen in collaboration with the Ministry of the Interior. The objective of this component is to emphasize the value of male peer support in today's high-risk environments and to empower young males to help mentor and nurture other male youth to reduce their risky behavior. Special IEC materials targeting young police will be adapted from similar materials already developed for the military program. PSI also will support the Ministry of the Interior to develop an HIV prevention strategy to guide the work with police officers over the next 5 years. In 2007, PSI will intensify an existing USG-supported BCC program among the military that was initiated in 2004 with DoD funding and continued with Emergency Plan funding in FY05. Activities include interpersonal peer education and establishment of HIV/AIDS information resource centers. PSI will work on increasing the Mozambican military's capacity in continuing peer educator programs, as well as strengthening revising an STI management program. 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]. PSI will continue workplace BCC programming that seeks to provide holistic ABC programming with linkages and referrals for care and treatment.</p>

Continued Associated Activity Information

Activity ID:	5231
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Services International

Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 2,790,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	5,500	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	570,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	320	<input type="checkbox"/>

Target Populations:

- Business community/private sector
- Commercial sex workers
- Community leaders
- Discordant couples
- Military personnel
- Truck drivers
- People living with HIV/AIDS
- Secondary school students
- Men (including men of reproductive age)
- Women (including women of reproductive age)
- Migrants/migrant workers

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Health Policy Initiative (ex-PDI)
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9151
Planned Funds: \$ 400,000.00
Activity Narrative: This activity is linked to workplace activity OHPS 9159.

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 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. Main components of this activity include:

1. Subgrant to Dunavant approximately \$50,000 for expansion of workplace activities into the community, working with families of Dunavant farmers
2. Subgrant to ECOSIDA approximately \$100,000 to provide TA and policy implementation assistance with member businesses
3. Assist 15 businesses to put in place holistic prevention programs, and assure that condoms are available to workers and staff
4. Assist 15 businesses to provide holistic prevention programs that reach partners and family members of the employees
5. Incorporate gender activities which address male norms and behaviors and gender based violence and coercion, shifting norms in the workplace and in the communities towards gender equity and healthy sexual and reproductive health practices.

Targets have been set based on an estimated initial 15 workplace programs providing distribution of condoms; training at least 10 managers and/or peer educators at each business; and each of the 150 trained persons reaching 20 individuals for a total of 3000.

This is a workplace HIV/AIDS program activity so the main emphasis area is workplace programs. Policy and guidelines, and local organization capacity development are the minor emphasis areas as this activity seeks to build capacity of businesses to carry out workplace programs, and to develop and implement equitable and non-discriminatory HIV/AIDS policies.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	15	<input type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	<input type="checkbox"/>

Target Populations:

Business community/private sector
 Men (including men of reproductive age)
 Women (including women of reproductive age)

Key Legislative Issues

Addressing male norms and behaviors
 Reducing violence and coercion

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

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:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9152
Planned Funds:	\$ 580,000.00
Activity Narrative:	<p>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.</p> <p>FDC along with JHU/CCP and PSI is a lead partner for communication. 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 activities, or to initiate activities with other at risk populations such as MSM.</p>

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		<input checked="" type="checkbox"/>

Target Populations:

- Community leaders
- Men (including men of reproductive age)
- Women (including women of reproductive age)

Key Legislative Issues

- Addressing male norms and behaviors
- Reducing violence and coercion
- Increasing women's legal rights

Coverage Areas:

- National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9154
Planned Funds: \$ 480,000.00
Activity Narrative: Plus-up/Reprogramming: AED will build capacity of and provide subagreements to organizations which target MARP such as Get Jobs (CSW) and the National Network against Drugs (drug users). Additionally, C&OP funding allows AED to provide subagreements to organizations which provide the broad range of sexual transmission prevention activities, effectively leveraging AB funding with C&OP resources.

Original COP: This activity is related to: HBHC 9131; HKID 9147; AB 9135; HXTS 9109; and OHPS 9212

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. 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 donor requirements.

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 program 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. Capacity building efforts will be tied, where appropriate, to direct service delivery in OVC and HBC and to AB and C&OP activities. During COP07 it is expected that direct targets of 1,000 reached and 100 trained 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 NGO impossible to grant directly.

C&OP funding should be used in the AED program to assist organizations carrying out activities in this programmatic area.

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,800	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	280	<input type="checkbox"/>

Target Populations:

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Men (including men of reproductive age)

Women (including women of reproductive age)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Peace Corps-Peace Corps-GHAI-Local
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9464
Planned Funds: \$ 182,600.00

Activity Narrative: Volunteers and 75 Education Volunteers will be engaged in a range of C&OP activities with their colleagues, communities and institutions/organizations in eight provinces and 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), which will allow for greater expansion of C&OP outreach in terms of individuals reached, persons trained, and institutions and communities technically strengthened (the latter is reported under Local Organization Capacity Development). During the COP 07 period, 75 Education and 28 Health Peace Corps Volunteers combined will expect to reach 1000 high-risk individuals with Other Prevention messaging, and train 30 trainers in eight provinces and the city of Maputo. 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 COP 07 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 and Zambezia. 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 COP 07 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 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 COP 07 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.

Continued Associated Activity Information

Activity ID: 4921
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 10,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	<input type="checkbox"/>

Target Populations:

- Commercial sex workers
- Community-based organizations
- Faith-based organizations
- Discordant couples
- Non-governmental organizations/private voluntary organizations
- Secondary school students
- Men (including men of reproductive age)
- Women (including women of reproductive age)
- Migrants/migrant workers
- Out-of-school youth

Key Legislative Issues

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

Coverage Areas

Gaza
Inhambane
Manica
Maputo
Nampula
Sofala
Tete
Zambezia

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	USAID-Project Hope-GHAI-HQ
Prime Partner:	Project Hope
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	12131
Planned Funds:	\$ 0.00
Activity Narrative:	pending

Table 3.3.05: Activities by Funding Mechanism

Mechanism: USAID-World Vision International-GHAI-Local
Prime Partner: World Vision International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12132
Planned Funds: \$ 360,000.00
Activity Narrative: This activity is a new component for World Vision's MozARK program and is related to USAID_HVAB_World Vision MozARK Activity #9392. MozARK will receive \$300,000 in C&OP funding to complement its AB activities, providing a comprehensive ABC approach to prevention for identified older, at risk youth as well as for adults. While MozARK will not provide condom service outlets, it will strategically program these funds to have a large impact in the most at-risk groups and maximize results by integrating with AB activities. This funding will specifically be used in transport corridor districts, for example, Mopeia district, site of the Zambezi bridge construction where there are populations of truck drivers and sex workers, and focus on addressing individual risk perception as well as community norms around the acceptability of multiple concurrent partners, male sexual norms and behaviors and condom usage.

Emphasis Areas

Community Mobilization/Participation

% Of Effort

51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		<input checked="" type="checkbox"/>
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	285,000	<input type="checkbox"/>
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,850	<input type="checkbox"/>

Target Populations:

Adults
Business community/private sector
Commercial sex workers
Community leaders
Community-based organizations
Factory workers
Faith-based organizations
Most at risk populations
Discordant couples
HIV/AIDS-affected families
Mobile populations
Truck drivers
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
Pregnant women
Seafarers/port and dock workers
Teachers
Children and youth (non-OVC)
Girls
Boys
Primary school students
Secondary school students
University students
Men (including men of reproductive age)
Women (including women of reproductive age)
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Migrants/migrant workers
Out-of-school youth
Partners/clients of CSW
Host country government workers

Key Legislative Issues

Gender
Addressing male norms and behaviors

Coverage Areas

Tete
Zambezia

Table 3.3.05: Activities by Funding Mechanism

Mechanism: PAO
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12133
Planned Funds: \$ 16,667.00
Activity Narrative: pending

Table 3.3.05: Activities by Funding Mechanism

Mechanism: USAID-VOA-GHAI-HQ
Prime Partner: International Broadcasting Bureau, Voice of America
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 12134
Planned Funds: \$ 85,833.00

Activity Narrative: This activity is related to activity 6620. Recent surveys, as reported in the New York Times (August 6, 2006), indicate young people in Africa are "most receptive to an AIDS campaign that was about more than just AIDS." In particular, young people responded to messages that encourage self-worth and a belief in the future. Radio has the power to deal with social, psychological and cultural aspects of HIV/AIDS.

Background

VOA's Portuguese service will create a vibrant, interactive weekly radio program aimed at - and largely produced by -- young people across Mozambique. The new show, "Your Health, Your Future," will focus on HIV/AIDS: Healthy lifestyles, including abstinence, faithfulness and drug avoidance; safe sexual behavior; treatment and care; testing; mother-to-child transmission; social and political implications of HIV/AIDS in Mozambique and educational issues. With news and information, the program will also spotlight U.S.-funded programs dealing with HIV/AIDS.

Using a network of young stringers, trained medical doctors and professional journalists, the lively format will give a voice to Mozambique's young majority, allowing them to have a say in helping combat HIV/AIDS.

The 30-minute show, targeting Mozambicans between 15-25, will be divided into several segments: 1) Stringer reports 2) a radio drama 3) a call-in segment with a local medical doctor receiving and answering questions related to HIV/AIDS 4) Public Service Announcements (PSAs), and 5) Man-on-street discussions. Stringers will produce local reports on HIV/AIDS clubs, innovative treatment facilities, interview segments with experts and local people, educational activities. The show also will report on social projects as they affect HIV/AIDS, such as sports and music, to poetry and drama. Panel discussions and public service announcements will be included.

The junior correspondents will file stories to an editor/coordinator based in Maputo (Radio Klint.) The local coordinator will work with a lively youth host who will anchor the call-in segments and provide bridges between segments. The coordinator will assemble the show and send it to Washington by FTP where a VOA staffer will check the show for accuracy and content and provide the opening and closing segments.

To promote and advertise the show and its content, VOA will organize "health summits" outside Maputo in the places where VOA has affiliates: Nampula, Beira, Quelimane and Chimoio. Events will be covered by VOA.

VOA will organize a training session for the new correspondents joining the program as stringers around the country.

VOA's Portuguese service reaches about 38 percent of adults in the five major cities in which VOA surveyed. It also reaches millions with shortwave broadcasts, according to research conducted by InterMedia. VOA programs are broadcast by shortwave, and by local FM affiliates. The new program, which will be rebroadcast several times a week, will target youth in a country of nearly 20 million people. Some 14.9 percent of people between the ages of 15 and 49 are infected with HIV/AIDS. The country's median age is 18.3.

Besides radio broadcasts, the program will be placed on the Internet at www.voanews.com.

Programme Description

Through this variety of interventions "Your Health, Your Future" will tackle high risk sexual behaviour thought to be the drivers of this generalized epidemic and which are considered relatively 'normal' in Mozambican society. With the split funding across the AB and C&OP program areas VOA can develop more holistic ABC approaches to the prevention of sexual transmission of HIV.

AB funding (FY07 \$114,167)

C&OP funding (FY07 \$85,833)

Through this show VOA will address youth and young adults as it is at this stage where incidence is thought to be highest and where youth are transitioning from adolescence to adulthood. They are sexually active or becoming sexually active with the intention of forming relationships, identifying as couples, marrying and beginning family formation and it is at this stage where they can be targeted to change harmful population-level norms to support risk avoidance and risk reduction.

One of the primary behaviours to be targeted are multiple concurrent sexual partnerships which is thought to sustain the kind of generalized epidemic found in Mozambique and which is exacerbated by the high level of infectiousness that accompanies new infections. Protective behaviours to be explored by this show includes abstinence and secondary abstinence, being faithful and correct and consistent condom use. VCT and knowing ones status should be highlighted, especially in relation to being faithful as it is only protective if both partners are HIV negative and mutually faithful. This show should encourage a move away from moral rationale for abstinence and being faithful to more evidence based approaches.

Other social and structural factors that may increase HIV risk or vulnerability should be identified with a specific focus on cross-generational sex as well as informal transactional sex both of which are important priorities and which are often not seen as being particularly risky behaviours.

Many studies have also shown that alcohol abuse is associated with increased HIV risk. C&OP funding can be used to address social norms and behaviour change related to HIV risk and risk perception related to alcohol abuse.

Gender norms should be addressed as they relate to HIV risk and should identify opportunities to empower women and men to reduce their risk, and address norms of male behaviour that place men and women at risk. AB funding may be used for activities addressing gender based violence, coercive sex, and legal issues that impact women's ability to respond to challenges of HIV. Gender should also be taken into account to ensure that activities will not impact either males or females negatively.

Monitoring and Evaluation

PEPFAR dropped indicators for mass media because they are difficult to quantify and to assure VOA will assess the show's impact – i.e. the number of people listening to the show, demographics – through its annual listenership surveys conducted by InterMedia.

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	12262
Planned Funds:	\$ 200,000.00
Activity Narrative:	In the 2007 SIDA Gender Relations Update, it is estimated that 1 in 4 women are victims of gender-based violence. This activity will explore the possibility of piloting the provision of Post Exposure Prophylaxis (PEP) for women who are victims of sexual violence in Sofala and Zambezia provinces. Funds would support the development of PEP kits, provision of training for health care staff to assess who are victims and to provide them with treatment and to develop protocols that will undergird these health care delivery activities in coordination with the Ministry of Health. JHPIEGO has been selected as the implementing partner for this activity based on their work with the Ministry of Health around national guidelines for PEP for health care workers.

Emphasis Areas

Policy and Guidelines

% Of Effort

51 - 100

Target Populations:

Adults

Women (including women of reproductive age)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	12264
Planned Funds:	\$ 180,000.00
Activity Narrative:	<p>Plus Up funding will complement existing funding for male circumcision interventions as follows: 1. Support to the MOH and NAC to design MC policy, service delivery guidelines, strategy and plans to implement MC services, based on assessment results and the MOH and NAC preferences:</p> <ol style="list-style-type: none"> a. Facilitate stakeholder meetings at various levels (central, provincial, district, facility and community level) to educate stakeholders on MC, disseminate assessment results and discuss service delivery strategies (\$50,000) b. Translate/adapt and print IEC materials on MC for healthcare facility providers, users and potential users (\$30,000) <p>2. Support implementation, M&E, and plan for expansion of MC services:</p> <ol style="list-style-type: none"> a. Provide necessary site strengthening, equipment and commodity support including MIS/record keeping materials, counseling and IEC materials (\$100,000)

Emphasis Areas

Information, Education and Communication

% Of Effort

51 - 100

Target Populations:

Adults
Boys
Men (including men of reproductive age)
Public health care workers

Key Legislative Issues

Gender
Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area: \$ 13,080,187.00

Program Area Context:

Background:

With support from the USG, the Ministry of Health (MOH) oversees the development of palliative care policy, guidelines, training and M&E. The major palliative care services - clinical, psychological, spiritual, preventive and social care - are delivered through clinical and home/community-based settings. In FY07, the USG will continue to work with the MOH, other government sectors, donors and partners to create a more comprehensive approach to providing palliative care. This will be accomplished through the following six priorities: 1) improve access to the diagnosis and treatment of opportunistic infections (OI) and sexually transmitted infections (STIs); 2) strengthen the role of home-based care (HBC) providers and the quality of services, incorporating principles from the preventive care package; 3) implement adherence strategies with ART programs; 4) continue building local capacity of NGOs/FBOs/CBOs in palliative care; 5) develop sustainable models for nutritional support for people on ART; and 6) model an integrated palliative care system for PLWHA including other government sectors.

USG Mozambique aims to provide 165,199 individuals with HIV-related palliative care, 5,633 individuals will be trained to provide HIV-related palliative care and 90 service outlets will provide HIV palliative care.

Statistics:

Approximately 1.6 million people in Mozambique are estimated to be HIV-positive and about 20-25% (280,000-350,000) of them need treatment. As of June 2006, 27,043 people were receiving ART from all services available in the country, including PEPFAR. By mid FY 2006, 74,716 people received palliative care services through USG supported programs, surpassing the FY06 year end target of 53,000.

Services:

USG palliative care programs are generally located in the same geographical areas as PEPFAR treatment sites to maximize the reach to PLWHA and also support the priorities of the MOH. The following FY07 activities will assist in improving palliative care in Mozambique.

The USG will strengthen procurement, supply chain management and technical capacity of the MOH pharmaceutical department to guarantee adequate supply of OI and STI drugs at HIV/AIDS service sites. Moreover, treatment partners will receive funding to train current pharmacy and management staff on how to better manage their procurement of OI and STI drugs and prevent the frequent occurrence of stock-outs. Additionally, funding will be given for training in the technical areas of prevention, diagnosis, treatment and management of OI and STI for clinical staff. All these components will assist in increasing provision of OI treatment and cotrimoxazole prophylaxis for PLWHA.

Palliative care delivered through HBC/community care sites includes the use of the MOH's palliative care "kits". Each kit is designed to be used by different levels of trained volunteers, health workers and supervisors. NGOs supporting HBC employ staff to administer the different types of kits. There are a total of four "levels" of kits and include items ranging from medications such as morphine, codeine (under the supervision of a physician) and cotrimoxazole to basic first aid supplies and insecticide-treated bed nets.

Under the HBC structure, the USG uses the 1 to 10 ratio of HBC volunteers to clients, with visits made twice a week. One HBC nurse is hired for every district and is on-call for cases identified by HBC volunteers that need medical attention in the home. HBC supervisors also monitor each volunteer on a regular basis, e.g. 2-3 times a month. In FY07, treatment adherence assistants, hired by NGO partners, will be based at treatment sites in order to refer ART patients (and TB patients) to a HBC volunteer for continued palliative care and support for adherence to treatment. Finally HBC programs, whose clients are not yet eligible for ART, are to have formal linkages with local clinics that provide the needed services such as clinical OI care. In FY07, a minimum 50% of all HBC clients are to have access to clinical services.

The USG also supported the MOH in 2003 – 2004 to develop of a standard twelve-day training curriculum for HBC volunteers and an accreditation system for trainers. To date, 114 HBC trainers are trained and accredited. In addition, the Mozambican Nurses Association (ANEMO) received support in FY05 to train seven HBC master trainers to provide training and TA to CBOs/FBOs providing HBC. Within 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. ANEMO will also help to supervise HBC trainers and data collection systems. Refresher trainings will be provided for all HBC supervisors and volunteers on a regular basis.

To further strengthen ongoing HBC programming, an evaluation tool is being designed for NGOs to measure the quality of their management and direct delivery of palliative care services. Also the USG will evaluate the use of current OI and STI training given to medical staff for the training of all HBC supervisors. The evaluation will help to identify strengths and areas for improvement for HBC roles and quality of services they provide for PLWHA.

Referrals and Linkages:

In 2006, there was an increase in the integration of services such as food, hygiene and safe water, bednets, loans, etc. through linkages with other donor programs (i.e. World Food Program and UNICEF) and other USAID programs (i.e. OVC, MCH, Food Security, etc.). These efforts will continue in FY07. In addition, the USG will continue to work with and build the local capacity of NGOs/FBOs/CBOs by working with umbrella groups like MONASO (Mozambican Network of AIDS Services Organizations) who support and provide technical assistance to local organizations. Moreover, PLWHA groups will be strengthened as support networks but also as a mechanism to educate the community and break down stigma and discrimination in their communities.

Policy:

In FY07, the USG will continue to support the MOH National Strategic Plan and the USG Five-Year Strategic Plan to expand palliative care to PLWHA at both the clinical facilities and community levels and advance policy initiatives in support of palliative care. Draft policy is being discussed that will address levels of staff able to prescribe and dispense narcotics for pain relief, a national cotrimoxazole policy and further defining mechanisms for food and nutrition security issues for PLWHA, particularly those on ART.

In addition, the USG is supporting the Ministry of Women and Social Action (MMAS) in piloting a multi-sectoral model for care and support of PLWHA to promote integration of wrap around services for palliative care. This will clarify roles and responsibilities and improve linkages between public sectors, NGOs and donors. This continued activity will leverage funds from UNICEF, World Bank, and Food and Agriculture Organization (FAO).

The Presidential Malaria Initiative will be officially launched in Mozambique in November 2006. The Initiative's two main target groups are children under 5 years of age and pregnant women. Given that malaria is a pervasive OI impacting the health of PLWHA, PEPFAR will provide long lasting insecticide-treated bed nets to 97,400 PLWHA.

Challenges:

The lack of human capacity at the clinical and community level continues to be a major constraint on the progress that can be made in palliative care. Capacity development is a high priority for the new Minister and the USG will continue to work with the Mozambique government and other stakeholders on these efforts.

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	90
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	161,751
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	5,477

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	Columbia University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8566
Planned Funds:	\$ 680,000.00
Activity Narrative:	This activity is linked to 8545 and OI logistics systems strengthening described in USAID activity 9117 elsewhere in this document.

The main components of this activity is to provide all HIV patients with a minimum package of quality clinical care services at Columbia University's (CU) 25 ART sites. Patients will receive access to this minimum package of care regardless of whether they have initiated ART. Key components of the care package will include:

1) Management of Opportunistic Infections (OIs) and other acute illnesses, including the prevention, diagnosis and treatment of common OIs as well as screening for HPV/cervical cancer, the provision of cotrimoxazole prophylaxis, pain control, facilitating the distribution of bednets to prevent malaria, and site level support to improve recording and reporting of OIs and a) HIV clinical stage and prophylactic medicines prescribed, b) OIs diagnosed (TB, Cryptococcal Meningitis, Kaposi's Sarcoma (KS)), c) adherence records to medication and clinic reviews d) specific psycho-social issues requiring follow-up and e) eligibility for ART.

Specifically related to the detection and treatment of Kaposi's sarcoma, CU will request funds to hire a Technical Advisor, train health staff in chemotherapeutic agents preparation/KS treatment, renovate and equip treatment areas, and ensure that the M&E system monitors prevalence of KS

2) Provision of psychosocial and adherence support through working with community-based groups and associations, recruitment and training of clinic staff to provide ongoing counseling support

3) Assurances that the continuity of care services beyond the clinical setting are accessible via referrals to community-based organizations that serve the respective health facilities, including referral to counseling and testing as necessary

4) Continued patient and family education about HIV disease, OIs, appropriate nutrition, and HIV Prevention

5) Continued monitoring and regular follow-up to determine readiness and eligibility for initiation of ARV therapy.

To ensure access and quality of service for these five elements, CU will develop a system for tracking the types of services offered and delivered. Additionally, clinic nurses, clinical officers/medical technicians and pharmacy staff will be trained in the provision of standard HIV care services and STI syndromic management. Training will include adult and pediatric HIV management and will be provided in coordination with the Ministry of Health. Finally, CU will work with the MoH and the Provincial Health Office to maintain a buffer stock of OI drugs in case of stock out and to strengthen the logistics system for OI medicines.

Through these activities in FY07: 38,000 PLWHAs will be provided with clinic-based HIV-related care services at 25 Columbia University supported sites including treatment of 10,000 HIV infected adults diagnosed with OI and prophylaxis and/or treatment of 3,000 HIV infected infants and children and training of 380 clinical and pharmacy staff in OI management.

Continued Associated Activity Information

Activity ID: 5198
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 380,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	25	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	38,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	380	<input type="checkbox"/>

Target Populations:

Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Public health care workers
 Other Health Care Worker

Coverage Areas

Gaza
 Inhambane
 Maputo
 Nampula
 Zambezia

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8587
Planned Funds: \$ 767,000.00

Activity Narrative: This activity provides additional funding to the Ministry of Health (MOH) and is aimed at enhancement of diagnosis, management, and treatment of opportunistic infections at health facilities in Mozambique. The main activities include: support a national technical working group on opportunistic infections that will recommend and advise the Ministry of Health Department of Clinical Services on issues related to improved monitoring and evaluation, supervision and training related to Opportunistic Infections.

This activity is linked to activities 8566, 8595 and (USAID) 9133 which support clinic based HIV palliative care; and activity sheets 8570, 8631 and 8637 for HIV-STI integration.

Through requested FY07 funding, the Home Based Care (HB) Program will continue to receive support for improving monitoring and evaluation (M&E) tools at the central level, and updated training, supervision and policy materials for the delivery of palliative care at the community level.

The HBC program will also continue to work in conjunction with the Traditional Medicine Section to train provincial trainers who will, in turn, train Traditional Healers to improve referral links between them and the modern health care system and to improve their practice. Training will emphasize changing harmful practices and respecting neutral or positive practices. Some of these practices include the use of certain plants for symptom relief while avoiding those that interact with ARVs and other important medications, promoting traditional counseling practices while encouraging the protection of the rights of women and children regarding inheritance issues, and health education for prevention around HIV and TB transmission. Correcting or modifying harmful practices and clarifying harmful beliefs also serve to decrease stigma in the community.

In addition to these two activities, the HBC team will provide in-service training to improve health workers skills for provision of HIV health care. The National Nursing Department in coordination with the Department of Medical Assistance (DAM) has implemented Basic HIV and Opportunistic Infections trainings for mid- to basic-level cadres (medical technicians, general nurses, medicine agents and basic nurses) who are involved in the provision of health care to adults. USG-funds in the previous years supported the development of training materials for a Basic Course in HIV and Opportunistic Infections based on the generic WHO Integrated Management of Adolescent and Adult Illness (IMAI) and existing in-country materials. Manual contents include broad aspects of HIV/AIDS prevention, Biosafety, and HBC, including how to identify signs and symptoms and treat Opportunistic Infections (OIs). Those materials have been used in all training activities throughout the country by MOH staff and implementation partner agencies and organizations resulting in 253 health workers and 52 facilitators trained from 9 provinces in the country. Training activities proposed for FY07, include:

- 1) Reproduction of updated training materials to facilitate the process of standardization of OI case management
- 2) Provincial courses for 100 health workers in 5 provinces.
- 3) Supervisory visits from the central level to five provinces to ensure the training quality and follow up trainees Niassa, Cabo Delgado, Sofala, Zambezia and Nampula provinces.

In addition to the support for the above described support for HBC and OI management, the following HIV-STI interventions are proposed for FY07 which build off of FY05 and FY06 activities:

- 1) Training for 300 STI service providers using the new/revised guidelines and training materials, including HIV counseling and testing, STI treatment for HIV-positive clients and partner notification: FY07 funds will support 2 trainings per province to be conducted in six provinces. National clinical STI guidelines and STI training materials were reviewed so as to introduce and appropriately address
 - a) HIV counseling and testing to be provided during outpatient and STI consultations;
 - b) treatment algorithms, drug prescriptions and dosages for HIV-positive patients affected by STIs; and
 - c) partner notification and testing for HIV-positive and STI patients.
- 2) Reproduction of the above described revised STI clinical guideline and training manual, as well as basic job aids and IEC materials for STI service providers trained.
- 3) Supervision visits (22 visits or 2 visits to each of the 11 provinces) conducted by central level STI program technical staff and supervisors to monitor the integration of STI

management at HIV/AIDS treatment sites as well as visit STI providers trained and provide further on-the-job guidance.

4) M&E support visits (11 visits or 1 visit to each of the 11 provinces) from central level STI data management staff and M&E staff to supervise the use of integrated HIV and STI reporting, data compilation, analysis and use at provincial level.

5) Recruitment and hire of two MoH STI and HIV data management staff to support the revision and further improvement of STI program registers and forms with integrated HIV and testing data; as well as recording and compilation of STI data at HIV/AIDS treatment sites.

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	<input type="checkbox"/>

Indirect Targets

This activity supports the MOH calendar year 2007 target of 107,238 people in Home Based Care programs, linked with 250 health centers, in terms of providing personnel, technical support and costs of supervision, policy revision, monitoring and evaluation, and annual National Task Force meetings.

Target Populations:

Adults
 Community-based organizations
 Doctors
 Nurses
 National AIDS control program staff
 People living with HIV/AIDS
 Policy makers
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Public health care workers
 Other Health Care Worker

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement
Prime Partner:	Ministry of Women and Social Action, Mozambique
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8590
Planned Funds:	\$ 400,000.00
Activity Narrative:	Continuing with FY06 activities, the Ministry of Women and Social Action (MMAS) will provide ongoing technical assistance to support Integrated Care and Support networks in Tete and Sofala provinces. In addition, MMAS will expansion this program to the second USG provincial focus area: Zambezia.

As part of this activity specifically, MMAS will coordinate with other sectoral partners (like the MoH) 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 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 Hhealth 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.

Continued Associated Activity Information

Activity ID:	5199
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Women and Social Action, Mozambique
Mechanism:	Cooperative Agreement
Funding Source:	GHAI
Planned Funds:	\$ 350,000.00

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Food/Nutrition	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	10 - 50

Target Populations:

Community leaders
Community-based organizations
HIV/AIDS-affected families
Orphans and vulnerable children
People living with HIV/AIDS
Policy makers
Caregivers (of OVC and PLWHAs)
Host country government workers

Key Legislative Issues

Gender
Increasing women's access to income and productive resources
Volunteers
Food
Microfinance/Microcredit
Education

Coverage Areas

Sofala
Tete
Zambezia

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Track 1 ARV Moz Supplement
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8595
Planned Funds:	\$ 1,004,591.00
Activity Narrative:	This activity also relates to activity 8593 and OI logistics systems strengthening described in USAID activity 9136 elsewhere in this document.

The main component of this activity is to provide all HIV patients with a minimum package of quality clinical care services at EGPAF's 17 ARV treatment sites. Patients will receive access to this minimum package of care regardless of whether they have initiated ART. Key components of the care package will include:

- 1) Management of opportunistic infections (OIs) and other acute illnesses: including the prevention, diagnosis and treatment of common oi as well as provision of cotrimoxazole prophylaxis, pain control, facilitating the distribution of bed nets to prevent malaria, as well as site level support for the recording and reporting of opportunistic infections through maintenance of good registers that keep track of a) HIV clinical stage and prophylactic medicines prescribed, b) OIs diagnosed (TB, CM) c) record of adherence to medication and clinic reviews d) specific psycho-social issues requiring follow-up and e) eligibility for ART
- 2) Provision of psychosocial and adherence support through working with community-based groups and associations and recruitment and training of clinic staff to provide on-going counseling support
- 3) Assurances of continuity of care services beyond the clinical setting through referral to community-based organizations that serve the respective health facilities. This may include referral to counseling and testing as necessary.
- 4) Continued patient and family education about HIV disease, OIs, appropriate nutrition and HIV prevention
- 5) Continued monitoring and regular follow-up to determine readiness and eligibility for initiation of ARV therapy.

To ensure access to all five elements, EGPAF will develop a system for tracking the types of services offered and delivered. Additionally, clinic nurses, clinical officers/medical technicians and pharmacy staff will be trained in the provision of standard HIV care services. Training will include adult and pediatric HIV management and will be provided in coordination with the Ministry of Health.

Through these activities, 13,132 adult and 2,456 children will be provided with clinic-based HIV-related care services during FY07. Children will be identified for care through linkage with PMTCT services, postnatal clinics, in- and out-patient child care services as well as child at risk consultation services. At least 22 community based organizations will be engaged to support referral networks and 300 individuals will be trained in OI management.

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	17	<input type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	15,588	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	300	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
HIV/AIDS-affected families
People living with HIV/AIDS
HIV positive pregnant women
Religious leaders
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Cabo Delgado
Gaza
Maputo
Nampula

Table 3.3.06: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8616
Planned Funds: \$ 62,243.00
Activity Narrative: This activity will partially fund the salary and benefits package of one existing position - Prevention Program Support Officer, one approved, but yet-to-be-filled position - OI, TB/HIV Specialist - and the full salary and benefits package of one proposed position - Home Based Care Assistant. Each of these positions will provide significant support to the Palliative Care program.

The OI, TB/HIV specialist will work to support and provide oversight for the development and implementation of standard care services for HIV-infected patients within USG-supported treatment facilities. Additionally, this person will contribute to policy development through participation in national technical meetings.

The Home Based Care Assistant will provide technical support to the Ministry of Health Home-Based Care Program and the Ministry of Women and Social Action Integrated Care and Support network pilot sites to further strengthen access to coordinated services which will, in turn, inform policy development. This position will also contribute to the development of innovative and sustainable approaches to food security together with relevant government sectors and partners such as USAID, WFP, FAO, and implementing NGOs/CBOs/FBOs.

The Prevention Program Support Officer will participate in the finalization of the assessment of integration of STI diagnosis, treatment and improved partner services into routine HIV outpatient clinical care (see also activity sheets 8587, 8570, 8631, 8637 in relation to HIV-STI integration).

Continued Associated Activity Information

Activity ID: 5224
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: BASE_CDC_POST
Funding Source: GAP
Planned Funds: \$ 5,771.00

Table 3.3.06: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 8631
Planned Funds: \$ 666,387.00
Activity Narrative: 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 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 assessments 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" 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.

In October 2007 reprogramming, activity funds were reduced by \$615,000 in order to support a project with Vanderbilt University - Friends in Global Health.

Continued Associated Activity Information

Activity ID: 5200
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_HQ
Funding Source: GHAI
Planned Funds: \$ 513,292.00

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

Target Populations:

HIV/AIDS-affected families
 People living with HIV/AIDS
 Policy makers
 Host country government workers

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	GHAI_CDC_POST
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	8637
Planned Funds:	\$ 430,000.00
Activity Narrative:	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 is linked to activity sheets 8587, 8570 and 8631 in relation to HIV-STI integration.

Funding under this activity will support the following HIV-STI integration activities:
 (a) provision of technical assistance for the development/review of routine monitoring and data collection for HIV and STI patients at outpatient consultations and HIV/AIDS treatment service sites;
 (b) reproduction and distribution of revised HIV/STI registers, data collection tools and job aids; and
 (c) finalization of the assessment of integration of STI diagnosis, treatment and improved partner services into routine HIV outpatient clinical care.

In addition this activity will fund the following HBC program support activities:
 (a) travel for Home-Based Care (HBC) Technical Advisor and FSN;
 (b) participation in exchange visits and continuing education events for professional growth for the multisectoral team working on the development of Integrated Care and Support systems, both for MOH (Ministry of Health) and MMAS (Ministry of Social Welfare) staff.

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100

Target Populations:

Policy makers

Host country government workers

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: USAID-World Vision International-GHAI-Local
Prime Partner: World Vision International
USG Agency:
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9126
Planned Funds: \$ 652,600.00

Activity Narrative: 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 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.

Continued Associated Activity Information

Activity ID: 5137
USG Agency: U.S. Agency for International Development
Prime Partner: World Vision International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,000,000.00

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

Targets

Target

Target Value

Not Applicable

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

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

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

5,020

Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)

502

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

Caregivers (of OVC and PLWHAs)

Religious leaders

Other Health Care Worker

Coverage Areas

Sofala

Zambezia

Manica

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9131
Planned Funds: \$ 500,000.00

Activity Narrative: 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 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 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 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.

Emphasis Areas

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

Targets

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

Target Populations:

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

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9132
Planned Funds: \$ 1,000,000.00

Activity Narrative: 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 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.

Continued Associated Activity Information

Activity ID: 5321
USG Agency: U.S. Agency for International Development
Prime Partner: Foundation for Community Development, Mozambique
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 500,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,200	<input type="checkbox"/>

Target Populations:

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

Key Legislative Issues

Food

Coverage Areas

Gaza
Inhambane
Maputo

Table 3.3.06: Activities by Funding Mechanism

Mechanism: USAID-Health Alliance International-GHAI-Local
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9133
Planned Funds: \$ 1,399,816.00

Activity Narrative: Per 07/07 reprogramming; 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 candidiasis 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 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.

Continued Associated Activity Information

Activity ID: 5146
USG Agency: U.S. Agency for International Development
Prime Partner: Health Alliance International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,070,000.00

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

Targets

Target

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

Target Value

Not Applicable

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

48

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

80,800

Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)

1,370

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Doctors

Nurses

Pharmacists

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

Caregivers (of OVC and PLWHAs)

Religious leaders

Other Health Care Worker

Key Legislative Issues

Food

Coverage Areas

Manica

Sofala

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9136
Planned Funds: \$ 1,129,015.00

Activity Narrative: Additional Funds to SCMS will be used supplement activities planned in FY07 to strengthen the CMAM (Central medical stores) system for procurement and distribution of OI medicines to health facilities in the country. Plus-up funds in particular will allow SCMS to assist CMAM to quantify for a selected group of OI drugs taking into consideration the increase in service capacity of the national health system, given the massive rollout of training in the OI STGs within training institutions and in-service training to health system staff

This activity is related to activities HVCT 9156, HTXD 9117, HLAB 9254 and MTCT9142.

The Supply Chain Management System (SCMS) project will support MOH to strengthen its logistics management of the medicines and consumable supplies necessary for a range of HIV/AIDS prevention, care, and treatment services such as antiretroviral (ARVs) medicines for treatment and PMTCT, HIV test kits, laboratory reagents and consumables, medicines for the treatment of opportunistic infections, items for home-based care kits, etc. 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.

More than 120 commodities are required to provide prevention, care and treatment to people living with HIV. SCMS will assist CMAM (the MOH Central Medical Stores) and other PEPFAR implementing partners to support improved logistics for a number of commodities such as drugs for opportunistic infections, palliative care kits, TB drugs, therapeutic supplements, and any other drug or medical supply related to the care and treatment of people living with HIV.

SCMS will conduct a needs assessments to define specific commodities to be the focus of system improvement activities; develop action plans to improve the logistics management of specific commodities; assist CMAM in preparing annual forecasts for specific items, as identified; regularly monitor the stock levels of specific items in the supply chain, as identified and conduct formal or on-the-job training in logistics management of specific commodities as defined in the action plan.

SCMS will build CMAM and relevant program staff capacity to better quantify needs of specific products, improve ability to resolve distribution problems, and take actions in time to prevent logistic bottlenecks.

Some patients do not have a sustained response to antiretroviral agents for multiple reasons, including poor adherence, drug toxicities, drug interactions, or initial acquisition of a drug-resistant strain of HIV-1 and, therefore, the lack of OI Drugs in treatment facilities will continue to cause substantial morbidity and mortality in patients with HIV-1 infection.

Information collected in two of the three uniformed services treatment facilities (Military & Police) show that around 70% of their HIV patients present some kind of opportunistic infection. This information makes us believe that the situation will most certainly be the same in the military treatment facility recently opened in Nampula. We can estimate that the 3 facilities will be providing care to around 5,500 people registered as seropositive. Some of them will need both ARV and OI drugs.

Prophylaxis against specific OIs continues to provide survival benefits even among persons who are receiving ARV drugs. Preventing and treating opportunistic infections not only helps HIV-positive people to live longer, healthier lives, but can also help prevent TB and other transmissible opportunistic infections from spreading to others.

Despite the fact that most of the OIs can be prevented or treated, DOD knows that most Mozambican military and police seropositive patients are not receiving proper care for OIs due to unavailability of drugs. Therefore, the proposed funds will be used to cover part of the needs for OI drugs expecting that the needs will be completed with drugs received through MOH channels of distribution.

Reprogramming October 2007 - An increase of funds is being proposed for SCMS to provide additional test kits and STI medications through CMAM, the Center of Medications

and Medical Articles. Given the very large increases in the number of people being tested for HIV and the large percentage of HIV-positive individuals who are co-infected with one or more sexually transmitted infections, the USG believes it is in an unique position to assist the Government as well as ensure that both the GRM and PEPFAR are able to meet testing and treatment targets.

Emphasis Areas

	% Of Effort
Commodity Procurement	51 - 100
Logistics	51 - 100

Targets

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

Target Populations:

- Military personnel
- People living with HIV/AIDS
- Host country government workers

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: USAID-World Food Program-GHAI-Local
Prime Partner: World Food Program
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9138
Planned Funds: \$ 500,000.00

Activity Narrative: This activity is related to HKID activities 9125, 9155, 9148, 8225, 8230, 9213; HBHC activity 9207, and HTXS activity 9167.

The World Food Program (WFP) has worked closely with WHO efforts to develop approaches based on the latest available scientific evidence with respect to identifying the macronutrient and micronutrient needs of HIV-infected peoples, the specific nutritional needs of children infected and affected by HIV/AIDS and the nutritional needs of HIV-infected adults and children receiving ART. It was recognized that HIV infected adults and children in general have greater energy needs, greater presence of micronutrient deficiencies and that growth in children can be severely impaired if infected with HIV or if they do not have access to a properly balanced diet. To achieve the full benefits of ARV and proper growth of a vulnerable child, adequate dietary intake is essential and dietary and nutritional assessment is an essential part of comprehensive care.

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 (adults and children) receiving ART at USG-supported sites in order to improve treatment adherence and reduce any potential negative effects of the drugs. WFP will continue to work closely with PEPFAR partners (World Relief, World Vision, FDC, Save the Children, Project Hope, and Care) 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 partners will contract with WFP to provide a specific number of supplemental packages for no longer than 6 months for PLWHA and will distribute them. This activity will provide PLWHA food rations equivalent to one meal a day. PEPFAR partners will ensure that PLWHA 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. 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 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 1/2 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.

Reprogramming October 2007 - \$500,000 decrease

Continued Associated Activity Information

Activity ID:	5141
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Food Program
Mechanism:	N/A

Funding Source: GHAI
Planned Funds: \$ 500,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Food/Nutrition	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target

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

Target Populations:

Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
HIV positive pregnant women
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Food

Coverage Areas

Gaza
Inhambane
Manica
Maputo
Sofala
Zambezia

Table 3.3.06: Activities by Funding Mechanism

Mechanism: USAID-World Relief Corporation-GHAI-Local
Prime Partner: World Relief Corporation
USG Agency:
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9139
Planned Funds: \$ 520,000.00

Activity Narrative: This activity is related to HKID 9125, HVAB 8232, HVAB 9146 and HVTB 9129.

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 its 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 pastor 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 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.

Continued Associated Activity Information

Activity ID: 5136
USG Agency: U.S. Agency for International Development
Prime Partner: World Relief Corporation
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 500,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target

Target Value

Not Applicable

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

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

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

4,000

Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)

400

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

Caregivers (of OVC and PLWHAs)

Religious leaders

Other Health Care Worker

Coverage Areas

Gaza

Inhambane

Maputo

Table 3.3.06: Activities by Funding Mechanism

Mechanism: USAID-CARE International-GHAI-Local
Prime Partner: CARE International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9207
Planned Funds: \$ 0.00

Activity Narrative: Per 7/07 reprogramming; Delete this activity

This activity is related to HBHC 9207 and HVTB 9205.

CARE's palliative care activities for HIV seropositive clients are undertaken in community settings in Nampula and Inhambane provinces. Home-based palliative care activities are delivered through a cadre of volunteers and will continue to include care-giving to patients who have been referred through the "day hospital" clinical services for HIV+ clients (part of the integrated HIV/AIDS services network) and through the PMTCT sites. This is a continuation of services started in FY2005 in conjunction with Columbia's model PMTCT site in Nampula and various health facilities in Inhambane and includes reaching a total of 5,000 persons with home-based palliative care.

In FY07, 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 TB treatment and ART to support adherence and provide related care and support, under the TB/HIV activity. The trained volunteers will encourage and where possible help with transportation to ensure that patients get to clinics for observation, diagnosis and treatment. Volunteers will also assist the community to set up needed community-level safety net programs for PLWHA in need. A total of 500 individuals will be trained in FY07 to deliver the needed palliative care.

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.

This activity is related to USAID_HBHC_9207 and USAID_HVTB_9205.

CARE's palliative care activities for HIV seropositive clients are undertaken in community settings in Nampula and Inhambane provinces. Home-based palliative care activities are delivered through a cadre of volunteers and will continue to include care-giving to patients who have been referred through the "day hospital" clinical services for HIV+ clients (part of the integrated HIV/AIDS services network) and through the PMTCT sites. This is a continuation of services started in FY2005 in conjunction with Columbia's model PMTCT site in Nampula and various health facilities in Inhambane and includes reaching a total of 5,000 persons with home-based palliative care.

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Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	0	<input type="checkbox"/>

Target Populations:

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

Coverage Areas

Inhambane

Nampula

Table 3.3.06: Activities by Funding Mechanism

Mechanism: USAID-Family Health International-GHAI-Local
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9209
Planned Funds: \$ 1,679,735.00

Activity Narrative: 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/maternalities 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 where 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 efforts 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 persons in institutional capacity. One of FHI's new FBO partners is the Association of Muslim Women. In FY07, an additional 200 people will be trained to provide palliative 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 to 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.

Emphasis Areas

% Of Effort

Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target

Target Value

Not Applicable

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

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

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

3,083

Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)

240

Target Populations:

Community-based organizations

Faith-based organizations

Nurses

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

Caregivers (of OVC and PLWHAs)

Other Health Care Worker

Coverage Areas

Inhambane

Zambezia

Table 3.3.06: Activities by Funding Mechanism

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: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 9211
Planned Funds: \$ 553,800.00

Activity Narrative: 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, 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.

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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.

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Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,260	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	426	<input type="checkbox"/>

Target Populations:

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

Coverage Areas

Gaza
 Manica
 Maputo
 Sofala
 Zambezia

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Vanderbilt University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12265
Planned Funds:	\$ 915,000.00
Activity Narrative:	These resources will be provided to Friends in Global Health (Vanderbilt University), to develop activities related to provincial coordination mechanisms and the creation of sustainable and replicable community based referral systems with activities to strengthen adherence to Cotrimoxazole prophylaxis, treatment of OIs, ART and TB medicines, as well as default tracing and case finding (TB, HIV).

Reprogramming of an additional \$615,000 to this activity in October 2007 allows for resources to support various activities related to technical support of MOH, MMAS and CNCS in systems strengthening (coordination and referral systems, materials development, M&E, supervision tools, policy development etc). TA to MISAU and MMAS will directly train 189 Central, Provincial and District level staff. 120 will be trained in their management role (coordination, supervision, monitoring and evaluation), and 69 as trainers of community based "para social workers". TA staff will then accompany training of 660 community supervisors and volunteers as needed. This also includes support for Twinning the National Organization of Mozambican Women (OMM) care, support and training center with a South African counterpart, and developing a plan of activities.

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.		<input checked="" type="checkbox"/>
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	189	<input type="checkbox"/>
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		<input checked="" type="checkbox"/>

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	I-TECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	12266
Planned Funds:	\$ 200,000.00
Activity Narrative:	Funding will be used to support adaptation of cotrimoxazole guidelines for Mozambique, curriculum development, content review, evaluation of the pilot training and one review after training. Training will be undertaken in accordance with an implementation plan to be developed by the MOH. The number and type of participants in the pilot training will be finalized in collaboration with the MOH.

Target Populations:

Doctors
Nurses
Public health care workers
Other Health Care Worker

Table 3.3.07: Program Planning Overview

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

Total Planned Funding for Program Area: \$ 3,513,682.00

Program Area Context:

Mozambique has a high TB burden and in 2006, was ranked 19th in terms of high burden countries with an estimated incidence of 460 cases/100,000 population and an annual increase of 2.6%/year (WHO 2006). In 2004, Mozambique reported 31,150 TB cases, and estimated that 48% of adult TB cases (aged 15-49 years) were HIV infected. Mozambique adopted the DOTS Strategy through technical assistance from the International Union Against TB and Lung Disease (IUATLD) in the 1980s, and has had 100% DOTS coverage since 2000. However, health infrastructure is extremely limited in Mozambique and 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 35% in 2004; well below the global target of 70%. For the 2003 cohort, treatment outcomes remained inadequate, with a 76% successful treatment completion rate (global target 85%). Key donors to the national TB control program include the USG and the Global Fund. Mozambique was awarded \$15.2 million for TB in Round 2 of the Global Fund. As of June 2006, \$7.2 million has been disbursed, but very little of this has been spent on programmatic activities. Key goals for the Global Fund support are to expand and strengthen DOTS coverage to achieve 70% case detection and 85% treatment success by the end of 2007. Mozambique recently completed an application for additional TB funding to Round 6 of the Global Fund. Case finding relies on smear microscopy, but laboratory infrastructure for TB diagnosis is limited. At present, there is only one national lab (in Maputo) capable of performing mycobacterial culture and drug susceptibility testing.

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. This is of great concern since HIV-infected patients with MDR have exceedingly high mortality rates, even in settings where they have access to HIV treatment (including ART). Nosocomial transmission of MDR TB to susceptible patients (especially persons with HIV) has been well-documented in both high- and low-resource settings, including in Africa (South Africa).

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, but progress in implementing these activities has been slow. 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 HIV day hospitals. Several partners (including Health Alliance International (HAI)), with MOH endorsement, are planning to scale up ART initiation in TB facilities in Sofala Province in FY07. To date, TB/HIV policies, training materials, and new reporting formats have been developed. Implementation on a national scale is planned in the coming months.

USG efforts are consistent with the MoH 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. The emphasis of USG support is to provide HIV counseling and testing to all TB patients, to screen all HIV-infected patients for TB, to link all HIV-infected TB patients to HIV care and treatment and to link all HIV-infected TB suspects to TB diagnosis and DOTS therapy.

In FY 2006 USG resources and technical assistance supported TB activities by USG-supported Treatment Partners as well the development of a provider-initiated counseling and testing curriculum for TB settings, which has been adapted and translated into Portuguese, pilot-tested and AIDS/TB/Malaria Coordinators from all provinces were trained in August 2006. Further trainings and a rollout of these activities are planned.

USG-supported HIV treatment partners are implementing TB/HIV activities at integrated health network

sites which includes TB screening for all HIV patients and linkages to TB diagnosis and treatment under DOTS. Treatment partners are also working with TB services in their catchment areas to ensure that all TB patients are offered HIV testing, cotrimoxazole, and referral to other HIV-related services, including ART.

In addition to USG support through PEPFAR, USAID also will provide \$1 million to the TB program in FY 2007 through the TB-CAP (administered by FHI). These funds were planned for use in FY 2006, but these activities have not yet been implemented due to delays at the MOH. These funds will be used for (1) TB laboratory strengthening and expansion of culture to Beira and Nampula, (2) Community DOTS expansion, and (3) TB/HIV activities.

FY06 funds are also being used to hire a TB/OI Coordinator as part of the CDC team who will work closely with the MOH, TB-CAP partners, other USG-supported partners, to ensure that TB/HIV activities are scaled up and are well-harmonized.

In FY07, USG (through PEPFAR and TB-CAP resources) will assist in providing technical assistance to MoH in the following areas: (1) TB drug resistance surveillance and treatment, (2) laboratory strengthening, and (3) monitoring and evaluation. In partnership with the National TB program, USG will support completion of a TB drug resistance survey that includes HIV testing of all patients enrolled. Funding is available through the Global Fund, but MoH would benefit from technical assistance to ensure timely completion of a nationally representative survey. USG will also provide technical assistance with development of a treatment plan for MDR TB (through assistance with an application to the Green Light Committee). Given the weak laboratory infrastructure for TB diagnosis, USG will support strengthening of these services through in-service training of existing laboratory staff (through APHL), support for 2 new regional TB labs capable of performing culture and drug susceptibility testing (through TB-CAP), and through strengthening of the National TB Reference Lab in Maputo. Finally, USG will support Monitoring and Evaluation of TB/HIV activities through assistance in proper use of new recording and reporting formats that are being distributed. In addition, in FY06, the Electronic TB Register has been translated into Portuguese. With USG support, the NTP will pilot the use of the ETR in a number of select districts (in the focal provinces) in FY07. MoH has funding for computers for this activity through the Global Fund.

All HIV USG funded treatment partners (Columbia/ICAP, HAI and EGPAF) will be funded and expected 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. In addition, efforts will be made to scale up TB/HIV activities in the two provinces (Zambezia and Sofala) where USG will be concentrating its efforts in FY 2007. This will include close collaboration with the Provincial Health Directorates. Treatment partners working in these provinces (HAI in Sofala and Columbia in Zambezia) will work to scale up TB/HIV activities, and to develop innovative best practices, including ART initiation in TB clinical settings and improved diagnosis of smear-negative TB.

The USG meets regularly with all TB/HIV donors to coordinate planning, oversee program implementation and ensure rational use of resources. Additionally, small teams from the TB/HIV donor coordination group will conduct joint supervision of TB/HIV service sites, laboratories and M&E activities.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	98
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	8,730
Number of HIV-infected clients given TB preventive therapy	3,600
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	575

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Association of Public Health Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8546
Planned Funds: \$ 350,000.00
Activity Narrative: Plus-up: The main component of this activity is to support the MoH in efforts to provide adequate, safe and quality laboratory services for the diagnosis of TB. Technical assistance will be provided in the specific technical areas of the renovation of the National TB reference laboratory, training of laboratory personnel (20) on TB laboratory practice and safety as well as assisting MoH in establishing and maintaining a relationship with a routine quality control syetm with an external body for routine quality control assessments and interventions. In addition funding will be given to hire a data manager to strengthen M&E initiatives at the National Reference Laboratory.

Original COP: This activity is related to activity number 8540, and responds to the strengthening of microbiology and TB laboratory units to improve the quality of services offered for diagnosis of opportunistic infections, including TB, in health settings.

Using the recently completed training curriculum developed jointly by WHO/CDC/APHL/IUATLD, APHL will work with the relevant officers within the TB department of the Ministry of Health (MoH), and with CDC and USAID to adapt the training material to Mozambique needs (translation to Portuguese and other modifications as needed). APHL will work with MoH to present training workshops for instructors selected by MoH so as to develop a pool of local trainers for roll-out of this training.

APHL will also identify equipment and related supply needs for the training program and provide these items to designated training laboratories, which may be specially designated rooms, existing laboratories with appropriate space or other appropriate locations. Using the experience from the instructors training program, APHL in consultation with CDC and USAID will assist MOH in developing a training schedule, presenting trainings, evaluating the training program and certifying the proficiency of technicians who are trained in the program.

Finally, APHL will provide technical assistance if needed to develop and implement quality control and an EQA program for the TB laboratories.

Through this assistance, 100 laboratory personnel will be trained through this program.

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

Targets

Target

Target Value

Not Applicable

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

Target Populations:

People living with HIV/AIDS

Policy makers

Host country government workers

Public health care workers

Laboratory workers

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Zambezia

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8565
Planned Funds: \$ 1,100,000.00

Activity Narrative: Plus-up: Columbia university has been funded to implement TB/HIV activities during FY07. Additional funds through the plus-up, will be used to support activities that have been defined as priorities for the National TB program and include the following: 1) Ensure the provision of HIV test kits, cotrimoxole, registers and referral forms at TB facilities; 2) Recruit a Technical advisor for the MOH at central level to support health information system design, monitoring and implementation of TB and other HIV related activities

3) Hire a TB data manager to support the MOH National TB program (NTP) monitoring and evaluation as well as implementation of Electronic TB Register 4) increase accessibility to culture and drug susceptibility TB diagnostic services through renovating and equipping a TB culture laboratory in Nampula, in compliance with safety guidelines and standards. This activity complements the renovation activities for the Nampula central hospital laboratory planned in FY06.

Original COP: All USG-supported treatment partners, including Columbia University (CU), will be funded to implement TB/HIV activities in HIV treatment settings for adults and children. At a minimum, TB/HIV services will include (1) screening all patients at day hospitals for active TB disease using standardized algorithm, (2) developing a referral mechanisms to ensure that TB suspects are diagnosed with TB and successfully complete TB treatment under DOTS and that these data are recorded (3) starting cotrimoxazole preventive therapy (CPT) in any HIV-infected person who develops TB disease (irrespective of CD4), (4) implementing plans to reduce nosocomial TB transmission, (5) ensuring that all staff at day hospitals receive training on TB/HIV, (6) considering isoniazid preventive therapy in selected patients who do not have TB symptoms, (7) working with existing TB diagnostic and treatment facilities (including OPD and hospitalized TB patients) to expand HIV testing and referrals to care for TB patients, and (8) working with community organizations to enhance the community response to TB/HIV.

In addition to a basic package of TB/HIV activities, CU will implement a number of complementary activities in FY07, including 1) continued support for two TB/HIV model centers, 2) support to the National TB Program and National TB/HIV Task Force, 3) Enhanced TB screening in PMTCT services, and 4) identification of best practices for isoniazid preventive therapy.

1) CU will continue to support two HIV/TB coordinating centers at CU ART facilities that: (1) Develop and evaluate best practices for TB/HIV interventions in the area of clinical management, monitoring and evaluation, training, and coordination with other programs (e.g. through successful referrals to other services), (2) adapt and implement TB infection control strategies for hospital settings, (3) enhance pediatric TB/HIV services, including through implementing family contact investigation and home visiting of HIV-infected TB patients, and (4) provide antiretroviral therapy and HIV care in TB clinic settings. One model center has already been established at Mavalane Hospital in Maputo (an urban site), and a second is being implemented in FY06 at a rural site in Zambezia Province. As CU is a major treatment partner in Zambezia, the model center there will serve as a means of scaling up TB/HIV activities in the province.

2) CU serves as a key treatment partner for TB/HIV activities with the National TB Program and the MoH. In FY07, Columbia will continue to support the MoH TB/HIV Task Force (Working Group) at the central level, and will work to establish provincial (e.g. Zambezia), district, and facility-level TB/HIV technical committees. Columbia will assist MoH with monitoring and evaluating collaborative TB/HIV activities, including assistance with the rollout of new TB recording and reporting that capture HIV-related data.

3) In FY07, Columbia will play a leading role in implementing routine TB screening and intensified TB case finding among women enrolled at all ICAP pMTCT sites focusing on:

- a) Screening all women enrolled at pMTCT sites
- b) Assuring access to TB treatment facilities for all women diagnosed with TB (regardless of HIV status)
- c) Training health care workers in management of TB and pregnancy
- d) Encouraging a family-focused model of approach to care using antenatal care as the point of entry.

Lessons learned from these activities will be shared with MoH and other USG-supported partners and used to identify best practices to scale up these activities nationwide.

4) Few HIV patients in Mozambique are receiving IPT. Patients who are eligible for IPT must be carefully screened for TB disease and, once started, must be monitored to ensure treatment adherence and successful completion. In FY07, Columbia will introduce an IPT program at several day hospitals in order to identify best practices for future program scale up. IPT guidelines have been developed, and MoH is planning to expand IPT in the coming year.

Continued Associated Activity Information

Activity ID: 5201
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 563,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	33	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	1,100	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	4,200	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	360	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Nurses
- People living with HIV/AIDS
- Public health care workers
- Other Health Care Worker
- HIV positive infants (0-4 years)
- HIV positive children (5 - 14 years)

Coverage Areas

Gaza
Inhambane
Maputo
Nampula
Zambezia

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Track 1 ARV Moz Supplement
Prime Partner:	Elizabeth Glaser Pediatric AIDS Foundation
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8594
Planned Funds:	\$ 145,000.00
Activity Narrative:	This activity is linked to activity 8593 and 8595 which are described in this document and are continuing activities being implemented by EGPAF for the provision of care and treatment services for HIV infected adults and children.

All USG-supported treatment partners, including EGPAF, will be funded to implement TB/HIV activities in HIV treatment settings for adults and children. At a minimum, TB/HIV services will include 1) screening all patients at day hospitals for active TB disease using standardized algorithm, 2) developing a referral mechanisms to ensure that TB suspects are diagnosed with TB and successfully complete TB treatment under DOTS 3) starting cotrimoxazole preventive therapy (CPT) in any HIV-infected person who develops TB disease (irrespective of CD4), 4) implementing plans to reduce nosocomial TB transmission, 5) ensuring that all staff at day hospitals receive training on TB/HIV, including support for dedicated staff for TB/HIV and OI management.

In addition EGPAF will develop linkages with the community groups and TB programs and other USG partners to ensure that adherence support is provided to co-infected individuals, and that monitoring and evaluation systems are in place to track HIV-infected patients at day hospitals who are screened, diagnosed, and treated for TB.

Finally EGPAF will collaborate with existing TB diagnostic and treatment facilities that are closely located the catchments of EGPAF's 17 ART facilities to ensure that:

- 1) All TB patients in catchment area are offered HIV testing and counseling
- 2) All HIV-infected TB patients are referred to day hospital for ART evaluation
- 3) All HIV-infected TB patients are started on CPT (irrespective of CD4);

Also, EGPAF will collaborate with the 11 community organizations in communities nearby EGPAF-supported ARV treatment sites to:

- 1) Develop/adapt/disseminate IEC materials on TB/HIV
- 2) Include TB as part of other activities (e.g. treatment literacy)

Emphasis Areas

	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	17	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy		<input checked="" type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	600	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	40	<input type="checkbox"/>

Target Populations:

Community-based organizations
 Doctors
 Nurses
 HIV/AIDS-affected families
 People living with HIV/AIDS
 HIV positive pregnant women
 Public health care workers
 Other Health Care Worker
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Coverage Areas

Cabo Delgado
 Gaza
 Maputo
 Nampula

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	BASE_CDC_POST
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8615
Planned Funds:	\$ 48,555.00
Activity Narrative:	This activity includes the salary and benefits package of one existing position - STI Study Advisor and one approved, but yet-to-be-filled position - OI, TB/HIV Specialist to support the development and implementation of standard care for TB/HIV co-infected patients within USG-supported ART and MOH TB facilities and contribute to policy development through participation in national TB/HIV task-force meetings.

Continued Associated Activity Information

Activity ID: 5227
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: BASE_CDC_POST
Funding Source: GAP
Planned Funds: \$ 5,771.00

Table 3.3.07: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 8629
Planned Funds: \$ 160,305.00
Activity Narrative: In Mozambique, the Ministry of Health (MoH) has been taking steps to improve the collaboration between the TB and HIV Programs to better identify and serve dually infected patients. For example, TB registers have been modified and revised to incorporate recording of HIV at the facility-level, established a TB/HIV taskforce that has begun to meet regularly on policy issues and guidelines for implementation of TB/HIV collaborative activities

During FY07, the USG will provide technical assistance for implementation of TB/HIV activities and development of standards of care for co-infected adults. Funding in this activity will be used to pay transport and lodging of technical advisors to work with the MOH on the following:

(1) TB drug resistance surveillance and treatment, , and (3) monitoring and evaluation.

In partnership with the National TB program, USG will support completion of a TB drug resistance survey that includes HIV testing of all patients enrolled. Funds for this survey are available through the Global Fund, but MoH would benefit from technical assistance to ensure timely completion of a nationally representative survey.

2) USG will also assist in providing technical assistance with development of a treatment plan for MDR TB (through assistance with an application to the Green Light Committee) including establishment of MDR centre.

(3) Development of a roll-out plan for routing TB screening in all treatment facilities particularly in more remote rural based ART facilities that are being opened in health centres.

In addition, this activity will be used to support the prorated salarsalary of an existing position - Senior Care and Treatment Specialist. One proposed position - Paediatric Treatment Specialist - will be partially funded with the monies in this activity. Both staff will contribute to implementation of TB/HIV activities within USG supported sites as well work at various levels with the MOH in policy and guideline development linked to this area.

Continued Associated Activity Information

Activity ID: 5226
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_HQ
Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas

	% Of Effort
Human Resources	10 - 50
Policy and Guidelines	51 - 100

Target Populations:

People living with HIV/AIDS
Policy makers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	GHAI_CDC_POST
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	8636
Planned Funds:	\$ 572,000.00
Activity Narrative:	Plus-up: These funds requested for CDC will be used to support TB/HIV activities that could not be implemented due to limited funding in FY07 COP. The Main activities include 1) the implementation of feasibility assessment of Isoniazid preventive therapy (IPT) program. key activities will include;- convening meetings; hiring a consultant to develop a protocol and phased implementation starting at 2 or 3 sites; 2) Support the rapid evaluation of MDR and XDR TB to compliment the National drug resistance survey that is underway and in accordance with new WHO guidelines.

These funds requested for CDC will be used to support TB/HIV activities that could not be implemented due to limited funding in FY07 COP. The Main activities include 1) the implementation of feasibility assessment of Isoniazid preventive therapy (IPT) program. key activities will include;- convening meetings; hiring a consultant to develop a protocol and phased implementation starting at 2 or 3 sites; 2) Support the rapid evaluation of MDR and XDR TB to compliment the National drug resistance survey that is underway and in accordance with new WHO guidelines.

Original COP: The link between HIV and TB has been well-documented. In Mozambique, the Ministry of Health (MoH) has been taking steps to improve the collaboration between the TB and HIV Programs to better identify and serve dually infected patients. For example, TB registers have been modified and revised to incorporate recording of HIV at the facility-level.

During FY07, the USG will provide technical assistance and support to the MoH in the development and implementation of an electronic TB and HIV recording and reporting systems.

The MOH is in the process of computers for all provincial TB supervisors which will help to facilitate implementation of the ETR. Implementation will be done in two phases; Phase one: Initiate at provincial level in the priority provinces of Sofala, Zambezia and Nampula and expanding to all provincial TB sites.

Phase two: The second phase will be to pilot implementation in 3-4 districts in the priority provinces.

Software developed by the South African CDC regional office has been translated into Portuguese and will be presented to MoH TB program managers to identify necessary changes before roll-out to the field. Once these changes have been made, the software and hardware will be installed on end-user computers in pilot, and then later at all TB clinics offering HIV testing. Training of end users in use of the software is planned (15-20) as well as the provision of technical and maintenance support needed to operate the software program, including data transfer and data analysis. Funding will be used to support travel of technical support persons from the regional office to help with planning and start-up of the program. There-after the country office staff will work with local MOH staff to provide on-going support.

This activity will contribute to improved data management with respect to routine reporting and analysis of TB/HIV co-infection and will be linked with and integrated with National health information system involving close collaboration with MOH Health information management unit.

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

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

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:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9127
Planned Funds:	\$ 37,500.00
Activity Narrative:	This activity is related to: HBHC activities 9207, 9209, 9132, 9133, 9139, 9126; and HTXS activity 8545.

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 borders.

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.

Emphasis Areas**% Of Effort**

Development of Network/Linkages/Referral Systems

10 - 50

Training

51 - 100

Targets**Target****Target Value****Not Applicable**

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

Caregivers (of OVC and PLWHAs)

Religious leaders

Coverage Areas

Gaza

Inhambane

Maputo

Table 3.3.07: Activities by Funding Mechanism

Mechanism: USAID-Health Alliance International-GHAI-Local
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9128
Planned Funds: \$ 365,625.00

Activity Narrative: 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 addition, 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.

Continued Associated Activity Information

Activity ID: 6442
USG Agency: U.S. Agency for International Development
Prime Partner: Health Alliance International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	48	<input type="checkbox"/>
Number of HIV-infected clients given TB preventive therapy	2,500	<input type="checkbox"/>
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,930	<input type="checkbox"/>
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	175	<input type="checkbox"/>

Target Populations:

Community-based organizations
 Doctors
 Nurses
 Pharmacists
 HIV/AIDS-affected families
 People living with HIV/AIDS
 Caregivers (of OVC and PLWHAs)
 Other Health Care Worker
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Coverage Areas

Manica
 Sofala

Table 3.3.07: Activities by Funding Mechanism

Mechanism: USAID-World Relief Corporation-GHAI-Local
Prime Partner: World Relief Corporation
USG Agency:
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9129
Planned Funds: \$ 12,500.00
Activity Narrative: This activity is related to HBHC activities 9207, 9209, 9132, 9133, 9139, 9126 and HTXS activity 8545.

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 borders.

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.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

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

Target Populations:

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

Coverage Areas

Gaza
 Inhambane
 Maputo

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	USAID-World Vision International-GHAI-Local
Prime Partner:	World Vision International
USG Agency:	
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9130
Planned Funds:	\$ 15,688.00
Activity Narrative:	This activity is related to HBHC activities 9207, 9209,9132, 9133,9139,9126 and HXTS activity 8545.

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 borders.

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.

Emphasis Areas**% Of Effort**

Development of Network/Linkages/Referral Systems

10 - 50

Training

51 - 100

Targets**Target****Target Value****Not Applicable**

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

Caregivers (of OVC and PLWHAs)

Religious leaders

Coverage Areas

Sofala

Zambezia

Table 3.3.07: Activities by Funding Mechanism

Mechanism: USAID-CARE International-GHAI-Local
Prime Partner: CARE International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9205
Planned Funds: \$ 0.00
Activity Narrative: 07/07; Delete; Implementing partner change from Care International to Health Alliance International as well as a geographic change from Inhambane and Nampula to Manica and Sofala

This activity is related to HBHC Activities 9207, 9209, 9132, 9133, 9139, USAID 9126 and HXTS Activity 8545.

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 borders.

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.

Emphasis Areas

% Of Effort

Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

Targets

Target

Target Value

Not Applicable

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting

Number of HIV-infected clients given TB preventive therapy

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease

Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)

Target Populations:

Community leaders

People living with HIV/AIDS

Program managers

Volunteers

Religious leaders

Coverage Areas

Inhambane

Nampula

Table 3.3.07: Activities by Funding Mechanism

Mechanism: USAID-Family Health International-GHAI-Local
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9206
Planned Funds: \$ 6,509.00
Activity Narrative: This activity is related to HBHC activities 9207, 9209,9132, 9133, 9139, 9126 and HTXS Activity 8545.

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 borders.

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.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100

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

Target Populations:

Doctors
 Nurses
 Pharmacists
 People living with HIV/AIDS
 Caregivers (of OVC and PLWHAs)
 Laboratory workers
 Other Health Care Worker

Coverage Areas

Inhambane
 Zambezia

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement
Prime Partner:	Ministry of Health, Mozambique
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12267
Planned Funds:	\$ 300,000.00
Activity Narrative:	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

Emphasis Areas

	% Of Effort
Commodity Procurement	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

People living with HIV/AIDS
 Public health care workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	The Health Communication Partnership
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12268
Planned Funds:	\$ 300,000.00
Activity Narrative:	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 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.

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	FURJ
Prime Partner:	Federal University of Rio De Janeiro
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12269
Planned Funds:	\$ 100,000.00
Activity Narrative:	This activity is related to activity number 8549. In this activity support will be given to the MoH in efforts to increase access to TB culture and drug susceptibility diagnostic services for the country. Capacity building of staff in the TB reference laboratory through on the job training mentorship program. In this program a technical expert in TB reference lab practice, will be stationed in the lab for a continuous period of four months, involved in the daily routine of the lab. A second activity will be to provide assistance to the labs in Nampula and Beira to start up the regional reference labs in Beira and Nampula for the Centre and North of the country respectively.

Emphasis Areas

Training

% Of Effort

51 - 100

Table 3.3.08: Program Planning Overview

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

Total Planned Funding for Program Area: **\$ 14,856,424.00**

Program Area Context:

Background:

The USG continues to support and expand programs that serve the needs of orphans and other vulnerable children affected by HIV/AIDS in collaboration with UNICEF, the Ministry of Women and Social Action (MMAS), and other donors. All programs are guided by technical and guidance documents including The Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, the OGAC Orphans and Other Vulnerable Children Programming Guidance, the UNGASS goals and recommendations from the Rapid Assessment, Analysis and Action Planning (RAAAP) process, and are informed by lessons learned from other national OVC programs and additional reports from UNICEF, UNAIDS and others. The USG Five-Year Strategic Plan for OVC programs, in conjunction with the National Action Plan for Orphans and Other Vulnerable Children, aims to 1) Mobilize and support local response to the needs of affected children; 2) Standardize essential services for OVC; and 3) Strengthen the enabling environment and government response. Pediatric ARV treatment is included under HTXS.

In FY2007, the USG aims to reach 175,000 orphans and vulnerable children and 200,000 by 2008.

Statistics:

In May 2006, MMAS completed an OVC Situational Analysis Report (USG funded in collaboration with UNICEF) that summarized the state of orphans and vulnerable children in Mozambique. Approximately 5.3 million children (50% of all children) are highly vulnerable. Of these children, 1.9 million are considered orphaned, with an estimated 20% (372,000) orphaned due to the effects of HIV/AIDS.

Services:

As of June 06, over 110,000 OVC were reported to be receiving six essential services, (safety and security; education; health; food and nutrition; psychosocial support and mental health; and civil rights and responsibilities) well on the way towards the 2006 target of 125,000. This was accomplished through direct collaboration between the PEPFAR funded NGOs and local communities. Through locally determined standards, NGOs will continue to work with community-selected volunteers to identify children in need of support. Once the children are identified, the NGOs will directly provide the needed services, or assist communities to tap into their own resources; supporting and building upon the capacity of families and communities. PEPFAR supports each child at an average level of \$58 per child per year, which does not cover food costs. The food and nutrition needs are supported through wrap around programming with the World Food Program to provide emergency food supplements which USG funds support 15,000 of the neediest OVC.

Following a case-management model, community volunteers conduct weekly visits and keep track of the services orphans and vulnerable children receive. Each volunteer has a case-load of 15 orphans and/or vulnerable children. In 2007, USG aims to enhance the current reporting system by summarizing and reporting OVC receiving less than 6 services, which is already being gathered by partners. Additionally the USG will maintain ongoing sector meetings with NGOs partners on improving quality in services and developing comprehensive strategies that all implementing partners will carry out (i.e. sharing and agreeing upon universal instruments for measuring success of services).

In the area of new programming and strategic approach, attention will be directed towards the provinces of Zambezia and Sofala, where there is a strong need for OVC programming and the provincial and district level leadership is ready to act. Specific focus will be given to strengthening OVC services in the Beira Corridor (in Sofala and Manica Provinces) through the issuance of a new RFA to attract a new OVC partner. As a new initiative, OVC programs will also work closely with DoD and its efforts to support members of the police force in Sofala whose children become orphaned and/or vulnerable due to HIV/AIDS.

Furthermore, the USG will continue to support the Hope for African Children Initiative (HACI), an NGO that

is taking the lead role in civil society support for OVC. Just recently, 18 MMAS staff and 11 NGO staff members were trained in psychosocial support programming. Moreover, HACI's leadership in advocacy and promoting further human and financial resources for OVC will continue to play a major role in enhancing efforts in FY 2007.

Capacity Building and Program Sustainability:

In FY 2007 seasoned NGOs will continue to identify new CBOs that want to take a stronger role in assisting OVC but lack the institutional and programmatic capabilities to operate on their own. Through agreements and/or sub-grants, NGOs will provide training and mentoring to assist CBOs and FBOs to strengthen their operations and monitoring capacity. This will prepare them to apply for funding from the multi-donor supported Common Fund (which includes GFTAM, World Bank and other donor funding) administered by the National AIDS Council.

Referrals and Linkages:

OVC programs are generally located in the same districts as PEPFAR treatment and prevention programs. Special efforts will be made in FY 2007 to increase linkages between OVC, AB, Palliative Care and PMTCT programs. Current ABY partners will collaborate with OVC NGOs on ensuring that prevention messages are reaching these vulnerable children. In the area of palliative care MMAS will be funded to improve coordination of palliative care services and the needs of OVC in the targeted provinces of Tete, Sofala and Zambezia. These are a few examples of opportunities in which each program area can be strengthened and enhanced by the other.

Policy:

The USG continues to support the MMAS in its development and implementation of policies and strategic approaches to strengthen OVC interventions. A \$2.7 million grant from the World Bank's MAP program enables MMAS to strengthen planning, budgeting and M&E at the national Ministry level. Building on these efforts, in FY 2007 the USG will assist MMAS to develop provincial and district level M&E systems (which will fit into the "3 Ones") and guidelines for service provision. This will enable all provinces and districts to monitor activities for children throughout the country and access better data to inform policy and implementation efforts.

Additionally, the USG will fund UNICEF technical assistance for Sofala and Zambezia Provincial MMAS offices in setting up appropriate M&E monitoring systems; rolling out an integrated model of service provision with other sectors (developed under COP06 funding); and supporting provincial leadership in the implementation of the National OVC Work Plan.

The USG works closely with UNICEF, MMAS and other partners through monthly Technical Working Group (TWG) meetings hosted by MMAS. The TWG discusses interventions related to the National Plan of Action for OVC and priority issues. The TWG also receives reports from the USG and World Bank funded advisors who support policy development and system strengthening. A 2006 report on OVC funding in Mozambique indicated that USG funding levels were almost equal to the funding levels from all other donors combined.

Challenges:

Human and institutional capacity pose major challenges for a more rapid roll-out of services for OVC at national, provincial and district levels. The USG and other donors will continue to work with MOH and other partners towards strengthening this area of concern.

Program Area Target:

Number of OVC served by OVC programs	200,000
Number of providers/caregivers trained in caring for OVC	13,821

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Africare
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8225
Planned Funds: \$ 821,287.00

Activity Narrative: 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.

Continued Associated Activity Information

Activity ID:	5342
USG Agency:	U.S. Agency for International Development
Prime Partner:	Africare
Mechanism:	Track 1

Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

% Of Effort

Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>
Number of OVC served by OVC programs	40,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	2,500	<input type="checkbox"/>

Target Populations:

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

Key Legislative Issues

- Increasing gender equity in HIV/AIDS programs
- Food
- Education

Coverage Areas

- Manica

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Opportunity International
USG Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8229
Planned Funds: \$ 530,447.00

Activity Narrative: 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. In 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).

Continued Associated Activity Information

Activity ID: 5345
USG Agency: U.S. Agency for International Development
Prime Partner: Opportunity International
Mechanism: Track 1
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	51 - 100

Targets

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

Target Populations:

HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

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

Coverage Areas

Manica
Maputo
Sofala
Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Track 1
Prime Partner:	Project HOPE
USG Agency:	U.S. Agency for International Development
Funding Source:	Central (GHAI)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	8230
Planned Funds:	\$ 1,600,261.00
Activity Narrative:	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.

Continued Associated Activity Information

Activity ID: 5341
USG Agency: U.S. Agency for International Development
Prime Partner: Project HOPE
Mechanism: Track 1
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>
Number of OVC served by OVC programs	17,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	1,133	<input type="checkbox"/>

Target Populations:

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

Key Legislative Issues

Stigma and discrimination
 Food
 Education

Coverage Areas

Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1 Supplement
Prime Partner: Africare
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9110
Planned Funds: \$ 649,000.00

Activity Narrative: 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 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.

Continued Associated Activity Information

Activity ID: 6423
USG Agency: U.S. Agency for International Development
Prime Partner: Africare
Mechanism: Track 1 Supplement
Funding Source: GHAI
Planned Funds: \$ 268,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>
Number of OVC served by OVC programs	40,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	2,500	<input type="checkbox"/>

Target Populations:

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

Key Legislative Issues

Food
 Education
 Increasing women's access to income and productive resources

Coverage Areas

Manica

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	USAID-World Food Program-GHAI-Local
Prime Partner:	World Food Program
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9124
Planned Funds:	\$ 1,000,000.00
Activity Narrative:	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-sector 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.

Continued Associated Activity Information

Activity ID: 5143
USG Agency: U.S. Agency for International Development
Prime Partner: World Food Program
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 800,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	10 - 50
Food/Nutrition	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

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

Indirect Targets

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

Target Populations:

Orphans and vulnerable children
 Program managers
 Volunteers
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Key Legislative Issues

Food

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Sofala

Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism: USAID-World Relief Corporation-GHAI-Local
Prime Partner: World Relief Corporation
USG Agency:
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9125
Planned Funds: \$ 1,183,200.00

Activity Narrative: This activity is related to: HBHC 9139; HVAB 8232 and 9146; HVTB 9130.

World Relief (WR) will continue to work in southern Mozambique to identify needy OVC and provide services for them through the pastor networks and volunteer groups established in 2002. World Relief has continued to use their network of pastor groups as the main community contact in providing leadership in identifying needy OVC. OVC can be inside or outside the church base. Therefore, all religions and ethnic groups have equal access to these services. Services provided to OVC under this program will follow Mozambique and USG guidelines of providing six essential services to each OVC in order to be considered "reached". WR is making a concerted effort under FY06 funding to collaborate with health personnel at USG-supported sites to ensure that adequate health care is provided to infants and children that are part of this program's OVC clients. WR also works with the World Food Program (WFP) to access emergency supplemental foods for the very needy. The geographical areas in which WR works is very prone to droughts and food is often a major barrier in the success of their program out-reach. WR also works with other donors and government entities in the area to provide other services and have been able to get the OVC into schools, start some backyard gardens, plant fruit trees and register OVC for ID cards.

WR is starting to develop data gathering tools that can begin to measure the quality of services and the impact on the OVC. This effort will be continued in FY07 and will provide WR with information that will help them make effective programmatic decisions.

From the start, World Relief has worked closely with a number of local CBO/FBO and continue to strengthen their ability to get funds from other than PEPFAR sources, to manage a comprehensive program and to report back to the donor(s). WR provides very small grants for pastor networks and other local groups to fund community services for OVC. The networks are learning to develop financial management responsibility for these small grants and will one day be able to handle a full grant.

In FY07, WR will continue with their basic community-based structure of identifying and providing services for 20,400 OVC affected by HIV/AIDS and training 1,360 caregivers. They will continue to provide the 6 essential services for OVC. In addition, WR will work closely with its agriculture projects to train OVC and their caregivers in establishing and maintaining community plots both for production for sale and consumption.

With WR assistance, the pastor groups will begin to develop ways for the communities to continue to provide OVC care even after Emergency Plan funding ends. Working with local partners as sub-grantees is a pilot experience with ample opportunity for growth over the period. Four Pastor's network and one local church in Maputo province will be provided with institutional capacity building for OVC and HBC services in this phase of the project. 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 evident for Mozambican organizations. Each FBO will have the sole responsibility of managing implementation of activities to achieve the targets and project objective. WR 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.

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)

Under this activity, 20,400 OVC are expected to receive the comprehensive package of 6 essential services and 1,360 care providers will be trained or re-trained during FY07.

Continued Associated Activity Information

Activity ID:	5135
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Relief Corporation
Mechanism:	N/A

Funding Source: GHAI
Planned Funds: \$ 880,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>
Number of OVC served by OVC programs	20,400	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	1,360	<input type="checkbox"/>

Target Populations:

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

Key Legislative Issues

- Food
- Education
- Increasing women's access to income and productive resources

Coverage Areas

- Gaza
- Inhambane
- Maputo

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9147
Planned Funds: \$ 350,000.00

Activity Narrative: 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-supported 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.

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.

Continued Associated Activity Information

Activity ID: 5323
USG Agency: U.S. Agency for International Development
Prime Partner: Academy for Educational Development
Mechanism: Capable Partners Program
Funding Source: GHAI
Planned Funds: \$ 400,000.00

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

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>
Number of OVC served by OVC programs	4,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	260	<input type="checkbox"/>

Target Populations:

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

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9148
Planned Funds: \$ 1,048,430.00

Activity Narrative: 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)

Continued Associated Activity Information

Activity ID:	5320
USG Agency:	U.S. Agency for International Development
Prime Partner:	Foundation for Community Development, Mozambique
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 600,802.00

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>
Number of OVC served by OVC programs	17,770	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	1,185	<input type="checkbox"/>

Target Populations:

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

Key Legislative Issues

Increasing women's access to income and productive resources
Food

Coverage Areas

Gaza
Inhambane
Maputo

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	USAID-Population Services International-GHAI-Local
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9149
Planned Funds:	\$ 325,000.00
Activity Narrative:	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 current 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.

Continued Associated Activity Information

Activity ID:	5134
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Services International
Mechanism:	N/A

Funding Source: GHAI
Planned Funds: \$ 400,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50

Targets

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

Target Populations:

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

Key Legislative Issues

Other

Coverage Areas

- Gaza
- Inhambane
- Manica
- Maputo
- Nampula
- Niassa
- Sofala
- Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism: USAID-World Vision International-GHAI-Local
Prime Partner: World Vision International
USG Agency:
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9155
Planned Funds: \$ 2,527,756.00

Activity Narrative: 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 as 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.

Continued Associated Activity Information

Activity ID: 5139
USG Agency: U.S. Agency for International Development
Prime Partner: World Vision International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 1,790,400.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>
Number of OVC served by OVC programs	43,580	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	2,900	<input type="checkbox"/>

Target Populations:

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

Key Legislative Issues

Increasing women's access to income and productive resources
 Food
 Education

Coverage Areas

Sofala

Zambezia

Table 3.3.08: Activities by Funding Mechanism

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9213
Planned Funds: \$ 1,684,219.00

Activity Narrative: 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 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).

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination		<input checked="" type="checkbox"/>
Number of individuals trained in monitoring and evaluation of OVC services		<input checked="" type="checkbox"/>
Number of OVC served by OVC programs	35,000	<input type="checkbox"/>
Number of providers/caregivers trained in caring for OVC	2,333	<input type="checkbox"/>

Target Populations:

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

Key Legislative Issues

Food
Education

Coverage Areas

Gaza
Manica
Maputo
Sofala
Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Peace Corps-Peace Corps-GHAI-Local
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9467
Planned Funds:	\$ 45,000.00
Activity Narrative:	This activity is related to other Peace Corps activities in HVOP (9464), HVAB (9466) and OPHS (9468).

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 2007 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 community level, the Volunteers will be active in assisting communities and organizations in conducting household and community vulnerability studies and planning for community responses to ensure an adequate level of health and welfare for those children identified as vulnerable. Volunteers will assist communities and organizations in the provision and coordination of OVC basic services, including access to health services, education, shelter, legal rights, income generating activities, and food and nutritional support, as well as 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 07 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 be used for OVC materials development and reproduction; pre-service and in-service training enhancements for improved OVC skills and knowledge; accommodation rentals and security enhancements for the 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 OVCs and OVC programs.

Continued Associated Activity Information

Activity ID:	5062
USG Agency:	Peace Corps
Prime Partner:	US Peace Corps

Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 86,000.00

Emphasis Areas

% Of Effort

Community Mobilization/Participation 51 - 100
 Linkages with Other Sectors and Initiatives 10 - 50

Targets

Target

Target Value

Not Applicable

Number of staff trained in OVC policy and program coordination
 Number of individuals trained in monitoring and evaluation of OVC services
 Number of OVC served by OVC programs
 Number of providers/caregivers trained in caring for OVC

Target Populations:

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

Coverage Areas

Gaza
 Inhambane
 Manica
 Maputo
 Sofala
 Nampula
 Tete
 Zambezia

Table 3.3.09: Program Planning Overview

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

Total Planned Funding for Program Area: \$ 7,312,627.00

Program Area Context:

Provision of HIV counseling and testing (CT) services began in Mozambique at four sites in 2000. The number of CT sites and clients has increased rapidly. Between 2003 and 2004, numbers doubled compared to the previous year, with 96,000 CT clients reported in 2003 to 184,500 CT clients in 2004.

National targets for 2005 projected a similar expansion rate to 384,000 CT clients. However, CT service expansion slowed in 2005 to an average annual increase of 25% nationally. Preliminary Ministry of Health (MOH) CT reports for 2005 indicate a total of 222,775 CT clients served. Following the elections in late 2004, the new Minister of Health appointed a new National HIV/AIDS Program Director and new central level CT program team. New directions for CT services (moving from delivery through facility-based VCT Centers to integrated CT and the inclusion of counseling and testing for other diseases beyond HIV) were provided to stakeholders in March 2005. Approval to open new VCT Centers has been withheld, which severely constrains rapid service expansion in the interim.

USG technical staff and other stakeholders have advocated continued CT service expansion and submitted a CT "white paper" summarizing the development of the Mozambique CT program and outlining alternative strategies to the new Minister. Since the new strategy announced by the MOH in March 2005, USG staff have provided technical assistance (TA) for the development of a transition plan from VCT to "CT in Health" that proposes continuation and expansion of HIV counseling and testing; the inclusion of screening, prevention, counseling and, where necessary, referral for tuberculosis (TB), sexually transmitted infections (STIs) and malaria. Final decisions as to whether additional diseases will be added by the MOH staff are pending.

Despite these constraints, the number of people receiving CT services through USG-supported sites has increased steadily from 43,080 in the FY05 mid-year report, to 52,995 in the FY05 annual report, and 69,271 the FY 06 mid-year report. National level technical TA and support to develop all CT guidelines and training materials, the training of trainers and the procurement of rapid test kits have continued.

Based on the population per province, estimated number of PLWHA, and numbers of VCT service sites in each geographical area, the need to expand CT services throughout the country is clear, but particularly in the underserved northern region and Zambezia, the most populous province, with an estimated prevalence rate of 18%. The ratio of persons to site exceeds 150,000 for all provinces in the northern and central regions. Inequity also exists between urban and rural areas: around 75% of CT clients are from urban or semi-urban settings (107,090 in 2005), compared to around 25% from rural areas (45,065 in 2005). Therefore, in 2007, USG funding will support accelerated CT expansion in two focus provinces, Zambezia and Sofala, as well as the establishment of community-based VCT services as described below.

HIV testing algorithms using HIV rapid tests have been in place for over 4 years. Responsibility for quality assurance is been assigned to Mozambique's National Health Institute (NIH) lab, which has led to a revised and improved QA system that began implementation in June 2006. Activities supported in FY 07 will include the roll-out of quality control for HIV testing to provincial and district levels. In collaboration with NIH lab staff, a roll-out plan for early infant diagnosis has been developed to cover Maputo City and all 10 provincial capitals by end-FY 07.

Discussions by relevant MOH departments, USG and other stakeholders have led to the decision to move from a semi-parallel HIV test kit distribution system mainly supported by implementing NGOs to an integrated national system where test kits and related supplies are a part of lab supplies delivered from the central to the provincial level each quarter. Provincial Health Departments will receive, store and monitor the distribution of test kits. Substantial USG support will be needed in FY07 to help the MOH transition to this system and ensure adequate and continuous supplies.

In March 2006, the adoption of an opt-out approach for CT in the clinical setting was recommended at the annual MOH technical meeting. USG technical staff participated in the development of a CT guideline for clinical settings that is in the process of being approved. In the meantime, programs have been authorized to move ahead with the use of the opt-out approach.

The integration of CT services has moved forward. Guidelines and training manuals for trainers and providers have been developed for MOH Youth-Friendly Health Services (YFHS), aimed at youth aged 10-24 years of age. A training roll-out and expansion plan has been developed and implementation has started to increase provision of CT from 9 to 133 existing YFHS sites.

A TB and clinical personnel training manual was developed and piloted in August 2006. A training plan for TB personnel, with at least one course to be conducted in each of the 11 provinces, has been developed for the first semester of FY07. In addition, the FY07 proposal also incorporates support for CT service expansion within major hospital inpatient wards. Priority will be given to sites where adult and pediatric treatment services are in place.

To complement PMTCT guidelines for the antenatal care setting, CT guidelines for maternities have been drafted and will be disseminated in September 2006. CT training modules for PMTCT trainers and providers have been developed but need to be piloted before becoming integral part of the existing PMTCT training manuals.

USG technical staff and partner agencies have participated in the development of the guidelines and training materials for the above three programs with respective MOH counterparts. Brazilian consultants, funded through a PEPFAR supported cooperative agreement between Brazil and Mozambique, have also provided TA. The focus during FY07 will be to support the roll-out of training for provincial level trainers and providers at district and site levels, so as to ensure that all USG-supported TB, PMTCT and YFHS, and the majority of services nationwide have achieved full integration of CT services by the end of FY07. In addition, CT and national blood transfusion program staff are planning to introduce CT and donor notification in blood banks in FY07.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	247
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	381,544
Number of individuals trained in counseling and testing according to national and international standards	1,138

Table 3.3.09: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8572
Planned Funds: \$ 1,046,193.00

Activity Narrative: This activity is linked to 8579 and 8633. This activity will support JHPIEGO to continue to provide technical assistance to the Ministry of Health (MoH) and the National AIDS Council to expand Counseling and Testing (CT) services within clinical and community-based settings. JHPIEGO will work with MoH structures at various levels, including the central, provincial, and facility levels, and with other partners such as international and local NGOs that are working at facility and community based levels. CT activities at community level, in particular, will include volunteers and staff from CBOs, FBOs and traditional and religious leaders who are part of these organizations or networks at community level where CCT activities will be implemented.

The main two goals for this activity will be: 1) Provide integrated Counseling and Testing in the Community (CCT): a) Monitor the pilot implementation of the CCT strategy b) Develop and adapt job aids (e.g. flip charts) to facilitate implementation of the CCT strategy c) Evaluate the pilot phase and make adjustments for expansion of CCT, considering acceptability and effectiveness of the piloted models d) Build local capacity for CCT expansion: train and support community CT trainers and strengthen training sites or centers in a decentralized context (at provincial level) e) Implement and monitor the expansion strategy To achieve this goal, activities proposed for 2007 for Integrated Counseling and Testing in the Community will include: a) Development and printing of job aids (e.g. flip charts) b) Evaluation of the pilot implementation comparing acceptability and effectiveness of the different models (number of people counseled and tested, referrals, etc.) c) One 10-day training of trainers (30 participants) d) Six 10-day CCT training (25 participants each).

e) Supervision to the initial and new sites to monitor implementation (around 20 new sites) f) Two 2-day meetings with trainers and supervisors to assess implementation and additional needs Expected results for Integrated Counseling and Testing in the Community at the end of FY07 will be: a) Job aids developed and printed (e.g. flip charts) b) Pilot phase evaluated and adjusted for expansion, considering acceptability and effectiveness of the piloted models c) 30 new trainers/counselors trained as trainers for the integrated CCT d) 150 new counselors trained in integrated CCT e) At least 20 new sites/areas providing integrated CCT (to be determined after the pilot evaluation) 2) Ensure the availability and integration of Counseling and Testing in clinical settings: a) Develop and adapt job aids (e.g. flip charts) to facilitate implementation of the integrated clinical CT strategy b) Continue the implementation of the integrated CT in clinical settings.

To achieve this goal, activities proposed for 2007 for Integrated Counseling and Testing in Clinical Settings will include: a) Development and printing of job aids (e.g. flip charts) b) One 10-day training of trainers (20 participants) c) Five 5-day CCT training (25 participants each) d) Supervision to the initial and new sites to monitor implementation (around 50 new sites) e) Two 2-day meetings with trainers and supervisors to assess implementation and additional needs Expected results for integrated Counseling and Testing in clinical settings at the end of FY07 will be: a) Job aids developed and printed (e.g. flip charts) b) 20 new trainers/counselors trained as trainers for the integrated CT in clinical sites c) 125 healthcare workers trained in integrated CT d) Up to 50 sites or services (e.g. different departments in the same facility).

With Plus Up funding proposed, JHPIEGO will assist the Mozambique MOH CT staff to carefully assess and monitor quality of counseling and testing services in PMTCT and other clinical settings, as challenges associated with workload of clinical providers, time for counseling, ability to successfully communicate potentially sensitive issues such as disclosure, discordance, and adherence to follow-up and treatment for those identified as HIV-infected are anticipated. Technical assistance including development of practical assessment tools, supervision procedures, and job aids, will be provided to resolve or reduce potential problems encountered and ensure quality of CT services in this context.

Continued Associated Activity Information

Activity ID: 5205
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: JHPIEGO
Mechanism: UTAP

Funding Source: GHAI
Planned Funds: \$ 848,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	70	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	90,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	325	<input type="checkbox"/>

Target Populations:

- Adults
- Community leaders
- Community-based organizations
- Faith-based organizations
- Doctors
- Nurses
- National AIDS control program staff
- Non-governmental organizations/private voluntary organizations
- Volunteers
- Children and youth (non-OVC)
- Girls
- Boys
- Men (including men of reproductive age)
- Women (including women of reproductive age)
- Religious leaders
- Host country government workers
- Public health care workers
- Other Health Care Worker
- Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8579
Planned Funds: \$ 391,700.00

Activity Narrative: This activity is linked to Activity ID Numbers: 8568, 8572, 8620, and 8633.

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. Where CT services have traditionally been provided through Voluntary CT (VCT) centers co-located at health facilities, the MoH is moving toward a system of routine counseling and testing that is integrated into a package of existing health services (e.g. tuberculosis, antenatal care, hospital, youth-friendly, and sexually transmitted infections). Existing VCT services will continue, however, their scope will be broadened to include other diseases and health promotion areas. Community-based CT is being piloted and will be expanded in FY07.

The requested funds will contribute to and support the following activities:

(a) Reproduction of CT program materials: Support the transition of traditional VCT services to routine CT in health facilities: Print and disseminate revised guidelines and training materials for CT in clinical settings and community based CT.

(b) CT training for trainers and health workers: Health workers will undergo a basic CT training course to provide CT in their respective health services. This will include a 24 hour classroom training and 20 hours in-service training under supervision. Proposed FY07 funds will support 4 training courses for trainers that will help to establish a pool of 100 CT trainers for roll-out of CT training for health workers in clinical settings. Following the training-of-trainers, participants will return to conduct trainings for health workers within their respective provinces. Funds proposed will support 11 training courses (1 in each of Mozambique's 11 provinces) for 275 health workers located in tuberculosis (TB), inpatient-hospital, maternity settings, youth-friendly health clinics (YFHC) and outpatient consultations.

(c) CT service promotion and communication: There is an urgent need to increase public awareness about the importance of CT in the general public as well as in specific populations (couples, young people, rural population, vulnerable populations etc.). Communication campaigns are planned in coordination with the National AIDS Council Communications Unit and the MoH health education department as well as NGOs that work in the field of social communication. Radio spots and written materials (leaflets) will be designed. These efforts will address issues of gender, discordant couples, and young people. Additionally, materials directed to health workers about the importance of CT will be produced.

(d) Improvement of basic CT management practices through Monitoring and Evaluation (M&E) training: In line with new CT program directions, the existing computerized CT database needs to be updated and improved to incorporate aggregate CT data collected in clinical and community settings. This improvement will also help simplify and improve the management of individual client records from VCT centers and Youth-Friendly Health Centers. Funds will be utilized for the procurement of computer equipment for provincial level data entry and analysis as well as for 2 courses to train 30 key MoH and NGO personnel involved in managing CT program data.

(e) Procurement of a vehicle for central level CT Program personnel for supervision visits to CT sites located in the Southern region, i.e. Maputo City, Maputo Province, Gaza and Inhambane Provinces where sites can be accessed by road.

(f) Support for CT program supervision: Funding proposed for FY07 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.

(g) Support for provincial counselors' meetings: Funding will support 11 provincial level CT meetings (one meeting per province, 25 health workers/counselors per meeting) for health workers and counselors from selected sites to exchange experiences and lessons learned, and to help prevent burn-out by coping with the emotional and psychological burden associated with the work conducted. These meetings will also contribute to the

dissemination of revised role and job description of staff providing counseling services in light of the new CT policies and roll-out of integrated services.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		<input checked="" type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		<input checked="" type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	375	<input type="checkbox"/>

Indirect Targets

The Ministry of Health (MoH) National Counseling and Testing (CT) targets were defined in 2003 and publicized within the MoH National Strategic Plan to Combat HIV/AIDS and STIs, 2004-2008. Targets include the establishment of 200 VCT Centers and the provision of VCT services to 384,000 clients by 2006, and 250 VCT Centers providing CT services and 540,000 clients provided with VCT services in 2007.

These targets will have to be revised, however, to encompass new CT program objectives established by the MoH in 2006. These objectives include the expansion of CT service provision in clinical settings, the launching of community-based CT services and the broadening of CT services at VCT Centers to include other disease entities.

Target Populations:

Adults
 Doctors
 Nurses
 National AIDS control program staff
 Children and youth (non-OVC)
 Girls
 Boys
 Secondary school students
 University students
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Host country government workers
 Public health care workers
 Other Health Care Worker

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8608
Planned Funds: \$ 19,422.00
Activity Narrative: This activity is linked to 8597, 8620, and 8633 activity sheets.

This activity will partially fund the salary and benefits package for the CT and PMTCT Study Advisor. This CDC staff person will provide technical assistance directly to Ministry of Health (MoH) CT program personnel. This person will also assist the MoH CT team with coordination and guidance provided to USG and non-USG funded NGOs, CBOs and FBOs involved in CT interventions.

Continued Associated Activity Information

Activity ID: 5214
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: BASE_CDC_POST
Funding Source: GAP
Planned Funds: \$ 5,771.00

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

- Community-based organizations
- Faith-based organizations
- Doctors
- Nurses
- International counterpart organizations
- National AIDS control program staff
- Non-governmental organizations/private voluntary organizations
- Host country government workers
- Public health care workers
- Laboratory workers
- Other Health Care Worker

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8620
Planned Funds: \$ 211,738.00
Activity Narrative: This activity is linked to 8597, 8608, and 8633 activity sheets.

This activity includes the salary for CDC CT Technical Advisor. The CDC CT Technical Advisor works directly with the MoH HIV/AIDS Program Directors, the CT Program Director and the CT Program Trainer 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. This activity also includes funding for short-term technical assistance and travel expenditures for CDC Atlanta technical staff during FY07 to assist with the update of the computerized CT program database, advocacy and development of revised national CT program policies, the design and piloting of improved referral systems between CT and care and treatment services, and advocacy for the creation of a formal counselor cadre within the public health care system.

Continued Associated Activity Information

Activity ID: 5210
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_HQ
Funding Source: GHAI
Planned Funds: \$ 318,606.00

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 8633
Planned Funds: \$ 305,000.00
Activity Narrative: Plus-up: This activity will support the translation, adaptation and piloting of guidelines and training materials for counseling and testing (CT) of children in Mozambique. Funding will go towards provision of technical assistance to the Ministry of Health (MOH) CT staff for adaptation of the materials, facilitation of first pilot trainings and implementation at first selected sites. Special attention will be paid to providing guidance for CT for children in a variety of settings such as at community level as part of home-to-home CT services and in clinical settings such as pediatric consultations and childrens' wards. Health care workers and counselors will be trained to provide counseling to parents and caretakers as well as on ways to counsel, disclose HIV status and support older children undergoing HIV-testing.

Original COP: This activity is linked to 8597, 8608, and 8568 activity sheets.

Please also see linkage to the CDC's Public Health Evaluation of oral fluid-based HIV testing.

Funds for FY07 are requested to support a number of key activities required to ensure CT program staff at CDC and in the Ministry of Health's (MoH) are sharing and learning lessons from program implementation. Funding requested will cover:

- 1) Travel expenditures for the CDC CT Technical Advisor to participate in regional and provincial coordination meetings and trainings, for the CDC M&E Advisor to participate in regional and provincial CT data management and supervision visits, and for the CDC Senior Prevention Advisor to participate in quality assurance and supervision visits; in particular to 2007 focus provinces Sofala and Zambezia.
- 2) Travel and registration fees for international and/or regional continuing education events relevant to CT program policy development and management for three people, to be selected in discussion with the MoH CT program and National AIDS Council (NAC).
- 3) Exchange visits (around 5 CT staff to be selected in discussion with MoH CT program and NAC) to countries within the African region to learn from experiences in integration of CT in clinical settings, implementation of community-based CT (e.g. Kenya, Uganda) and integration of lay counselors into the public health care system (e.g. Zimbabwe).
- 4) Finalization of the evaluation of oral fluid HIV testing in Mozambique and dissemination of findings through presentation of findings to MOH and stakeholders in-country, reproduction and dissemination of the final report. See the Public Health Evaluation sheet for additional information.

Continued Associated Activity Information

Activity ID: 5211
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_POST
Funding Source: GHAI
Planned Funds: \$ 78,000.00

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

Target Populations:

Community-based organizations
 Faith-based organizations
 Doctors
 Nurses
 International counterpart organizations
 National AIDS control program staff
 Non-governmental organizations/private voluntary organizations
 Children and youth (non-OVC)
 Caregivers (of OVC and PLWHAs)
 Host country government workers
 Public health care workers
 Laboratory workers
 Other Health Care Worker
 HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: USAID-Family Health International-GHAI-Local
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9111
Planned Funds: \$ 1,200,000.00
Activity Narrative: This activity relates to HBHC 9209 and MTCT 9223.

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).

Continued Associated Activity Information

Activity ID: 6429
USG Agency: U.S. Agency for International Development
Prime Partner: Family Health International
Mechanism: Follow-on to IMPACT
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas**% Of Effort**

Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	12	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	48,960	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	27	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Laboratory workers
Other Health Care Worker

Coverage Areas

Zambezia
Manica

Table 3.3.09: Activities by Funding Mechanism

Mechanism: USAID-Health Alliance International-GHAI-Local
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9113
Planned Funds: \$ 1,541,447.00
Activity Narrative: This activity is related to : MTCT 9140; HBHC 9133; HVTB 9128; HTXS 9164 and HTXD 9160 .

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.

Continued Associated Activity Information

Activity ID: 5235
USG Agency: U.S. Agency for International Development
Prime Partner: Health Alliance International
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 700,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	77	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	90,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	330	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Volunteers
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Other Health Care Worker

Key Legislative Issues

Addressing male norms and behaviors
Reducing violence and coercion

Coverage Areas

Manica
Sofala

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	USAID-Population Services International-GHAI-Local
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9114
Planned Funds:	\$ 1,595,927.00
Activity Narrative:	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.

Continued Associated Activity Information

Activity ID:	4978
USG Agency:	U.S. Agency for International Development
Prime Partner:	Population Services International
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 1,670,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	72	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	110,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	90	<input type="checkbox"/>

Target Populations:

Community leaders
Doctors
Nurses
Military personnel
People living with HIV/AIDS
Program managers
Men (including men of reproductive age)
Women (including women of reproductive age)
Other Health Care Worker

Coverage Areas

Cabo Delgado
Gaza
Manica
Maputo
Nampula
Sofala
Tete
Zambezia

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Supply Chain Management System
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9156
Planned Funds:	\$ 571,200.00
Activity Narrative:	Plus-up: A HIV rapid test kits need forecasting exercise performed by SCMS, taking into account the MOH new ANC-PMTCT testing protocols demonstrated that more HIV rapid test kits the initially foreseen would be needed. Additional Funds to SCMS will be used for the procurement of additional HIV rapid test kits and to supplement activities planned in FY07 to strengthen the CMAM (Central medical stores) system for forecasting and distribution of HIV rapid test kits to health facilities in the country in the anticipation of testing scale-up in maternities and family planning services. SCMS will also assist MOH in the procurement and logistical support for hemoglobinometers.

Original COP: This activity is related to activities HTXD 9117, HLAB 9254, HBHC 9136, and MTCT 9142.

The Supply Chain Management System (SCMS) project will support MOH to strengthen its logistics management of the medicines and consumable supplies necessary for a range of HIV/AIDS prevention, care, and treatment services such as antiretroviral (ARVs) medicines for treatment and PMTCT, HIV test kits, laboratory reagents and consumables, medicines for the treatment of opportunistic infections, items for home-based care kits, etc. 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.

DAM (the MOH Department that supervises hospitals). National Institute of Health Lab, the Lab Section and CMAM (the MOH Central Medical Stores) have repeatedly stated the need for assistance in resolving various logistics challenges they face with regard to the logistics management of rapid HIV test kits. The Lab Section at DAM is in the process of drafting a new Laboratories Strategic Plan for 2007-2011. The technical assistance activities proposed will support the systems strengthening goals set out in the strategic plan.

SCMS will facilitate a participatory process to support MOH in developing Standard Operating Procedures for the inventory control, information system, and storage procedures necessary for improved logistics management of laboratory reagents and supplies. While tests required for HIV/AIDS prevention, care and treatment services such as PMTCT and to enroll and manage patients on ART will be a priority, the scope may be comprehensive given the integrated nature of laboratory services in Mozambique.

SCMS will Support the integration of management of laboratory reagents and consumable supplies into the CMAM Computerized Drug Management System (SIGM) and will train the Staff from Laboratory Sector, CMAM, Provincial Warehouses and Hospitals to manage laboratory reagents and consumable supplies using the SIGM system.

SCMS will supply the MoH with HIV rapid test kits for about 425,000 clients to be tested in FY07. This includes 4,250 Determine rapid test kits and 5,313 UNIGOLD 20 tests per kit; test kits for an estimated 106250 determine test results.) This supply will provide an estimated 40% of the total HIV test kits requires nationwide to support HIV testing in both provider initiated and client centered CT sites

Emphasis Areas

Commodity Procurement

% Of Effort

51 - 100

Targets

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

Target Populations:

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	USAID-World Vision International-GHAI-Local
Prime Partner:	World Vision International
USG Agency:	
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9157
Planned Funds:	\$ 300,000.00
Activity Narrative:	This activity is related to: HBHC 9126; HTXS 9168; HKID 9155 ; HVTB 9130; and MTCT 9143.

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 to 19,584 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.

Continued Associated Activity Information

Activity ID:	5264
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Vision International
Mechanism:	N/A

Funding Source: GHAI
Planned Funds: \$ 200,000.00

Emphasis Areas

	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	12	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	39,584	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	37	<input type="checkbox"/>

Target Populations:

Community leaders
Men (including men of reproductive age)
Women (including women of reproductive age)
Religious leaders
Other Health Care Worker

Coverage Areas

Sofala
Zambezia

Table 3.3.09: Activities by Funding Mechanism

Mechanism: USAID-Samaritans Purse-GHAI-HQ
Prime Partner: Samaritan's Purse
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9256
Planned Funds: \$ 100,000.00

Activity Narrative: 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.

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.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	4	<input type="checkbox"/>
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	3,000	<input type="checkbox"/>
Number of individuals trained in counseling and testing according to national and international standards	10	<input type="checkbox"/>

Target Populations:

HIV/AIDS-affected families

Volunteers

Girls

Boys

Primary school students

Secondary school students

Men (including men of reproductive age)

Women (including women of reproductive age)

Coverage Areas

Inhambane

Table 3.3.10: Program Planning Overview

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

Total Planned Funding for Program Area: \$ 14,307,968.00

Program Area Context:

ARV Procurement (\$ 9,177,359): Through SCMS the USG will procure anti-retroviral drugs in support of MOH's treatment program for AIDS for 2007 and subsequent years. ARV needs for Mozambique were quantified for calendar year 2006, 2007, and 2008 using a combination of the Quantimed and Pipeline software packages. Quantimed, developed by the Rational Pharmaceutical Management Plus Project of MSH, quantifies overall drug needs. Inputs to Quantimed are available through the ARV database established by CMAM (the MOH Central Medical Stores), which include the drugs, regimens, and percentages of patients on each regimen. Future consumption assumes that 55,000 total patients (including 5,000 children<14) will be treated with ARVs by the end of 2006, 96,000 (including 9,642 children<14) patients in 2007 and 132,000 (including 13,228 children<14) patients in 2008, based on targets set in the National Strategic Plan (PEN).

In order to ensure that Mozambique receives ARVs of good quality, MOH requires that ARVs be WHO pre-qualified and/or USFDA or USFDA tentatively approved.

Pipeline Software, developed by the Deliver Project of JSI, Inc., takes the data from Quantimed and the known stock currently on hand and all known shipments already expected and suggests additional new shipments to ensure that the ARV supply chain is appropriately stocked. Inputs to Pipeline are available through data from Medimoc and from CMAM. Future shipments are based on keeping about 4 months of supply in the entire system at any one time.

For COP 2006, SCMS has been provided \$6.3 million for procurement, which will fund ARVs to support 2007 treatment targets. SCMS anticipates the COP 07 funding need to be approximately \$9.2 million for procurement of PEPFAR funded ARVs to support 2008 treatment targets.

ARV logistics (\$ 5,027.159): SCMS proposes to assist the CMAM, in collaboration with other MOH departments, programs and sectors, such as DAM (the MOH Department that supervises hospitals), and Laboratory section, through six major performance improvement interventions aimed at strengthening the capacity of the appropriate MOH staff in the following areas:

ARV Quantification and Procurement: SCMS will assist CMAM in forecasting ARV needs through at least one complete forecast annually and quarterly updates and train CMAM Staff in Quantimed (quantifying ARV needs) and Pipeline (scheduling procurement shipments to maintain appropriate inventory levels) software; analyze the basic processes in each software package to theoretical concepts and practical processes that can be integrated into the existing systems currently used at CMAM.

Procurement : CMAM would like to move to more flexible contracting mechanisms in its own procurement. SCMS will provide short-term technical assistance to CMAM to develop its capacity in procurement.

Importation : Because SCMS will procure and transport ARVs for use in Mozambique, it will need to provide CMAM/Medimoc with all of the necessary documentation for importation of the commodities. SCMS will prepare a process map of the importation process to become fully aware of the applicable Mozambican regulations and requirements affecting drug importation, in order to be able to provide a high level of customer service to MISAU, evidenced by shipments of PEPFAR funded ARVs arriving on time.

Distribution and Storage: Given the increasing volume and value of ARVs and other drugs procured by MISAU and to be donated under PEPFAR, SCMS will work with CMAM to improve the quality and security of storage facilities at central, provincial, and district warehouses, as well as at individual ART sites which are expected to expand from approximately 45 (end April 2006) to nearly 105 sites by the end of 2006.

ARV SOP Development: CMAM currently calculates the number of ARV drugs to be received by each ART

site (a 'push' system). However, as the number of sites increases, CMAM staff will be increasingly challenged to keep up with this level of centralized calculation. SCMS can support CMAM's need to design a decentralized ("pull") ARV logistics system that is flexible and responsive to support scale up efforts, and to institutionalize the system through creation of tools and training for staff at all levels of the supply chain.

Logistics Information System Implementation : SIGM is an information management tool which will greatly increase the quality of management data available to CMAM and provinces in managing MISAU's integrated logistics system for all medicines, including ARVs. The SIGM software has been developed with previous USAID funding through release 2, and has been implemented at the Central level sites of CMAM and Medimoc Headquarters, and the three Central Warehouses. During COP07, SCMS will assist CMAM in implementing the SIGM at 10 provincial warehouses, 3 central hospitals and 3 general hospitals, fund a service-level agreement (SLA) including help desk support, develop release 3 of the SIGM software and Support CMAM's ability to use information produced by SIGM for monitoring, management and evaluation. To support the collection of ARV data through the SIGM, SCMS will develop an additional module of the SIGM specifically for the unique needs for ARV data.

Provincial Logistics Advisors to support the Provincial Health Directorates (DPS) of Sofala and Zambézia: Because the ministry of health has requested PEPFAR to focus on the two provinces of Sofala and Zambezia, SCMS proposes to place a Provincial Logistics Advisor (PLA) to support the Provincial Directorate of Health (DPS) in each of these provinces. The PLAs will build provincial level capacity for use of the SIGM, institutionalize updated SOPs for management of ARVs, implementation of new SOPs for Lab reagents and consumable supplies, troubleshoot logistics problems related to drugs for opportunistic infections and manage the implementation of \$100,000 in funds earmarked for improving storage conditions and security in warehouses and medicine storerooms in each of these two provinces.

Sustainability: SCMS support to CMAM and the Laboratory Sector needs to achieve a more capable, efficient, and effective supply chain that is sustainable. SCMS will assist CMAM and the Laboratory Sector to develop improved logistics processes, procedures and tools and build the capacity of their staff to use these, with the goal of improving the capability and performance of the existing MISAU supply chains that deliver the approximately 120 medicines, laboratory reagents, and other consumable supplies for a comprehensive HIV/AIDS program. By September 30, 2008, MISAU should have achieved great progress towards more efficient and effective distribution of these critical commodities and have tools and trained people necessary to sustain this improved performance. The activities to be implemented by SCMS are all in support of the 2007 MOH Annual Operational Plans being prepared by CMAM and the Laboratory Sector.

Capacity Building: The most critical resource in the supply chain (after the valuable supplies!) is the people that make the system work. The CMAM staff transition plan has placed a large number of new technical staff in all departments of the organization who are at the beginning of their careers. The logistics functions of the supply chain are relatively new to them. Proposed work plan activities will provide opportunities for structured on-the-job training, formal training courses, and mentoring by experts in logistics management of HIV/AIDS commodities for MISAU staff at all levels of the supply chain, as appropriate.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	BASE_CDC_HQ
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	8607
Planned Funds:	\$ 13,502.00
Activity Narrative:	This activity will partially fund the salary and benefits package of a proposed position, Senior Treatment Coordinator. This work includes collaborating with the Ministry of Health on pediatric and adult treatment expansion, identifying aspects needed to strengthen this technical area, particularly with respect to drug procurement and logistics management, and liaising between the Emergency Plan country office and OGAC on treatment-related issues.

Continued Associated Activity Information

Activity ID: 5263
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: BASE_CDC_HQ
Funding Source: GAP
Planned Funds: \$ 78,262.00

Table 3.3.10: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 8621
Planned Funds: \$ 49,948.00
Activity Narrative: This activity will pay a partial salary and benefits package of an approved, but yet-to-be-filled position - ART Site Coordinator. The remaining funds in this activity will partially pay for a proposed position - Treatment Logistics Specialist. The ARV Drugs program receives significant support from each of these positions to coordinate ARV drug related procurement and quantification activities and to work with partners, other USG agency staff and Ministry of Health officials to avoid stock-outs of medicines. These staff members will also assist in developing national policy and guidelines.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 9117
Planned Funds: \$ 14,204,518.00

Activity Narrative: This activity is related to activities HVCT 9156, HLAB 9254, HBHC 9136 and MTCT 9142.

The Supply Chain Management System (SCMS) project will support MOH to strengthen its logistics management of the medicines and consumable supplies necessary for a range of HIV/AIDS prevention, care, and treatment services such as antiretroviral (ARVs) medicines for treatment and PMTCT, HIV test kits, laboratory reagents and consumables, medicines for the treatment of opportunistic infections, items for home-based care kits, etc. 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.

ARV logistics (\$ 5,027.159): SCMS will assist the CMAM (the MOH Central Medical Stores), in collaboration with other MOH departments, programs and sectors, such as DAM (the MOH Department that supervises hospitals), and Laboratory section and to strengthen the capacity of the appropriate MOH staff in the following areas:

ARV Quantification and Procurement: SCMS will assist CMAM in forecasting ARV needs through at least one complete forecast annually and quarterly updates and train CMAM Staff in Quantimed (quantifying ARV needs) and PipeLine (scheduling procurement shipments to maintain appropriate inventory levels) software; analyze the basic processes in each software package to theoretical concepts and practical processes that can be integrated into the existing systems currently used at CMAM.

Procurement: CMAM would like to move to more flexible contracting mechanisms in its own procurement. SCMS will provide short-term technical assistance to CMAM to develop its capacity in procurement.

Importation: Because SCMS will procure and transport ARVs for use in Mozambique, it will need to provide CMAM/Medimoc with all of the necessary documentation for importation of the commodities. SCMS will prepare a process map of the importation process to become fully aware of the applicable Mozambican regulations and requirements affecting drug importation, in order to be able to provide a high level of customer service to MISAU, evidenced by shipments of PEPFAR funded ARVs arriving on time.

Distribution and Storage: Given the increasing volume and value of ARVs and other drugs procured by MISAU and to be donated under PEPFAR, SCMS will work with CMAM to improve the quality and security of storage facilities at central, provincial, and district warehouses, as well as at individual ART sites which are expected to expand from approximately 45 (end April 2006) to nearly 105 sites by the end of 2006.

ARV SOP Development: CMAM currently calculates the number of ARV drugs to be received by each ART site (a 'push' system). However, as the number of sites increases, CMAM staff will be increasingly challenged to keep up with this level of centralized calculation. SCMS can support CMAM's need to design a decentralized ("pull") ARV logistics system that is flexible and responsive to support scale up efforts, and to institutionalize the system through creation of tools and training for staff at all levels of the supply chain.

Logistics Information System Implementation: SIGM is an information management tool which will greatly increase the quality of management data available to CMAM and provinces in managing MOH's integrated logistics system for all medicines, including ARVs. The SIGM software has been developed with previous USAID funding through release 2, and has been implemented at the Central level sites of CMAM and Medimoc Headquarters, and the three Central Warehouses. During COP07, SCMS will assist CMAM in implementing the SIGM at 10 provincial warehouses, 3 central hospitals and 3 general hospitals, fund a service-level agreement including help desk support, develop release 3 of the SIGM software and Support CMAM's ability to use information produced by SIGM for monitoring, management and evaluation. To support the collection of ARV data through the SIGM, SCMS will develop an additional module of the SIGM specifically for the unique needs for ARV data.

Provincial Logistics Advisors to support the Provincial Health Directorates (DPS) of Sofala and Zambézia : Because the ministry of health has requested PEPFAR to focus on the two

provinces of Sofala and Zambezia, SCMS proposes to place a Provincial Logistics Advisor (PLA) to support the DPS in each of these provinces. The PLAs will build provincial level capacity for use of the SIGM, institutionalize updated SOPs for management of ARVs, implementation of new SOPs for Lab reagents and consumable supplies, troubleshoot logistics problems related to drugs for opportunistic infections and manage the implementation of \$100,000 in funds earmarked for improving storage conditions and security in warehouses and medicine storerooms in each of these two provinces.

Sustainability: SCMS will assist MAM and the Laboratory Sector to develop improved logistics processes, procedures and tools and build the capacity of their staff to use these, with the goal of improving the capability and performance of the existing MISAU supply chains that deliver the approximately 120 medicines, laboratory reagents, and other consumable supplies. The activities to be implemented by SCMS are all in support of the 2007 MOH Annual Operational Plans being prepared by CMAM and the Laboratory Sector.

Capacity Building : The most critical resource in the supply chain (after the valuable supplies!) is the people that make the system work. The CMAM staff transition plan has placed a large number of new technical staff in all departments of the organization who are at the beginning of their careers. The logistics functions of the supply chain are relatively new to them. Proposed work plan activities will provide opportunities for structured on-the-job training, formal training courses, and mentoring by experts in logistics management of HIV/AIDS commodities for MISAU staff at all levels of the supply chain, as appropriate.

ARV Procurement (\$ 9,177,359): Through SCMS the USG will procure anti-retroviral drugs in support of MOH's treatment program for AIDS for 2007 and subsequent years. ARV needs for Mozambique were quantified for calendar year 2006, 2007, and 2008 using a combination of the Quantimed and Pipeline software packages. Quantimed, developed by the Rational Pharmaceutical Management Plus Project of MSH, quantifies overall drug needs. Inputs to Quantimed are available through the ARV database established by CMAM which include the drugs, regimens, and percentages of patients on each regimen. Future consumption assumes that 55,000 total patients (including 5,000 children<14) will be treated with ARVs by the end of 2006, 96,000 (including 9,642 children<14) patients in 2007 and 132,000 (including 13,228 children<14) patients in 2008, based on targets set in the National Strategic Plan (PEN).

In order to ensure that Mozambique receives ARVs of good quality, MOH requires that ARVs be WHO pre-qualified and/or USFDA or USFDA tentatively approved.

Pipeline Software, developed by the Deliver Project of JSI, Inc., takes the data from Quantimed and the known stock currently on hand and all known shipments already expected and suggests additional new shipments to ensure that the ARV supply chain is appropriately stocked. Inputs to Pipeline are available through data from Medimoc and from CMAM. Future shipments are based on keeping about 4 months of supply in the entire system at any one time.

For COP 2006, SCMS has been provided \$6.3 million for procurement, which will fund ARVs to support 2007 treatment targets. SCMS anticipates the COP 07 funding need to be approximately \$9.2 million for procurement of PEPFAR funded ARVs to support 2008 treatment targets.

Continued Associated Activity Information

Activity ID:	5232
USG Agency:	U.S. Agency for International Development
Prime Partner:	Partnership for Supply Chain Management
Mechanism:	Supply Chain Management System
Funding Source:	GHAI
Planned Funds:	\$ 7,800,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50
Training	10 - 50

Indirect Targets

ARV needs for Mozambique was quantified for calendar year 2006, 2007, and 2008. Future consumption is based on a scaling-up model that for 2006 assumes that 55,000 total patients will be treated with ARVs by the end of calendar year, 96,000 patients by the end of 2007 and 132,000 patients by the end of 2008, based on targets set in the National Strategic Plan (PEN). PEFAR funding will be used to purchase FDA approved ARVs. MOH funding will be used to purchase ARVs that are non necessarily FDA-approved (but WHO pre-qualified). Due to ARV combination therapies, some patients will receive a mix of FDA and non-FDA approved drugs. This mix does not allow patient targets to be differentiated according to funding source.

Target Populations:

- Doctors
- Nurses
- Pharmacists
- People living with HIV/AIDS
- Laboratory workers

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	USAID-Health Alliance International-GHAI-Local
Prime Partner:	Health Alliance International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	9160
Planned Funds:	\$ 40,000.00
Activity Narrative:	This activity is related to HTXS 9164.

HAI will be funded to support the MOH procurement by maintaining a buffer stock of ART medicines to avoid complete stock-out. See HTXS 9164 narrative further description.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50

Target Populations:

People living with HIV/AIDS

Coverage Areas

Manica

Sofala

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area: \$ 38,098,452.00

Program Area Context:

Since initiating ARV treatment services in 2001, the Mozambique Ministry of Health (MOH) has taken the leadership in providing ARV treatment services. One key achievement in 2004-05 has been the elaboration of the five-year strategic plan for STI/HIV and AIDS. The plan calls for scaling up ARV treatment in Day Hospitals within Integrated Health Network (IHN) sites and ensures that linkages are developed with other critical HIV/AIDS services for provision of comprehensive ARV treatment services. It provides for implementation of a combination of preventive and curative services in order to reduce sexual and mother to child transmission of HIV, avoid HIV transmission in health units, and increase the length and quality of life of PLWHA, including the health workers themselves. By June 2006, Mozambique had 43 ARV treatment sites operating in all 11 provinces including Maputo City. FY07 end-year target is to have 81 ART sites and progressively increase this number to 129 IHN sites by 2008. The MoH national target for 2006 is to treat 55,000 PLWHA, with rapid roll-out continuing in subsequent years to reach 132,000 by end-2008. The 2006 estimate for paediatric AIDS was 116,157 children infected and 87,117 in need of ART. By June 2006, there were 27047 persons receiving ART in Mozambique of which 50% resided in Maputo City and only about 2300 (8.6%) were children.

Although steady progress has been made in the provision of ART services, only an estimated 10% of all those in need of treatment in Mozambique are currently receiving ART. The MOH has in recent months embarked on an accelerated treatment expansion plan that decentralizes ART services to the provinces and districts and increases the capacity of existing Day hospitals to function as ART training centres and up-stream referral sites for smaller satellite sites the majority of which are in the rural areas. In order to meet the December 2006 targets, the rate of increase per month should be 4,600 patients; the average rate since January to June has been 1,600 new patients on ART. Treatment scale-up is constrained by severe shortages of doctors and nurses, limited capability of existing staff to provide ARV treatment, inadequate health and laboratory infrastructure. The MOH has developed new approaches for ART scale-up. These include developing middle and basic level health providers' skills to provide ARV treatment and integrating ARV treatment in rural health facilities so they can provide follow-up services for patients initiated on ART at referral and larger health centers. Additionally, the accelerated expansion plan includes accelerated training for basic to middle level nurses, pharmacists and laboratory personnel.

The emergency plan strategy for ART in Mozambique is to continue supporting the MOH's effort to scale up treatment and meet EP targets (110,000 by September 2009) and increase Paediatric ART. The approach involves rapid expansion of treatment services through increase of human resources and infrastructure required to deliver treatment services. The EP has supported the establishment of treatment services at 34 out of the 49 existing treatment sites in Mozambique through direct funding and technical assistance by two existing partners namely, Columbia University (16 sites: will increase to 24 by end of FY06 funding) and Health Alliance International (18 sites). Two additional treatment partners received funding for ARV treatment service provision during FY06 which are; Elizabeth Glazer Paediatric AIDS foundation (EGPAF) that plans to add ART to their PMTCT services and Vanderbilt University through a sub-agreement with EGPAF.

Support to sites includes hiring and training of staff, provision of technical oversight at treatment sites, support for renovation of treatment service sites and development of capacity for program monitoring and reporting. By June 2006, there were 14,044 clients receiving ARV therapy at USG supported facilities contributing to 52% of the total number receiving treatment in the country. The number of persons receiving ARV's is expected to increase to 22175 in at least 53 ART sites through direct USG support by end of FY06. Support to the central MOH includes technical support for development of policy and guidelines on adherence support, ARV treatment, ARV procurement planning, and pediatric AIDS treatment.

In FY 07, support for existing sites will continue and be expanded to 44 additional new ARV treatment service sites totally 97 sites in the provinces of Sofala, Manica, Nampula, Inhambane, Zambezia, Gaza, Maputo and Cabo Delgado to provide mainly follow-up and treatment of patients initiated on ART at

referral facilities. Currently under review are applications for funding of one or two new implementing partners to work in Inhambane and Zambezia provinces. Working with these existing and planned new partners, a treatment scale-up plan has been developed and target estimates developed per partner. The FY07 target is to treat 41,641 of which 5830 or approximately 14% will be children. The EP provides funding to all implementing treatment partners for paediatric ART through training clinical staff and strengthening linkages with child care services including immunization services, child at risk clinics, in and outpatient services as well as laboratory services for HIV DNA PCR for infant diagnosis of HIV. Finally USG will provide technical assistance for the development of reference centers for pediatric treatment in 3 regions: North (Nampula), Center (Beira), and South (Maputo).

An important component of FY07 activities will be to strengthen HIV service provision by implementing the following: 1) Provide funding or develop MOU's with community based organizations to improve community involvement in HIV treatment activities and promote referrals of PLWHAs; 2) Ensure that laboratory service implementers are funded to support all equipment, and reagent needs of at least all USG supported treatment programs to ensure that there is standardization of equipment procured as well as strengthening of the laboratory logistics management system at national level; 3) Provide funding through implementing partners to ensure that renovations or constructions of health and laboratory infrastructure are conducted to support ART program expansion; 4) Continue the coordination of all Emergency Plan treatment partners through regular meetings and site visits to re-enforce provision of standard package of care at all treatment sites; 5) Provide funding to ART implementing partners to identify HIV exposed infants through child at risk consultations and linkage with PMTCT programs, make laboratory diagnosis available by funding the MOH laboratory program to implement infant diagnosis of HIV and 6) provide therapeutic food supplements for patients receiving ART.

Emergency plan funds will support the pre-service and in- service training of 1,638 nurses, laboratory personnel, pharmacists and medical technicians.

In addition, 36% of treatment funds have been allocated to implement enhanced HIV treatment activities in the focus provinces of Sofala and Zambezia.

Specific activities that will be implemented with the Military and police forces include: continued expansion of treatment for the military, but also serving the general populations; transformation of an existing VCT military site in Tete province to include treatment services; renovation of an existing police treatment site in Matola to include paediatric treatment services; ensuring the supply of laboratory equipment and reagents required for military sites in coordination with APHL; dissemination of the law 5/2002 regarding HIV/AIDS in all military bases and police squadrons and promote legal stand against stigma and discrimination.

The USG continues to participate in donor coordination forums such as those organized around pooled funding mechanisms established by other donors and the MOH.

Program Area Target:

Number of service outlets providing antiretroviral therapy	110
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	46,484
Number of individuals receiving antiretroviral therapy by the end of the reporting period	41,641
Number of individuals newly initiating antiretroviral therapy during the reporting period	25,426
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,883

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8545
Planned Funds: \$ 5,711,250.00

Activity Narrative: Plus-up: This is a provincial focus activity that complements care and treatment activities proposed in the FY07 COP and implemented in Zambezia Province. This funding will support; 1) Strengthened pediatric case finding and follow up treatment through linking with PMTCT, clinical services and OVC programs being implemented in Zambezia and in collaboration with organizations that implement OVC programs 2) Support intensified training of MCH nurses and other health staff involved in child care and follow up and 3) Provide clinical mentoring on pediatric HIV care and treatment for health providers. In addition, the M&E country team will work with the pediatric team to improve the current M&E system of pediatric HIV care and treatment programs and continue to support the MoH in the site supervisions to assure the quality services provided.

COP: This activity is linked to activities 8593 and 8837. CU's proposal for Track 1 and supplemental country funds, described here, build on FY04-FY06 treatment activities. Activities include:

1) Treatment and referral network expansion: CU will support the MOH in the provision of ART to 25,500 PLWHAs (2,500 directly through new supplemental funding) and the expansion & improvement of service referral networks to surrounding communities and health centers. CU will increase its current number of adult HIV care and treatment sites from 18 currently to 24. In FY07, through this proposal, they will further expand to add 12 new facilities, bringing the total number of CU-supported sites to 36. CU will renovate and equip 12 health centers in the provinces of Zambezia, Gaza, Nampula, Inhambane and Maputo. These new facilities will be located in the same districts as larger sites already supported by CU and will form a network of satellite centers for down-referral, follow-up and initiation of ART for patients; in this way CU will expand enrolment even in the rural and remote areas of the country where there is great unmet need. All 12 new facilities will be located in Maputo City, Maputo Province, Nampula City, Quelimane-Mocuba corridor in Zambezia Province, Xai Xai-Manjacaze corridor in Gaza Province and Inhambane-Chicucue in Inhambane Province. Although outside the MoH structure, CU will continue its close collaboration with the Department of Defense to renovate 1 military and 1 police facility in Tete and Maputo provinces, respectively, for the provision of ART among the uniformed forces.

2) Strengthening and supporting scale-up of Pediatric ART and pMTCT-plus for 4,150 children: CU is substantially scaling up its support for pediatric ART in three key areas:

a) CU is committed to ongoing financial, staffing and monitoring and evaluation support to the Pediatric ART facility at Maputo Central Hospital. The Maputo Central Hospital Pediatric Center is currently providing treatment to more than 1500 children and also serves as a training venue for nurses and doctors in pediatric ARV treatment. CU's support to the Center includes staff mentoring, procurement of equipment, supplies and medication, and support for strategic information.

b) CU, through its collaboration with the relevant central managers responsible for national pediatric ARV treatment expansion, will train 80 clinical staff in other ART facilities on the management of pediatric HIV. CU has hired and will maintain the position of a Pediatric HIV Advisor to manage and oversee the expansion of these services to CU-supported sites. This person will serve also as the primary point of contact for this collaboration with the MoH, NGO, and University pediatric treatment partners.

c) The emphasis will be on integration of mother and child care and treatment at the two model centers, increasing the number of infants identified as HIV exposed and/or infected through introduction of early infant HIV diagnosis (1160 children), and improving quality of follow-up for HIV exposed infants through 'at risk consultations' and enhancing referral to care and treatment. 1160 infants will be reached and tested, with an estimated number of 150 requiring and starting ART.

ICAP will continue to support the integration of pediatric services at the model centers, 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. Funds will also be used to support and improve the quality of follow-up of HIV exposed infants through active community outreach activities.

Using the model centers as regional training centers, funds will be used to enhance local MCH capacity on pediatric HIV diagnosis and infant follow-up, and recognizing other points of entry in the health system, such as well baby clinic and immunizations. ICAP will also support the national program in integrating pediatric HIV/AIDS diagnosis and care into existing IMCI curriculum and training programs.

Through these efforts, CU will support 4150 children on ART during FY07.

3) Support human resource capacity development and expansion for provision of ARV services: CU will expand its South to South Clinical Cooperation that places CU Infectious Diseases physicians and 24 nurses and psychologists on two-month rotations to 10 HIV care and treatment facilities to conduct on-site training and mentoring for Mozambican clinical staff. Through this program, at least 75 local staff will be trained in various aspects of HIV care and treatment. In addition, CU will continue to provide technical and logistical oversight to the MOH Training Department and DAM to develop and maintain a training program of nurses and clinical officers in the provision of ART. This will be a collaborative effort with the I-TECH that will result in the development of a training plan and the delivery of two trainings of nurses to provide follow-up care to PLWHA.

4) Promoting the provision of adherence and psychosocial support and strengthen the referral networks between the ART with other HIV programs. CU will expand activities to improve treatment adherence at all CU-supported HIV care and treatment facilities. This support includes developing formal linkages with community-based organizations to finance community outreach counselors/activists to follow-up PLWHA at home and to link them with necessary support services. CU will also train clinical staff in adherence and psychosocial support issues as well as facilitate the provision of therapeutic food supplements for patients receiving ART at CU-supported treatment sites. The latter will be achieved by coordinating food distribution with the World Food program (also funded by PEPFAR), renovating food storage and warehouse facilities, and providing nutritional training to CU and clinic staff.

5) Provincial-focused technical assistance to the Zambezia MoH in policy and guidelines development: CU will assist in the expansion of ART services in Zambezia beyond CU-supported facilities by recruiting and seconding the following staff to the provincial Health Authority (DPS): 1 Technical Advisor for planning and facility infrastructure; 1 Technical Advisor for administration and logistics management; 1 Technical Advisor to the TB/HIV/AIDS/malaria provincial coordinator. CU will procure 1 vehicle for site visits to supervise the scale-up of HIV care and treatment in the province. Additionally, CU will help establish a computer network system within the DPS and district hospital through procurement of computers and installation of appropriate software.

6) Coordination: CU will continue to participate in coordination meetings of the PEPFAR treatment partners as well as quarterly PEPFAR partners meetings to ensure exchange of information, coordination of EP efforts and to provide regular updates of the program during the course of implementation.

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

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy	36	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	26,500	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	24,000	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	11,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	610	<input type="checkbox"/>

Indirect Targets

Columbia Univesrity provides upstream or indirect support for ART through the following specific activities:

1) Provision of technical assistance to the MOH for policy and guidelines development in support of ART expansion through the recruitment and secondment to the provincial Health Authority of Zambezia the following cadres: one Technical Advisor for planning and facility infrastructure; one Technical Advisor for administration and logistics management; one Technical Advisor to the TB/HIV/AIDS/malaria provincial coordinator in addition to procurement of one vehicle for site visits and supervision in managing the scale-up of HIV care and treatment in the province.

2) Provision of technical and logistical oversight to the MOH Training Department and Department of Medical Assistance (DAM) to develop and maintain a training program of nurses and clinical officers in the provision of ART. The training benefits health staff from all provinces and is not restricted to staff working within CU supported sites. This will be a collaborative effort with the University of Washington (and I-TECH) that will result in the development of a training plan and the delivery of two trainings of nurses to provide follow-up care to PLWHA.

Target Populations:

Community-based organizations

Faith-based organizations

Doctors

Nurses

Pharmacists

HIV/AIDS-affected families

International counterpart organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers

HIV positive pregnant women

Caregivers (of OVC and PLWHAs)

Host country government workers

Other MOH staff (excluding NACP staff and health care workers described below)

Public health care workers

Other Health Care Worker

HIV positive infants (0-4 years)

HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Food

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism: DOD-DOD-GHAI-HQ
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8564
Planned Funds: \$ 100,000.00

Activity Narrative: 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 (NMCS D) 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 (NMCS D), 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.

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 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.

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.

Continued Associated Activity Information

Activity ID: 5215
USG Agency: Department of Defense
Prime Partner: US Department of Defense
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 70,000.00

Emphasis Areas

Training

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of PLWHA trained/supported to strengthen treatment adherence

Number of service outlets providing antiretroviral therapy

Number of individuals who ever received antiretroviral therapy by the end of the reporting period

Number of individuals receiving antiretroviral therapy by the end of the reporting period

Number of individuals newly initiating antiretroviral therapy during the reporting period

Total number of health workers trained to deliver ART services, according to national and/or international standards

Target Populations:

Doctors

Nurses

Public health care workers

Coverage Areas

Sofala

Maputo

Nampula

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8574
Planned Funds:	\$ 1,050,000.00
Activity Narrative:	This activity is linked to activity sheet 8516.

This activity is linked to the MOH's and USG partners overall efforts to expand quality anti-retroviral treatment (ART) services throughout the country. The MOH, under guidance from the new Minister appointed in early 2005, considers appropriate prevention of medical transmission, and in particular appropriate waste disposal, part of the prerequisites or service package required for adequate provision of ART services. Funding proposed under this activity will support the rehabilitation of the waste management systems (incinerators) in eight USG supported treatment healthcare facilities and central sterilization services at two USG-supported treatment healthcare facilities that are providing ART services to large numbers of HIV-infected patients and in addition are operating as referral sites for treatment and other services in Mozambique.

The rehabilitation of the waste management system and central sterilization services will not only reduce the risk of HIV medical transmission at those facilities where larger number of HIV-positive clients are expected to receive services and large quantities of contaminated waste are likely to be handled and eliminated, and will contribute to ensure safety and high quality services being available at these USG supported treatment sites.

Main goal of the activity is to:

Strengthen up to 10 USG supported ART service delivery sites through the rehabilitation of waste management (8) and central sterilization services (2)

Anticipated results include:

- (a) List of eligible healthcare facilities to receive the support described
- (b) Final selection of the healthcare facilities
- (c) Vendors/contractors selected for each area utilizing current technical specifications
- (d) Healthcare facility staff trained on operation and maintenance of each system
- (e) Monitoring plan developed and implemented
- (f) 8 USG ART sites with incinerators installed and working
- (g) 2 USG ART sites with improved central sterilization services in place
- (h) 10 hospitals' staff trained in operation and maintenance of installed equipment

Specific activities include:

- (1) Identification and selection of of USG supported ART healthcare facilities that need improvement in line with this activity
- (2) Review of documentation related to status of each USG ART site in the areas included in the Scope of Work
- (3) Interviews with site directors to verify/update needs
- (4) Visits to selected sites to finalize needs assessment
- (5) Identification of the final sites to be supported and specific areas for implementation
- (6) Competitive selection of vendors/contractors utilizing current technical specifications
- (7) Development of specific implementation plans for each hospital
- (8) Implementation of the plans
- (9) Training of hospital staff on operation and maintenance of each system
- (10) Monitoring of operation of systems to ensure proper functioning

Continued Associated Activity Information

Activity ID: 6459
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: JHPIEGO
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 1,200,000.00

Emphasis Areas

	% Of Effort
Infrastructure	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Public health care workers
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Other

Coverage Areas

Manica
Maputo
Niassa
Sofala
Tete
Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8580
Planned Funds: \$ 100,000.00
Activity Narrative: This activity is linked to activities 8516, 8582 for prevention of medical transmission, and 8569 for early diagnosis in HIV exposed infants.

This activity will support the Ministry of Health (MOH) to continue treatment-related activities that will

- (a) contribute to safety and quality of services at antiretroviral treatment sites in the '07 focus provinces Zambezia and Sofala; and
- (b) increase the number of women tested for HIV and syphilis, the number of HIV-positive pregnant women accessing CD4 count laboratory services to determine treatment eligibility, and HIV exposed infants diagnosed at PMTCT and pediatric treatment sites.

FY07 funds (US\$100,000) will support central and provincial level MOH biosafety staff to visit all ART treatment and HIV/AIDS service sites in the two '07 focus provinces Zambezia and Sofala, conduct a complete inventory of all sterilization and biosafety equipment and supplies at these facilities, procure new equipment and supplies where needed and repair equipment where possible.

In addition proposed FY07 funding (US\$100,000) will support the training of 600 Mother-to-Child Health Care nurses and other health professionals (150 nurses and health care workers to be trained per quarter, course duration 2-3 days) providing PMTCT services on collection of blood samples for CD4 counts, HIV and syphilis rapid testing for pregnant women and women delivering at maternities, as well as collection of Dried Blood Spots for early infant diagnosis. Funding will also contribute to transport costs for blood specimen and DBS samples from service sites to reference laboratories for peripheral PMTCT sites where laboratories are not available. This activity will contribute to an increased number of women eligible for treatment being identified as well as decreased infant mortality through early diagnosis and initiation of treatment for infants needing ART.

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

Target Populations:

Adults
Doctors
Nurses
National AIDS control program staff
Women (including women of reproductive age)
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8593
Planned Funds: \$ 5,934,660.00

Activity Narrative: Plus-up: This activity complements care and treatment activities in the FY07 COP and will support; 1) Training of 225 Mozambican health staff, including medical doctors, nurses and medical technicians on the updated Integrated Management of Childhood Illness (IMCI) curriculum, which includes on module on early identification children with HIV. EGPAF plans to increase the number of children starting treatment by 30 percent - from the initial target of 938 to 1216; 2) Support intensified training of an additional 9 clinicians in pediatric HIV care at the Baylor Centre of Excellence training in Swaziland 3) Hire Consultant to work with the MOH to adapt IEC materials on pediatric ART counseling for use by health facility staff as well as support reproduction and dissemination of ART counseling materials to distribute to health facility staff; 4) Provide psychosocial support and recreational activities to children living with HIV. EGPAF Mozambique will adapt the model successfully implemented by EGPAF Uganda; 5) Conduct a community awareness campaign on pediatric AIDS in each province to sensitize communities on pediatric AIDS. The objective of this campaign is to facilitate and improve the identification of HIV-infected children and to reinforce linkages to existing OVC programs; 6) Procurement of pill boxes to facilitate adherence to treatment for children and finally to supplement funding of the working meeting convened by the Ministry of Health for Mozambican pediatric health care providers to support the scale-up of pediatric HIV services and integration of these services into the general health care system. This meeting will also serve to review progress and make plans for improving pediatric health care and is scheduled to be held in Maputo in December, 2007.

Original COP: This activity contributes to achievement of ARV treatment services and targets being implemented by other Emergency Plan partners and which are described in activities 8545, 9164, 8547 and 9222 and indirectly in activity 8532.

Project HEART/Mozambique is part of a larger worldwide initiative by the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) to support HIV Care and Treatment services for PLWHAs in low-income countries. EGPAF's programs help provide a comprehensive family-centered package of PMTCT and ART services for pregnant women, their newborn babies, partners and other HIV infected siblings.

In Mozambique, the number of children receiving ART in Mozambique remains very low relative to the number of adults on treatment (<10% of all ART patients.) For this reason, EGPAF was asked in FY06 to begin expanding pediatric ART services to 8 existing EGPAF-supported PMTCT clinics in three provinces: Maputo (1 site), Gaza (3 sites) and Nampula (4 sites). To accomplish this, EGPAF 1) Recruited 1 ART Technical Advisor based in Maputo (headquarters), and 1 Clinical Advisor for Gaza and Nampula provinces responsible for provision of both technical and programmatic oversight for the ART program; 2) Conducted assessments of infrastructure, laboratory and human resource needs for ART services at the new sites; 3) Used standard training materials developed by the Ministry of Health (MoH) in collaboration with Columbia University to train 11 nurses, clinical officers and doctors in the provision of ART and initiation of ART for 29 patients (by August 2006); and 4) Developed partnerships with community-based organizations for patient referrals, support and follow-up.

With FY06 funds, EGPAF will have provide ARV treatment to 1,263 patients (including 190 children) and will have provided or facilitated HIV care- and treatment-related training of 487 health staff through various training workshops and venues. In addition, EGPAF will complete renovation to the 8 treatment sites.

Proposed activities in FY07 will build on these initial successes and infrastructure to more fully scale-up services at the 8 sites and to expand services to a total of 15 districts and 17 sites (additional 9 sites) in Cabo Delgado, Nampula, Gaza and Maputo Provinces. Specifically with the FY07 funds, EGPAF will:

- 1) Provide comprehensive care and treatment services for HIV-exposed and infected children and adults, including pregnant women. To deliver these services EGPAF will: a) train health staff in adult and pediatric HIV management b) develop systems to identify early HIV infection and c) ensure access to quality ARV treatment for infants, young children, HIV-infected adults and their families, including pregnant women, at all entry points in the health facility and community. Specific entry points will be PMTCT/Post natal clinics, child-at-risk clinics, IMCI/EPI, in-patient, and TB clinics

2) Implement awareness raising activities for PLWHAs by: a) conducting HIV education sessions for patients infected and affected by HIV, including adequate counseling and dissemination of literacy and IEC materials; b) developing formal agreements with community based groups and organizations to provide HIV related education including Paediatric and Adult treatment, for communities, community leaders, traditional healers and PLWHAs and c) establishing support and referral systems for psycho-social support for PLWHAs, including reinforcement of and linkages with HBC initiatives, nutritional support and patient follow-up.

3) Contribute to sustainable development and building capacity of the health system to provide comprehensive, quality HIV care and treatment services through training and mentoring of staff, and renovation of 5 additional PMTCT sites for ART services and developing referral systems between the ART program and the other HIV services including access to nutrition support and to prevention programs (malaria, EPI).

4) Strengthen monitoring and quality assurance of care and treatment program at all EGPAF supported sites by implementing appropriate user-friendly monitoring and evaluation tools for program reporting and monitoring , including implementing in each district of a computer-based patient tracking system that has already been developed by Columbia University. In addition, EGPAF is willing to participate in the Emergency Plan funded HIVQUAL initiative as and when this program rolls-out to more treatment sites.

By the end of FY07 EGPAF will provide ARV treatment to 6251 people 938 of which will be children. In cooperation with the MOH, CDC, USAID and other in country and international expertise, EGPAF will facilitate or provide training for 487 health workers including nurses, clinical officers and doctors in various aspects of ARV treatment. EGPAF will also continue to participate in coordination meetings of the PEPFAR-funded treatment partners as well as the quarterly PEPFAR partners meetings that encourage sharing of experiences and regular updates to partners.

Continued Associated Activity Information

Activity ID: 5182
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation
Mechanism: Track 1 ARV Moz Supplement
Funding Source: GHAI
Planned Funds: \$ 2,905,600.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy	17	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,504	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	6,251	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	4,436	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	677	<input type="checkbox"/>

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Volunteers
HIV positive pregnant women
Religious leaders
Public health care workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Food

Coverage Areas

Cabo Delgado

Gaza

Maputo

Nampula

Table 3.3.11: Activities by Funding Mechanism

Mechanism: BASE_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8598
Planned Funds: \$ 81,013.00
Activity Narrative: This activity is related to activities 8593, 8545 and 9160 which are ARV treatment activities being implemented by emergency plan funded partners and include care and treatment for children.

The main component of this activity is to provide support to the Ministry of Health (MoH) to strengthen and expand pediatric ART by:

1) Providing technical assistance, including USG technical advisors, to assist the MoH in a) developing guidelines, standard operating procedures and policies for pediatric HIV diagnosis, care, treatment, and follow up; b) planning and scaling up health provider training on pediatric care and treatment iii) supporting participation of pediatric health care providers in international conferences and meetings.

2) Partially funding salaries of a new position, the Senior Treatment Coordinator. This staff member provides oversight and assistance in strategic planning and coordination of partners' activities to ensure quality treatment service delivery. Additionally, the person will ensure that partners adhere to national and international guidelines by coordinating and participating in site visits and holding technical meetings where these issues are discussed and resolved.

Continued Associated Activity Information

Activity ID: 5261
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: BASE_CDC_HQ
Funding Source: GAP
Planned Funds: \$ 118,602.00

Table 3.3.11: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8609
Planned Funds: \$ 33,110.00
Activity Narrative: This activity will partially fund the salary and benefits package for two proposed ART Site Assistants whose role is critical to the monitoring of care and ART services being implemented in Mozambique through the Emergency Plan. Activities include 1) regular site support visits where implementation-related problems may be identified and resolved and 2) responsibility for collecting program data useful for program performance improvements.

Continued Associated Activity Information

Activity ID: 5260
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: BASE_CDC_POST
Funding Source: GAP
Planned Funds: \$ 11,545.00

Table 3.3.11: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8622
Planned Funds: \$ 279,709.00
Activity Narrative: This activity includes a pro-rated salary a Senior Care and Treatment Specialist. Funds also will be used to partially pay salary and benefits package of two approved, but yet-to-be-filled positions (ART Site Coordinator) Finally, two new positions will be partially paid with funds from this activity - Pediatric Treatment Specialist and Treatment Logistics Specialist. Each of these positions provides or will provide significant support to the ARV Services Program in the area of coordinating ART activities with the Ministry of Health and partners and with particular emphasis on pediatric treatment expansion, commodities procurement, and training.

Continued Associated Activity Information

Activity ID: 5188
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_HQ
Funding Source: GHAI
Planned Funds: \$ 319,750.00

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Twinning
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8799
Planned Funds: \$ 400,000.00

Activity Narrative: In Mozambique, to date, most prevention interventions target uninfected persons, or persons with unknown HIV status. The goal of such interventions is to prevent individuals from becoming infected and to encourage HIV testing. The content of these primary prevention interventions is generally informational (e.g. how HIV is transmitted, how to reduce transmission risks), motivational (e.g. why it is important to reduce HIV risk), and skills-based (e.g. how to negotiate risk reduction). As anti-retroviral therapy becomes more widely available, directing interventions toward individuals who are living with HIV is increasingly important. More individuals with HIV are living longer, feeling better, and enjoying a renewed interest in life. These improvements in the health and well-being of people living with HIV bring new challenges, including negotiating sex as an HIV-infected individual.

The Twinning Center (TC) is a program of the American International Health Alliance (AIHA). TC activities in Mozambique started in January 2006. With PEPFAR funds, AIHA/TC facilitated the partnership between the School of Nursing, University of California, San Francisco (UCSF) and two sites in Maputo Province (Beluluane and Namaacha), to start implementation of a PwP Demonstration Project aimed at two levels: an intervention for health care settings/medical providers and community workers/clients. After completion of first site assessments in January 2006, 2 sites in Maputo Province were selected for the implementation of the PWP interventions (Namaacha Health Center and Esperanza Voluntary Counseling and Testing (VCT) Center). TC identified suitable US-based partners and started the development of the program in collaboration with the MOH. Also TC established relationships with the U.S. National Evaluation Center, to determine the monitoring and evaluation strategies for this project.

Namaacha Health Center is a MOH facility, supported in part by an International NGO (Medicos de Mondo) and provides the following HIV/AIDS and related services: VCT (one VCT center and 4 peripheral VCT service sites), PMTCT services, diagnosis and treatment of TB, Sexually Transmitted Infections and Opportunistic Infections, and a Home-Based Care program covering the surrounding villages. ARV treatment services were expected to be started soon; physicians had already been trained on provision of ART. Health personnel had identified the need for more consistent and systematic prevention counseling across all types of services and through different health cadres working at different service points (e.g. counselors at VCT, nurses in the antenatal clinic; physicians at the wards etc.). They felt that messages repeated and re-enforced at various points of contact over time with clients would contribute to a change in behavior. They indicated that health care providers would like to learn more about counseling for the HIV-positive person, and were willing and interested to work on this as a team composed of individual providers with complimentary skills. This site has started to engage in the development of clinic/ provider-based PwP intervention. In FY07, the Namaacha site will implement an intervention model that will allow to determine whether and how provider-delivered prevention messages and counseling, incorporated as part of routine HIV clinic care, are feasible and effective in reducing risk HIV transmission rates among clinic patients within the Mozambican context. FY07 scale up activities include conducting a pilot of skills based education and training sessions for staff at Namaacha health center. The goals of the pilot are to introduce the training program; explain the justification for doing prevention with positives; introduce a model for conducting HIV prevention counseling with HIV+ patients in the clinical setting; and to conduct skills building exercises related to opening prevention conversations and risk assessment.

Esperanza VCT Center is a community-based VCT center located in Matola, Maputo Province, supported by a local FBO, ADPP, and receiving assistance from a local private company, Mozal (aluminum factory). The center, using a team approach, employs more than 80 local volunteers and at least 2 international volunteers at all times. This site uses a peer-education approach through the linkages they have developed with the PLWHA groups. Strong linkages had been established between the VCT center and a number of PLWHA groups that had formed at community level.

This site has started to partake in the development of a PwP model that targets HIV-positive individuals (and their families) outside of the clinic setting, e.g. through counselors, peer educators and community-based support groups. Staff and volunteers from this site are involved in the design and implementation of community-based and client-lead PwP interventions. PLWHA participants are developing peer lead prevention

discussion and training sessions around disclosure, adoption of preventive and risk reduction measures, PMTCT, negotiation of safe sex, and other topics identified by the PLWHA group members.

In FY07, plans include the expansion of these interventions from the 2 existing sites in Maputo province to two new sites in the 2007 focus provinces Sofala and Zambezia.

OBJECTIVE A: Health care workers from Namaacha Health Center, Esperanza VCT Center and 2 TBD sites from Sofala and Zambezia have competencies and skills to address the prevention counseling, disclosure of HIV status, partner notification, risk reduction techniques.

ACTIVITY 1 Develop training and skills building sessions at the 4 sites. TC through the partnership will conduct trainings for health care workers and community workers in prevention counseling, on disclosure of HIV status, partner notification, and risk reduction techniques at 4 sites. Deliverable: 200 people trained (4 sites x 50 people/each site).

OBJECTIVE B: Provide technical and program expertise for translating proven-effective monitoring and evaluation models from domestic PwP programs to proposed settings in Mozambique.

ACTIVITY 2 Through a combination of the skills summarized above the proposed collaboration between the UCSF team, CDC Mozambique staff, and partner agency staff (e.g. VCT Beluluane) will support the development of an evaluation plan-by training the staff from the 4 sites, and from the Provincial Health District in evaluation methods, design, implementation of evaluation protocols. Deliverable: evaluation plan and 20 people trained (5 people x 4 sites).

Expected outcomes for proposed PwP activities are:

- 1) Patient/client level: change in behavior that can transmit HIV to others, increased knowledge of HIV transmission risks and sense of responsibility for preventing HIV transmission, acceptability of HIV PwP programs and services.
- 2) Provider level: change in provider behavior, comfort and skill to assess contextual and behavioral risk in HIV positive patients and clients and to provide brief prevention messages to HIV positive persons within the context of current services provided (e.g. VCT, antenatal care, initiating ART).
- 3) Community level: Increase in number of partners who report to the VCT in both community and clinic based programs for HIV testing.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
Discordant couples
HIV/AIDS-affected families
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Volunteers
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker

Key Legislative Issues

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

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	I-TECH
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8806
Planned Funds:	\$ 680,000.00
Activity Narrative:	International Training and Education Center for HIV (I-TECH)'s philosophy is to support the ongoing development of health care worker training systems that are locally-determined, responsive and self-sustaining in countries hardest hit by the AIDS epidemic. The primary activities of I-TECH include assessing needs and capacity for training and clinical care; designing clinical management and workforce training systems; supporting knowledge transfer through instructional design and on-site training; measuring access to quality care through monitoring and evaluation; and strengthening organizational capacity through development assistance and strategic planning.

At the request of the Minister of Health (MoH), the USG will continue to work on at the central level, while beginning to focus activities on the USG's two focus provinces: Sofala and Zambezia. In late spring, the MoH developed an accelerated training plan to develop health care providers more rapidly. Currently, 50-60% of the population do not have access to health care and the system's ability to respond is being further stressed by HIV/AIDS. The accelerated training plan focuses on preparing health care providers, lab technicians and pharmacists more quickly by increasing the number of classes at each training institution and by shortening the total amount of time for pre-service coursework. The accelerated training plan challenges the capacity of the training institutions as they work to double their work load.

In Sofala, there are a number of PEPFAR-supported activities that will be coordinated by I-TECH to develop additional cadres of health care workers and lab technicians that can support roll-out of ARV treatment. USG-funded Health Alliance Internation will be providing resources to support student fees associated with the accelerated training plan (Linked to USAID_Treatment_HAI). Catholic University, in twinning with University of Pittsburgh, will be providing a clinical practicum site focus on ARV treatment that can be used by the pre-service and in-service institutions (Linked to 8800). JHPIEGO, at the request of the National Director of Training for MoH, will focus on improving the overall quality of training institutions (Linked to 8575). In particular, they will focus on Sofala's training institutions, with the intent that necessary changes be applied to other provincial training institutions. I-TECH's work in revising the tecnico de medicina (mid-level providers) curriculum and in developing standard elements for clinical practicums will also contribute to the overall effects of this consortium. In addition, I-TECH will offer faculty training in HIV/AIDS and adult learning methods. MoH will continue to secure faculty, support their training institutions, and assure that all activities are in line with the government's plan.

In Zambezia, there have been less PEPFAR investments to date. JICA has invested in the renovation of one training institution although there are other institutions that need further strengthening. Through funding of this proposal, I-TECH would be asked to investigate the needs of that province and propose a plan to increase the number of tecnicos de medicina and nurses that can be graduated through the accelerated training plan. This plan could then be further funded by PEPFAR or other donors in subsequent funding cycles.

To accomplish these activities, funding is requested to support one or two I-TECH staff working fulltime in Sofala and Zambezia and costs associated with their coordination activities. In addition, I-TECH would coordinate 1 in-service ARV training using the Columbia-MoH-I-TECH curriculum for tencicos de medicina.

Deliverables: number of students enrolled, needs assessment completed, development of standard elements for practicums and clinical mentoring

Emphasis Areas

	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Training	51 - 100

Target Populations:

Doctors
Nurses
Teachers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Track 1 ARV
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 8837
Planned Funds: \$ 4,500,000.00

Activity Narrative: This activity is linked to activities 8593 and 8545.

Columbia University's (CU) proposal for FY07 Track 1 funds and in-country supplemental funding in the amount of \$5,411,250 builds on FY04-FY06 treatment activities. With this funding, CU will support the Ministry of Health (MoH) in the provision of ART treatment to 25,500 PLWHAs (23,000 with ongoing Track 1 Funding) and the expansion and improvement of service referral networks.

To achieve this target, CU will increase its current number of treatment sites from 18 currently to 24 in FY06 and 36 in FY07. CU's expansion is guided by the USG PEPFAR team's five-year strategic vision that ARV treatment services should reach beyond provincial capitals to include rural health facilities. The additional facilities supported in FY07 (primarily through the supplemental funding) will be outside major urban cities.

Beyond direct support of patients on ARV therapy, specific activities to be undertaken with Track 1 funds include:

1) Human Resources: CU will continue to supplement existing staff at 24 HIV care and treatment facilities by financing, training, and providing ongoing mentorship to 15-20 MoH clinic staff per facility in the provision of HIV care and treatment services for adults and children (400 staff total). These providers include doctors, medical technicians, nurses, counselors, pharmacists, data technicians and administrative staff. This relationship and support contributes to skills building and transfer at the point of service delivery.

Human Resource staffing is financed through sub agreements with Provincial Health Authorities in the six provinces supported by CU plus the Central Hospital in Maputo City.

Training: CU will continue to provide ongoing training by clinical-support teams to staff working at CU HIV care and treatment facilities in 6 provinces plus the Central Hospital in Maputo. Each team includes a Clinical Supervisor, 1-3 Clinical Officers, 1-2 Logistics Officer and a Data Officer. In particular, they provide refresher training for all health care providers to reinforce national guidelines and centrally-developed training programs. The teams also conduct on-site training and mentoring of clinicians in the management of HIV-exposed infants at CU-supported pMTCT facilities

All team members are hired directly by CU, based at Provincial Hospitals, and regularly travel to CU-supported facilities.

3) Infrastructure: CU will continue to provide supplies and additional equipment to maintain and expand services at 24 facilities through FY06. In addition CU will conduct renovations to existing health facilities as needed.

4) Policy and guidelines: CU will continue to provide technical support at the central level MOH to the Department of Medical Assistance (DAM). This support contributes to the development of policies and guidelines for managing the national ART effort. Specifically, CU technical staff will assist the HIV Management and ARV Committees to develop and revise clinical guidelines and an HIV service decentralization plan in addition to designing/updating training curricula and materials. CU will also work with the National Adherence Support group to develop adherence and psychosocial support materials. Internally, CU will work to strengthen their electronic patient-tracking system and paper-based systems for program monitoring purposes and will advise Emergency plan staff and other partners on the process for renovation of MOH facilities, including design, tendering and implementation.

4) Coordination: Columbia University will continue to participate in coordination meetings of the PEPFAR treatment partners as well as quarterly PEPFAR partners meetings to ensure exchange of information, coordination of Emergency plan efforts and to provide regular updates of the program during the course of implementation.

Continued Associated Activity Information

Activity ID: 5181
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Columbia University
Mechanism: Track 1 ARV
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Human Resources	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy	36	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	25,500	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	23,100	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	10,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	610	<input type="checkbox"/>

Indirect Targets

Columbia University provides extensive technical support to the Ministry of Health (MoH), Department of Medical assistance that is responsible for the national ART program in Mozambique. Technical advisors support the MoH in the areas of ART care and treatment, psychosocial and adherence support, training, and monitoring and evaluation. This support contributes to the reason for counting upstream support of all person on ART programs in the country.

Target Populations:

Community-based organizations
Faith-based organizations
Doctors
Nurses
Pharmacists
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Policy makers
HIV positive pregnant women
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

Gaza
Inhambane
Maputo
Nampula
Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Capable Partners Program
Prime Partner:	Academy for Educational Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9109
Planned Funds:	\$ 300,000.00
Activity Narrative:	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.

Continued Associated Activity Information

Activity ID:	5282
USG Agency:	U.S. Agency for International Development
Prime Partner:	Academy for Educational Development
Mechanism:	Capable Partners Program
Funding Source:	GHAI
Planned Funds:	\$ 200,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards		<input checked="" type="checkbox"/>

Target Populations:

Nurses
 Non-governmental organizations/private voluntary organizations
 Other Health Care Worker

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Health Policy Initiative (ex-PDI)
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9163
Planned Funds: \$ 45,000.00
Activity Narrative: 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.

Emphasis Areas

Information, Education and Communication
 Policy and Guidelines

% Of Effort

10 - 50
 51 - 100

Target Populations:

Military personnel

Key Legislative Issues

Reducing violence and coercion
 Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: USAID-Health Alliance International-GHAI-Local
Prime Partner: Health Alliance International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9164
Planned Funds: \$ 9,714,320.00

Activity Narrative: This activity is linked to HBHC 9133, HVTB 9128, and HTXS 8806.

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.

Reprogramming October 2007 - This activity will allow HAI to expand treatment adherence activities in Manica through its sub-grantee Africare. HAI will be able to expand mobilization efforts for stigma reduction, prevention, care and treatment and ensure that Africare volunteers continue to work closely with clinics in caring for PLWHA. At least half of the new Africare HBC clients will need to have a clinic record. The additional funding will allow HAI, through Africare, to reach an additional 800 individuals with adherence and tracing as well as increase the geographic penetration of Africare, specifically, Africare will strengthen its portfolio in Manica and Gondola district.

Continued Associated Activity Information

Activity ID:	5229
USG Agency:	U.S. Agency for International Development
Prime Partner:	Health Alliance International
Mechanism:	N/A
Funding Source:	GHAI

Planned Funds: \$ 2,750,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy	48	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	12,500	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	11,250	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	9,000	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	546	<input type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 Doctors
 Nurses
 Pharmacists
 HIV/AIDS-affected families
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 Program managers
 Volunteers
 Caregivers (of OVC and PLWHAs)
 Religious leaders
 Laboratory workers
 Other Health Care Worker
 HIV positive infants (0-4 years)
 HIV positive children (5 - 14 years)

Coverage Areas

Manica

Sofala

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	The Health Communication Partnership
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9165
Planned Funds:	\$ 434,230.00
Activity Narrative:	<p>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 and 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.</p> <p>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.</p>

Emphasis Areas

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

Targets

Target

Target Value

Not Applicable

Number of PLWHA trained/supported to strengthen treatment adherence

Number of service outlets providing antiretroviral therapy

Number of individuals who ever received antiretroviral therapy by the end of the reporting period

Number of individuals receiving antiretroviral therapy by the end of the reporting period

Number of individuals newly initiating antiretroviral therapy during the reporting period

Total number of health workers trained to deliver ART services, according to national and/or international standards

Target Populations:

Doctors

Nurses

Traditional birth attendants

Traditional healers

HIV/AIDS-affected families

People living with HIV/AIDS

HIV positive pregnant women

Caregivers (of OVC and PLWHAs)

Other Health Care Worker

HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	USAID-Population Services International-GHAI-Local
Prime Partner:	Population Services International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9166
Planned Funds:	\$ 881,200.00
Activity Narrative:	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 current 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.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target

Target Value

Not Applicable

Number of PLWHA trained/supported to strengthen treatment adherence

Number of service outlets providing antiretroviral therapy

Number of individuals who ever received antiretroviral therapy by the end of the reporting period

Number of individuals receiving antiretroviral therapy by the end of the reporting period

Number of individuals newly initiating antiretroviral therapy during the reporting period

Total number of health workers trained to deliver ART services, according to national and/or international standards

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Program managers

Volunteers

Caregivers (of OVC and PLWHAs)

Religious leaders

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Nampula

Niassa

Sofala

Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism: USAID-World Food Program-GHAI-Local
Prime Partner: World Food Program
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9167
Planned Funds: \$ 800,000.00

Activity Narrative: 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 subsidies will be provided to current 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 1/2 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.

Reprogramming October 2007 - decrease in funding level to \$800,000 from \$1.6M but no changes to the narratives.

Continued Associated Activity Information

Activity ID:	6441
USG Agency:	U.S. Agency for International Development
Prime Partner:	World Food Program
Mechanism:	N/A
Funding Source:	GHAI

Planned Funds: \$ 800,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Food/Nutrition	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards		<input checked="" type="checkbox"/>

Target Populations:

People living with HIV/AIDS
Program managers
Volunteers
HIV positive pregnant women
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Key Legislative Issues

Food

Coverage Areas

Gaza
Inhambane
Manica
Maputo
Sofala
Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism: USAID-World Vision International-GHAI-Local
Prime Partner: World Vision International
USG Agency:
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9168
Planned Funds: \$ 1,905,000.00
Activity Narrative: This activity is linked to HBHC 9126 and HVTB 9130. This activity involves construction of clinic facilities which will be used by USG partners in providing treatment services. Thus, the counting of the sites in the activity will be duplicative with other treatments services.

In this activity, World Vision will implement two components: Construction and Treatment Adherence

In FY07, World Vision will construct the following facilities for MOH in Zambezia Province:

- 1) 3 type II MOH health centers to increase support of HIV care and treatment services (\$825,000)
- 2) 3 staff houses related to these health centers and 7 more staff houses related to other USG supported health centers to retain important clinic staff in rural areas (\$400,000)
- 3) a training centre in Quelimane City to support training of basic and middle level health professionals (\$300,000)

In addition, World Vision will improve treatment adherence by improving the collaboration between clinic and community-based palliative care partners. This collaboration is considered a fundamental component of the adherence support for HIV treatment and care. Each clinic will have an NGO supported treatment adherence focal person (a community-to-clinic nurse) who can interact and coordinate community-based care providers. The focal point will refer ART and TB patients to a particular person in the patient's barrio for follow-up, care and support. It has been internationally recognized that to achieve the full benefits of ARV, adequate dietary intake is essential and dietary and nutritional assessment is an essential part of comprehensive HIV care. Based on these findings World Vision will collaborate closely with World Food Program tapping into their existing program to target those HBC clients on ART to improve nutrition. It also has been shown that HIV+ patients are lost after they get tested. World Vision will develop better mechanisms to improve the referral from testing to treatment using the clinic focal persons and HBC organizations. Reliable means of transportation is another activity that will assist treatment adherence. Vouchers, motor and bicycle ambulances, and special vans will be used to address this transportation issue. (\$380,000)

Zambezia is Mozambique's most populous province. With an estimated HIV prevalence of 18%, it is also the province with the largest estimated number of people living with HIV/AIDS. However, access to treatment is low, and Zambezia accounted for only 5% of all patients on ART as of June 2006. In order to redress geographic inequity, the Ministry of Health has established ambitious treatment targets for Zambezia. Next to trained human resources, infrastructure is the greatest barrier to treatment roll-out. Staff housing is essential for retaining staff in rural areas. World Vision has extensive experience in Zambezia in health and other areas, including rehabilitation and construction. World Vision will coordinate with Columbia University, the primary treatment partner in Zambezia, as well as other treatment partners, to ensure that the rural health infrastructure developed through this activity supports treatment roll-out in the province.

Emphasis Areas

	% Of Effort
Infrastructure	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target

Target Value

Not Applicable

Number of PLWHA trained/supported to strengthen treatment adherence

Number of service outlets providing antiretroviral therapy

Number of individuals who ever received antiretroviral therapy by the end of the reporting period

Number of individuals receiving antiretroviral therapy by the end of the reporting period

Number of individuals newly initiating antiretroviral therapy during the reporting period

Total number of health workers trained to deliver ART services, according to national and/or international standards

Target Populations:

Community-based organizations

Faith-based organizations

Nurses

People living with HIV/AIDS

Other Health Care Worker

Coverage Areas

Sofala

Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Peace Corps-Peace Corps-GHAI-Local
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9472
Planned Funds:	\$ 448,960.00
Activity Narrative:	This activity relates to the Technical Assistance for Local Organization Capacity Development being provided by Peace Corps.

The Peace Corps mission in Mozambique will during FY07 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 two Emergency plan focus provinces of Zambezia and Sofala 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 (FBO's), 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 (3) and Sofala (2) 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 according to national and international standards.

In support of the above activities, the COP 07 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.

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy		<input checked="" type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period		<input checked="" type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period		<input checked="" type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards		<input checked="" type="checkbox"/>

Target Populations:

Community-based organizations
 Faith-based organizations
 HIV/AIDS-affected families
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 HIV positive pregnant women
 Caregivers (of OVC and PLWHAs)
 Other Health Care Worker

Coverage Areas

Sofala
 Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Vanderbilt University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	12270
Planned Funds:	\$ 195,000.00
Activity Narrative:	This activity is related to activity # 8547 under funding mechanism number 4879 whose prime partner was listed as TBD. The main focus of this activity is to provide technical assistance to the provincial Health Authorities of Zambezia province (focus activity) in pediatric HIV care and Treatment in the province. Funding will support the position of a Technical advisor, transportation for supportive supervision visits, and provincial level trainings. The Pediatric Treatment Technical Advisor will function in the interest of the province and Emergency plan (EP) and as such will have the additional responsibility of working closely with the EP Interagency Treatment Team.

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Target Populations:

People living with HIV/AIDS
HIV positive children (5 - 14 years)

Coverage Areas

Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	GHAI_CDC_HQ
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	12271
Planned Funds:	\$ 120,000.00
Activity Narrative:	<p>These funds will support a national Pediatric ART Program Evaluation. Using a retrospective design, a number of selected sites will be purposively chosen for this evaluation. Within each site, a statistically representative sample of the active patient population will be selected to be analyzed. Data abstraction will be performed on medical charts, and where appropriate, interviews will also be conducted with clinic staff and caretakers.</p> <p>The objectives of this evaluation are: 1. to describe the demographic, clinical, and immunological characteristics of the pediatric ART population; 2. to describe the service provided to them by the National Health System. 3. To describe patient outcomes, including death, rates of follow up, and adherence using routine program data; 4. To characterize common co-morbidities (e.g. tuberculosis) and 5. To document frequency of toxicity or other adverse events. Funds will be used to cover costs of a study manager, protocol development, field staff for data collection, data entry person and logistics.</p>

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	GHAI_CDC_POST
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	12272
Planned Funds:	\$ 300,000.00
Activity Narrative:	<p>CARE will work in Vilankulos district, Inhambane Province to strengthen the technical capacity of the district level government health facilities to effectively scale up ART services and support Community Service Organizations to provide continuum of care for people living with HIV and AIDS through sub-grants.</p> <p>The main objectives of the program are to Increase the capacity of the MOH to strengthen and scale up ART services in Inhambane province, Increase access of ART services for eligible PMTCT and TB clients through improved linkages and , strengthen community response to ensure linkages between community resources and clinical HIV services.</p>

Emphasis Areas

Logistics

% Of Effort

51 - 100

Targets**Target****Target Value****Not Applicable**

Number of PLWHA trained/supported to strengthen treatment adherence

Number of service outlets providing antiretroviral therapy

1

Number of individuals who ever received antiretroviral therapy by the end of the reporting period

360

Number of individuals receiving antiretroviral therapy by the end of the reporting period

310

Number of individuals newly initiating antiretroviral therapy during the reporting period

360

Total number of health workers trained to deliver ART services, according to national and/or international standards

30

Target Populations:

People living with HIV/AIDS

Host country government workers

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Vanderbilt University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12273
Planned Funds: \$ 3,735,000.00
Activity Narrative: 07/07; no sheet no info

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 provincial 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.

Emphasis Areas

% Of Effort

Development of Network/Linkages/Referral Systems	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence		<input checked="" type="checkbox"/>
Number of service outlets providing antiretroviral therapy	9	<input type="checkbox"/>
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,040	<input type="checkbox"/>
Number of individuals receiving antiretroviral therapy by the end of the reporting period	990	<input type="checkbox"/>
Number of individuals newly initiating antiretroviral therapy during the reporting period	1,080	<input type="checkbox"/>
Total number of health workers trained to deliver ART services, according to national and/or international standards	30	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
Host country government workers

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	QED Group, LLC
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	19282
Planned Funds:	\$ 150,000.00
Activity Narrative:	<p>Reprogramming October 2007 - Treatment partners in Mozambique have scaled up quite rapidly by increasing the number of sites and the access of populations to those sites. Treatment partners have acknowledged that one of the key areas for improvement in the provision of treatment services is the standardization of a comprehensive package of services, based both in the clinics and in the community. The difference between the number of PLWHA who are currently benefiting from care services relative to the number of those in treatment is substantial and pre-occupying. PLWHA are staged initially, however, if they aren't immediately put onto treatment, the vast majority are lost. A good portion of the USG portfolio over the coming year is to close this gap and "catch" missed opportunities to get people back to the clinics. In fact when representatives from CDC and USAID headquarters visited the large gap between the two numbers was the basis of one of their recommendations; namely that the USG in Mozambique standardize a minimum care package and ensure that those who are HIV-positive are offered a range of options and services, including CTX prophylaxis and a system to ensure that they return to the clinic to establish their eligibility. A consultant will assist the USG to create systems and processes that enable USG treatment partners, and the Government of Mozambique, to capitalize and consolidate on progress made in the area of connecting the dots between clinical services as well as those linking clinical services to community-based care and support.</p>

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: \$ 9,607,123.00

Program Area Context:

The Mozambique laboratory network is comprised of all clinical laboratories which fall under the responsibility of the National Health Services in the MOH. The HIV, viral diseases and malaria reference laboratories fall under the National Institute of Health while the TB reference laboratory falls directly within the TB program. The public health laboratory system faces multiple deficiencies that include inadequate numbers and skills of existing laboratory personnel, deficient physical infrastructure and sub-optimal coordination between laboratory and clinical services. The MOH has taken the important step of developing a Laboratory Strategic Plan that will help define the organizational structure of the laboratory network from central MOH to the district level as well as describing the referral network, services to be offered at each level of health service provision and to standardize laboratory equipment being procured for the country to ensure efficiency in maintenance and procurement of laboratory reagents.

The USG in Mozambique seeks to support the MOH to improve and expand the clinical laboratory capacity for the safe and effective provision of HIV prevention, care and treatment services within the Integrated Health Network. The approach has focused on supporting infrastructure renovations, procurement of equipment and reagents, building human resource capacity through provision of technical assistance and supporting training of clinical laboratory personnel.

The Emergency Plan provides funding to several organizations to support laboratory services in Mozambique; these include the Association of Public Health Laboratories (equipment and reagents), Federal University of Rio de Janeiro (training) and the Ministry of Health (National Institute of Health) for quality control and quality assurance. Other groups that have contributed widely to laboratory infrastructure and capacity building include all the Emergency Plan treatment partners. These partners have been responsible for undertaking the renovation and rehabilitation of laboratory infrastructure needed to house the new lab equipment that is being procured by APHL.

The achievements of the combined efforts of all these partners to date include:

- 1) Completion of two high tier laboratory renovations situated at Mavalane Hospital in Maputo City and Xai-Xai-Provincial Hospital. Due to the lengthy process involved in renovating infrastructure in Mozambique, temporary renovations or installation of temporary containers (pre-fabricated structures) has been undertaken. Four temporary laboratories have been renovated, and 2 temporary containers have been procured.
- 2) Equipment and reagents for the determination of CD4, haematology and biochemistry tests has been distributed to 5 laboratories. Distribution will continue to be expanded as and when laboratory infrastructure is completed in conformity with MOH recommendations and approval.
- 3) More than 70,000 CD4 test have been performed which is expected to increase to 150,000 by the end of FY06; DNA PCR testing for the paediatric treatment program remains low at approximately 100 tests per month for 6 provinces.
- 4) Mozambique participates in an external quality assurance testing for CD4, which is conducted 3 times a year. During FY06 funding it is anticipated that serology proficiency testing will be initiated to start with in 50 testing points and ultimately service all testing points.
- 5) An early assessment of the requirements for the implementation of a laboratory information system has been conducted with the aim of initiating the program during the FY06 funding period. This will provide laboratory consumption information needed for forecasting laboratory reagent needs.
- 6) Initial trainings have been conducted for laboratory staff in the use of CD4, haematology and Biochemistry equipments. Plans are still underway to initiate the in-service training and mentorship program for clinical laboratory personnel to enhance their practical laboratory skills.

Areas that continue to require strengthening include finalization of the national strategic plan, decentralization and building provincial level capacity to provide oversight for serology quality assurance, improvement of the specimen referral system needed for paediatric and adult HIV program

implementation, development of an integrated logistics management system for all laboratory commodities to support the expanding laboratory network and avoid stock-outs and improvement of coordination between the laboratory with HIV, malaria and TB program.

FY07 funding will continue to support the strengthening and expansion of the laboratory network in the following areas:

(1) Strategic planning for laboratory services: APHL has been identified to work with the USG partners and country representatives to develop a strategic plan for each tier of laboratory that describes minimal requirements needed to effectively support programs. Support will include provision of technical assistance to the MOH for the development of a strategic plan that incorporates the national objectives and strategies and defines what and how activities will be implemented to develop a national laboratory network. Senior laboratory directors will also work with the MOH to support national planning and implementation activities.

(2) Support of laboratory networks through: a) implementation of laboratory information system for 20 ART support laboratories which will include purchase of hardware, installation of LIS software and training of users; b) plan and develop a national specimen referral transport system that incorporates existing ARV treatment partner transport systems, standardizes specimen identification, tracks specimens, provides timely delivery of specimens to referral laboratory services, and provides access to testing to all levels of the health care system; c) hire and train additional staff for scale-up of DNA PCR testing for paediatric HIV diagnosis; d) provide start-up technical assistance to 10 new laboratory sites to assure rapid initiation of quality testing, identify training needs and assure communication link to technical assistance; and e) develop capacity and procure commodities necessary for resistance monitoring.

(3) Implementation of laboratory quality assurance through; a) training of 6 Mozambican technical staff at the National immunology reference laboratory and HIV serology reference laboratory to oversee and provide supervision of the CD4 T cell and HIV serology quality assurance programs respectively; b) procurement and distribution of proficiency panels for the quality assurance programs; c) provision of continuous training of laboratory staff in participating laboratories; and d) provide technical assistance to strengthen the TB and microbiology laboratories in support of diagnosis of opportunistic infections

(4) Provide training support that includes: technical assistance to the MOH for planning and development of laboratory training centres and pre- and in-service training of laboratory technicians

(5) Support commodities management through a) maintenance of reagent rentals for supply of lab testing equipment and reagents; b) provision of technical assistance to the MOH through SCMS to integrate the management of laboratory reagents and consumable supplies into the existing integrated drug management system (SIGM); and c) train Staff from Laboratory Sector, Central Medical Stores (CMAM), Provincial Warehouses and Hospitals to manage laboratory reagents and consumable supplies using the SIGM system.

Other support to Ministry of Health is from the World Bank for HIV test kit procurement, the NGO Sant' Egidio, which procured CD4 machines for 3 laboratories, and Italian Cooperation for microbiology and biochemistry equipment and reagent requirements. USAID, through TB-CAP, is providing assistance for TB lab strengthening.

Program Area Target:

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	1,152,822
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	29
Number of individuals trained in the provision of laboratory-related activities	365

Table 3.3.12: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8490
Planned Funds: \$ 0.00
Activity Narrative: 07/07; This activity is being included to be funded under Track 1 funding mechanism for Columbia University, mechanism #4765, because this activity adds to their activity number 8837. The laboratory activities that will be undertaken with this funding are closely related to and support the ARV treatment services that Columbia University is implementing at service sites. This shift will better ensure that the expansion of laboratory services is occurring in harmony with the expansion of ARV services.

This activity is linked to 8545, 8532 and 8540 for treatment services, reagents and equipment supplies and laboratory technician training and quality assurance.

Columbia University (CU) has been implementing ART services in five provinces, both in the major provincial hospitals as well as small district hospitals and health centers. In addition CU contributes to infrastructure development through renovation of health facilities for provision of ART. During FY07 CU will expand services to 9-12 new treatment sites and will renovate and provide necessary supplies and furniture for 9 laboratories that are attached to health centers to ensure that appropriate laboratory services are available for the follow-up of patients on ART in these areas. A good electricity supply, water source and drainage, lab benches, computers and furniture are all considered within the spectrum of support that CU will provide. Part of this funding will also support the salaries of staff responsible for the oversight of CU laboratory projects

APHL will equip and supply hematology, biochemistry and CD4 equipment as needed to these laboratories depending on facility type as well as manage the supply of reagents and equipment maintenance. The Ministry of Health, in collaboration with other Emergency Plan partners, will recruit and provide training of laboratory personnel needed to manage these laboratories.

Emphasis Areas

Infrastructure

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

0

Number of individuals trained in the provision of laboratory-related activities

Target Populations:

People living with HIV/AIDS

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Zambezia

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Association of Public Health Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8532
Planned Funds: \$ 5,347,122.00

Activity Narrative: This activity is related to activity number 8540, 8546 and 9254 as well as treatment activities: 8545, 8593, 8547 and 9160.

The main components of this activity are to support the Mozambique Ministry of Health (MoH) in its efforts to provide adequate capacity of quality laboratory testing services for HIV/AIDS diagnosis and ARV treatment by providing technical assistance and support in the following areas:

1) Rental-Reagent Contracts: Manage reagent rental contracts for instruments and essential laboratory reagents for CD4, hematology and biochemistry testing for treatment sites at all levels of the MoH laboratory system (includes all Emergency Plan partner supported laboratories). Plan and implement transition of reagent rental contracts to the Supply Chain management System (SCMS) efficiently to assure uninterrupted availability of reagents. This will include providing technical assistance to SCMS to assure the effectiveness and efficiency of the system for providing essential reagents and instruments to laboratories to support quality testing at all levels of the health care system.

APHL will also provide specific support for the Military and Police services in Mozambique in collaboration with the US Department of Defense and procure 2 hematology analyzers and 1 CD4 instrument including reagents needed for ARV treatment facilities in the Military and police services.

2) Laboratory training centers: Provide technical assistance and coordinate planning, development and implementation of in-service and pre-service training; integrate training activities with those being implemented by the Federal university of Rio de Janeiro and other groups for laboratory technician mentoring program; provide assistance to CDC-Mozambique in identifying laboratory partners (APHL, American Society of Clinical Pathology-ASCP, American Society for Microbiology-ASM, and Clinical and Laboratory Standards Institute-CLSI) to provide curriculum development, training center renovation and equipping and faculty to support laboratory technician training.

3) National Specimen Referral System: Provide technical assistance for the planning and development of a coordinated national specimen referral and transport system that incorporates existing partner transport systems, standardizes specimen identification, tracks specimens, provides timely delivery of specimens to referral laboratory services, and provides access to testing to all levels of the health care system.

4) Rapid testing site deployment. Provide start-up technical assistance to new laboratory sites to assure rapid initiation of quality testing, identify training needs and assure communication link to technical assistance.

5) Laboratory information system (LIS): Implement the LIS developed in FY06 to all laboratories providing ARV testing support including purchase of hardware, installation of the LIS, user training, and maintenance, help desk support and training centers

7) Strategic Planning: Provide technical assistance for development and implementation of strategic and implementation plans: The strategic plan will be developed for each tier of laboratory and describes minimal requirements needed to effectively support programs. Support will include provision of technical assistance to the MoH for the development of a strategic plan that incorporates the national objectives and strategies and defines what and how activities will be implemented to develop a national laboratory network. Senior laboratory directors will also work with the MoH to support national planning and implementation activities.

7) QA/QC and Safety Training in lab sites: Provide laboratory management, QA/QC and safety training for laboratories. Provide training to improve laboratory management skills and practices including laboratory facility infrastructure improvement and equipment validation, operation and maintenance, supply management within the laboratory, quality control including SOPs, and safety practices.

8) Support QA centrally: APHL will provide sub grant to the National Institute of Health in the MoH to support Implementation of Laboratory Quality Assurance through; a) training of six Mozambican technical staff at the National immunology reference laboratory and

HIV serology reference laboratory to oversee and provide supervision of the CD4 T cell and HIV serology quality assurance programs respectively b) Procurement and distribution of proficiency panels for the quality assurance programs c) provision of continuous training of laboratory staff in participating laboratories and d) perform DNA PCR for infant diagnosis of HIV, conduct viral load testing and resistance monitoring.

9) Lab coordination: Participate in project meetings, provide regular reports and communication and participate in CDC/GAP Laboratory Consortium. Attend CDC-Mozambique laboratory meetings; participate in laboratory workgroup conference calls with CDC-Mozambique and CDC/GAP Atlanta; and participate in laboratory consortium conference calls and meetings. Provide reports of activities as required for the CDC agreement and frequently to inform CDC and partners of activities.

Continued Associated Activity Information

Activity ID: 5184
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Association of Public Health Laboratories
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: \$ 2,633,000.00

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

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	1,116,792	<input type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	25	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	250	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
 Policy makers
 Host country government workers
 Public health care workers
 Laboratory workers

Coverage Areas

Gaza
Inhambane
Maputo
Nampula
Zambezia

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Cooperative Agreement
Prime Partner:	Ministry of Health, Mozambique
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	8581
Planned Funds:	\$ 604,000.00
Activity Narrative:	This activity is related to activity 8532, and 8540 and is a continuation of activities initiated in FY06 for support to the Ministry of Health (MoH) in the development of the network of public health laboratories in Mozambique.

The MoH's overall objective for laboratory services is to strengthen and provide state-of-the-art technology to ensure the quality of services provided to complement and support health care services. The main areas that the MoH aims to improve include: expansion of access to quality serological HIV diagnosis, provision of appropriate technical laboratory support needed for quality ART including in peripheral zones; creation of sustainable and effective specimen referral and laboratory logistics systems in order to establish locally an internationally accredited quality laboratory diagnostics.

Funding during FY07 will continue to support these broad objectives through implementation of the following activities:

- 1) Planning and coordination of trainings for all laboratory personnel in the country including participation in international meetings and conferences
- 2) Development and updating standard laboratory operating procedures and guidelines and undertake supportive supervision
- 3) Procurement of laboratory units including supplies and equipment for five to-be-defined district health centers.

In addition to these activities, these funds will be used to help maintain and support skilled expatriate staff needed to develop the referral network through strengthening laboratory support at provincial level.

Emphasis Areas

	% Of Effort
Human Resources	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	25	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	80	<input type="checkbox"/>

Target Populations:

People living with HIV/AIDS
 Policy makers
 Host country government workers
 Public health care workers
 Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	BASE_CDC_HQ
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	8599
Planned Funds:	\$ 40,507.00
Activity Narrative:	This activity provides partial funding for a new position - Senior Treatment Coordinator. Work includes strategic planning and coordination with treatment partners to ensure laboratory services are well-coordinated with treatment program planning and implementation, and that there is quality implementation of laboratory services in support of HIV prevention, care and treatment.

Continued Associated Activity Information

Activity ID:	5267
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	BASE_CDC_HQ
Funding Source:	GAP
Planned Funds:	\$ 78,262.00

Table 3.3.12: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8610
Planned Funds: \$ 33,110.00
Activity Narrative: This activity will partially fund the salary and benefits package for two proposed ART Site Assistants working in this technical area. Work includes conducting site support visits to monitor laboratory programs and ensure that treatment and laboratory programs are well coordinated to provide quality care and treatment services in USG-supported and other sites. The ART site assistants will also work closely with laboratory partners working on the supply, distribution and maintenance of laboratory equipment and reagents in the country.

Continued Associated Activity Information

Activity ID: 5265
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: BASE_CDC_POST
Funding Source: GAP
Planned Funds: \$ 5,771.00

Table 3.3.12: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8623
Planned Funds: \$ 201,275.00
Activity Narrative: Funding in this activity will be used to pay partial salary and benefits packages for two a Senior Care and Treatment Specialist. Additionally, the full salary and benefits package of an approved, but yet-to-be-filled position - Senior Laboratory Specialist - will be paid by this activity's funding. Finally, this activity will pay a partial salary and benefits package of a proposed Treatment Logistics Specialist.

In the USG program, each of these positions provides significant support to the Laboratory Infrastructure activities. Work involves coordinating with USG agencies, and implementing partners to assist the MOH to ensure that laboratory reagent and equipment supplies are maintained to support HIV prevention, care and treatment programs; training programs are developed to build human resource capacity in laboratory management and practice and laboratory standards including quality assurance programs are implemented and maintained.

Continued Associated Activity Information

Activity ID: 5268
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_HQ
Funding Source: GHAI
Planned Funds: \$ 340,000.00

Table 3.3.12: Activities by Funding Mechanism

Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 8831
Planned Funds: \$ 32,000.00
Activity Narrative: International Training and Education Center for HIV (I-TECH)'s philosophy is to support the ongoing development of health care worker training systems that are locally-determined, responsive and self-sustaining in countries hardest hit by the AIDS epidemic. The primary activities of ITECH include assessing needs and capacity for training and clinical care; designing clinical management and workforce training systems; supporting knowledge transfer through instructional design and on-site training; measuring access to quality care through monitoring and evaluation; and strengthening organizational capacity through development assistance and strategic planning.

While all cadres of health care workers are lacking enough providers and have limited faculty to prepare new providers (either through pre-service or in-service), one of most severely under-resourced cadres is lab technicians. Currently, not enough lab technicians are trained to support the increasing demands placed on labs with the introduction of ARV treatment. This limitation in staffing is further exacerbated by the lack of faculty at pre-service institutions who can prepare a new cadre of lab technicians. Currently the Ministry of Health (MoH) is turning to the small number of private training institutions to offer pre-service education in laboratory methods.

To prepare existing lab technicians for ARV related activities in the labs, I-TECH will be working with APHL (American Public Health Labs), the MoH Lab Department and a To-Be-Determined partner to develop a standard clinical mentoring model for lab technicians. Both lab partners have proposed doing on-the-job training to further develop the skills of current lab technicians. With I-TECH developing the clinical mentoring elements for supervisors and lab technicians, it will be possible to have a level of quality assurance that might not be there if each lab partner developed their own clinical mentoring separately.

Deliverables: guidelines and elements for clinical mentoring for lab technicians and supervisors

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

Target Populations:

Public health care workers
Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	USAID-Health Alliance International-GHAI-Local
Prime Partner:	Health Alliance International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9253
Planned Funds:	\$ 80,000.00
Activity Narrative:	This activity is related to HTXS 9164 and HTXD 9160.

This activity is linked to treatment activities being implemented by HAI in Sofala and Manica provinces and aims to support ART programs being implemented in these two provinces through strengthening the laboratory network to improve patient monitoring. In coordination with the MOH and the provincial health authority of Sofala and Manica provinces, HAI will support the upgrade of 4 existing sysmex haematology analysers for CD4 count testing.

The expected output of this activity is 30 lab staff trained; 4 haematology analysers upgraded to perform 36,000 tests annually.

Emphasis Areas

Commodity Procurement

% Of Effort

10 - 50

Infrastructure

51 - 100

Targets**Target****Target Value****Not Applicable**

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

36,000

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

4

Number of individuals trained in the provision of laboratory-related activities

30

Target Populations:

People living with HIV/AIDS

Laboratory workers

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9254
Planned Funds: \$ 914,709.00

Activity Narrative: This activity is related to activities HVCT 9156, HTXD 9117, HBHC 9136, and MTCT 9142.

The Supply Chain Management System (SCMS) project will support MOH to strengthen its logistics management of the medicines and consumable supplies necessary for a range of HIV/AIDS prevention, care, and treatment services such as antiretroviral (ARVs) medicines for treatment and PMTCT, HIV test kits, laboratory reagents and consumables, medicines for the treatment of opportunistic infections, items for home-based care kits, etc. 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.

DAM (the MOH Department that supervises hospitals), National Institute of Health Lab, the Lab Section and CMAM (MOH Central Medical Stores) have repeatedly stated the need for assistance in resolving various logistics challenges they face with regard to the logistics management of rapid HIV test kits as well as other laboratory reagents and consumables needed for managing patients on ART. The Lab Section at DAM is in the process of drafting a new Laboratories Strategic Plan for 2007-2011. The technical assistance activities proposed will support the systems strengthening goals set out in the strategic plan. The SCMS activities will focus on the national laboratory system which will complement the activities being planned by DAM and American Public Health Labs (APHL), which is receiving funding from CDC to specifically support the HIV/AIDS rental equipment supply system in place at 10 sites.

SCMS will facilitate a participatory process to support MOH in developing Standard Operating Procedures for the inventory control, information system, and storage procedures necessary for improved logistics management of laboratory reagents and supplies. SCMS will define the scope for capacity building activities by developing a list of essential equipment, reagents, and consumables needed for a list of key tests. While tests required for HIV/AIDS prevention, care and treatment services such as PMTCT and to enroll and manage patients on ART will be a priority, the scope may be comprehensive given the integrated nature of laboratory services in Mozambique. SCMS will conduct a laboratory logistics system assessment that focuses on the items on the list defined above. SCMS will facilitate a design workshop for staff from CMAM, the Laboratory Sector, Provinces, GATV (VCT) sites and Day Hospitals, to decide on the operating parameters for a decentralized logistics management system for labs, outline the logistics procedures, design a logistics reporting and ordering form. A steering committee will be established with broad representation of all levels of the Laboratory supply chain for the approval of all new SOPs and reporting forms resulting from the design workshop. SCMS will create SOP Manual for management of Laboratory logistics, with a review by the steering committee, create training curriculum and produce materials including printing of training manuals, SOPs, and logistics reporting and ordering forms. SCMS will facilitate a training of trainers workshop for training in the use of SOPs and the logistics reporting and ordering form and in logistics management of Laboratory supplies in general. SCMS will organize training of staff from laboratories, including refresher training as needed to assure compliance with standard operating procedures and to ensure that all new staff is trained and train provincial-level supervisors.

A designated staff from the Lab Section to be seconded to CMAM will be the primary counterpart for leadership and implementation of the various activities as well as coordinating the nominations of candidates to be trained as trainers and person to be trained. Design and approval activities will have broad representation in support of decentralized decision making. At the end of the activities described above, all staff involved in logistics management of rapid HIV Test Kits and other laboratory reagents and consumables throughout the MISAU supply chain will have the tools, knowledge and skills required to make informed logistics management decisions.

Given the nature of laboratory reagents-short shelf--lives, heavy and bulky packaging, complicated definition of units--MISAU faces repeated challenges in creating accurate forecasts and in developing procurement plans that take into account the special nature of these items. SCMS proposes to assist MISAU in improving the Forecasting and Procurement Planning of HIV/Test Kits and other laboratory reagents and consumables required for supporting HIV/AIDS services by providing training in the use of ProQ (software package designed specifically for forecasting HIV tests for VCT, PMTCT, sentinel

surveillance, and clinical diagnosis purposes) and in PipeLine software (scheduling procurement shipments to maintain appropriate inventory levels) and by facilitating annual HIV tests forecast and procurement planning process and at least one 6-month update

SCMS will Support the integration of management of laboratory reagents and consumable supplies into the SIGM system and will train the Staff from Laboratory Sector, CMAM, Provincial Warehouses and Hospitals to manage laboratory reagents and consumable supplies using the SIGM system.

Reprogramming October 2007 - As PEPFAR and non-PEPFAR partners increase the number of people on treatment, additional laboratory products are necessary to stage PLWHA for eligibility. Increased funding will ensure that PEPFAR partners are better able to respond to the urgent and pivotal needs of the laboratory sector in order to ensure more people are enrolled in treatment services. The quality of the services will also be enhanced as clinicians will have better access to tools and results that will better inform their decision making on staging, enrollment, and treatment options.

Emphasis Areas

	% Of Effort
Infrastructure	10 - 50
Logistics	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		<input checked="" type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities		<input checked="" type="checkbox"/>

Target Populations:

Doctors
Pharmacists
People living with HIV/AIDS
Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: FURJ
Prime Partner: Federal University of Rio De Janeiro
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 12276
Planned Funds: \$ 1,400,000.00
Activity Narrative:

This activity is related to activities 8632, 8546 and 8581 and contributes to the strengthening of the laboratory network in Mozambique.

There are several components to this activity which include:

- 1) Train laboratory technicians and scientist in standard lab practice in the field of hematology, biochemistry, CD4 testing and microbiology.
- 2) Develop and implement a training and mentorship program for laboratory technicians in all provincial and district hospital laboratories that have been rehabilitated and provided with laboratory equipment through efforts of other Emergency plan funded partners. This component will support training of 60 laboratory technicians from all provinces in the country.
- 3) Develop and disseminate standard laboratory operating procedures for hematology, biochemistry, CD4 and immunology and definition of services to be offered at the various levels of laboratories in the health system.
- 4) Continue providing technical assistance to the Immunology department at the INS in the Quality Assurance program for HIV Serology.
- 5) Develop infant laboratory testing algorithms and pilot DBS testing: This activity will support travel and technical assistance (TA) provided by a Brazilian Laboratory expert. In FY06 the laboratory expert has helped the MOH NIH, PMTCT and pediatric treatment staff to develop the algorithm for infant testing for Mozambique, using Dried Blood Spot (DBS) samples for PCR laboratory diagnosis. The Brazilian expert helped to train Mozambican laboratory staff on the use of the first PCR machine installed in Mozambique at the NIH laboratory and conducted a first training for pediatricians on DBS

Emphasis Areas	% Of Effort
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	26	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	60	<input type="checkbox"/>

Target Populations:

Laboratory workers
 Laboratory workers

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	The American Society for Microbiology
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	12277
Planned Funds:	\$ 534,400.00
Activity Narrative:	This activity is related to 8632, 8546 and 8581 and contributes to clinical microbiological laboratory capacity building for improved diagnosis of HIV related opportunistic infections through: 1) Strengthening laboratory organizational and technical infrastructure especially as it relates to clinical microbiology for HIV and opportunistic infections prevention, care and treatment programs, through training and procurement of commodities. 2) Assurance of the quality of laboratory testing and HIV test results by instituting systematic and standardized approaches to delivering clinical microbiology services to HIV/AIDS and opportunistic infection prevention, treatment and care programs..

Emphasis Areas

	% Of Effort
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		<input checked="" type="checkbox"/>
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	30	<input type="checkbox"/>
Number of individuals trained in the provision of laboratory-related activities	30	<input type="checkbox"/>

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 15202
Planned Funds: \$ 420,000.00
Activity Narrative: This activity was originally funded under UTAP. It should have been funded under Track 1 funding for Columbia University, mechanism #4765, because this activity adds to their activity found under activity number 8837.

This activity is linked to 8545, 8532 and 8540 for treatment services, reagents and equipment supplies and laboratory technician training and quality assurance.

Columbia University (CU) has been implementing ART services in five provinces, both in the major provincial hospitals as well as small district hospitals and health centers. In addition CU contributes to infrastructure development through renovation of health facilities for provision of ART. During FY07 CU will expand services to 9 new treatment sites and will renovate and provide necessary supplies and furniture for 9 laboratories that are attached to health centers to ensure that appropriate laboratory services are available for the follow-up of patients on ART in these areas. A good electricity supply, water source and drainage, lab benches, computers and furniture are all considered within the spectrum of support that CU will provide. Part of this funding will also support the salaries of staff responsible for the oversight of CU laboratory projects

APHL will equip and supply hematology, biochemistry and CD4 equipment as needed to these laboratories depending on facility type as well as manage the supply of reagents and equipment maintenance. The Ministry of Health, in collaboration with other Emergency Plan partners, will recruit and provide training of laboratory personnel needed to manage these laboratories.

Emphasis Areas

Infrastructure

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

9

Number of individuals trained in the provision of laboratory-related activities

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Zambezia

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area: \$ 7,081,108.00

Program Area Context:

The United States Government (USG) PEPFAR team has developed a comprehensive strategic information (SI) package for supporting surveillance, monitoring and evaluation (M&E), and health management information systems (HMIS) in Mozambique. The overarching goal of the package is to ensure that the team, its partners and the Government of Mozambique (GoM) have access to quality data to describe the HIV/AIDS epidemic and to monitor the multi-sectoral response.

The SI Team's Role in Planning and Reporting:

The SI team's role is primarily to plan, implement and oversee activities in the PEPFAR 5 Year Strategic Plan and annual Country Operation Plan (COP). Additionally, the team aids the interagency PEPFAR team in using and interpreting HIV/AIDS data for resource allocation and program planning purposes. The team also is responsible for coordinating USG and partner COP inputs and semi-annual and annual reports. Although only 1 senior SI Advisor and 1 Monitoring and Evaluation (M&E) specialist at CDC work full time on the SI team currently, the USG will fill an inter-agency SI planning and reporting position in FY06 to reduce the workload. USAID will also fill a vacancy to co-lead the SI team.

Despite staffing limitations, the team has developed standardized tools that have measurably increased the efficiency and quality of USG and partner planning and reporting. Tools include 1)) Excel-based COP budgeting and activity sheets; 2) partner guidelines for annual and semi-annual reporting; and 3) Excel partner reporting forms. The latter 2 tools aid monitoring achievements compared to targets. Additionally, the USG monitors partner performance by conducting 1) quarterly PEPFAR partner meetings to review progress/expenditures, 2) site visits to identify opportunities for improving data quality, and 3) program-specific meetings to address partner reporting challenges.

While these approaches have improved planning/reporting, the USG is expanding an in-house Access database to better manage reports, to track COP-planned activities, and to map partner sites. Additionally, the USG has proposed new funding to conduct Data Quality Assessments (DQAs) in community-based programs. As more focused technical assistance (TA) is provided to partners, the SI team's overall level of effort to support planning and reporting should decrease.

Technical Work/Services:

The USG SI team and select partners have a recognized comparative advantage among donors in 1) conducting HIV surveillance and behavioral surveys, 2) designing and improving systems to support routine program monitoring, and 3) strengthening and expanding the HMIS infrastructure. Other donors and the GoM rely on the USG to shape the SI agenda in the country.

In the area of surveys/surveillance, the USG aids Mozambicans/donors to better describe and interpret the scope and trends of the HIV/AIDS epidemic. Recently, the SI team assisted the MoH in updating the 2006 HIV serosurvey among pregnant women protocol to include drug resistance and incidence testing. Further, with TA from the Bureau of Census and MEASURE, the USG and the National Institute of Statistics (INE) will conduct a post-census mortality survey using Sample Vital Registration with Verbal Autopsy (SAVVY) methods in 2007. This follow-on to the census will provide statistics on the number and causes of deaths. In 2008, the USG will support a DHS+. Other special surveys with ongoing FY07 support will include a nationally representative KAP survey in health care workers and an HIV seroprevalence survey among the military and peacekeeping troops.

SI activities are also being undertaken or proposed to improve the availability, accessibility, quality and use of service-delivery data. Specifically, since FY05, the USG has supported a national lab results tracking system and the SIGM logistics system to manage drug stock at national and provincial hospitals and ARV treatment sites. These efforts are complemented by another USG-supported tool: the national ARV patient tracking system. This system (in development) will capture patient-level data electronically from treatment

sites. A lab information system, also supported by USG partner APHL in FY06 and FY07, will complete site data management needs for ARV service delivery.

Beyond the service-delivery level, the USG more generally supports HMIS strengthening. The USG has been integral in harmonizing health indicators through discussions around CRIS with the National AIDS Council (NAC) and WHO and creating, revising and disseminating routine program reporting forms. Further, CDC will support 2 new staff in FY07 to revitalize the HMIS. CDC technical support is critical as few donors can mobilize HMIS expertise.

Lastly, but most importantly, the SI team has public health evaluations (PHE) to measure and improve the quality of PEPFAR and national prevention, care and treatment services. For example, HIV-QUAL began in FY06 and will be expanded in FY07. The USG, MoH and UNAIDS have also developed a PHE to capture facility-level treatment costs and outcomes. Further, it will justify treatment expansion by comparing costs of in-patient and out-patient care services for patients on and not on ARVs. Other PHEs to look at the quality of PMTCT and CT service delivery are described more fully in the SI activity sheets.

USG Priorities, Policy and Coordination Activities:

The USG SI strategy for FY07 focuses largely on the implementation of activities described above. Additionally, three areas are emphasized in FY07 which reflect PEPFAR and GoM priorities.

First, the SI team is dedicated to describing the impact of HIV/AIDS epidemic and treatment, care and prevention program efforts in Mozambique. Accordingly, the USG and its partner Constella Group (proposed in FY07) with the Multi-sectoral Working Group produce and interpret projections and estimates of the HIV/AIDS epidemic in Mozambique. Further, the team will identify US or south-to-south experts to answer specific public health questions with more rigorous scientific expertise than is currently available in country.

Second, the USG is responding to the severe, acknowledged M&E human resource crisis in the GoM by identifying opportunities for increasing staffing and training. Recently, the GoM approved the use of USG funding to hire key HMIS and M&E staff and to support one person for long-term training in Epidemiology (proposed for FY07). Additionally, UNICEF will receive USG-funding to assist MMAS in strengthening weak M&E systems for OVC and home-based care programs. The USG is also leveraging the CDC Field Epidemiology Training Program to set up a program in Mozambique. Finally, the team proposes in FY07 to hold an operations research workshop for NGO and GoM partners to encourage improved methods for conducting studies and PHEs.

Third and finally, the SI team is positioning itself to better guarantee data quality and availability for monitoring PEPFAR programs and partner achievements. An additional staff person to coordinate program monitoring and proposed DQA and database activities are important steps to improving reporting integrity.

To execute these strategic priorities, the USG works closely with partners (including GoM, UNAIDS, WHO and other donors.) In 2004, the USG provided direct TA to design the MoH M&E health framework and assisted UNAIDS and the NAC in 2005 to design a multi-sectoral M&E framework (a.k.a. the Third One.) National annual M&E operational plans have subsequently been written and USG activities fit in this framework. Along these lines, the USG SI team provides technical advice to the Global Fund portfolio manager to coordinate HMIS and M&E support described in the framework. The SI team has also begun identifying opportunities for ensuring that the President's Malaria Initiative staff benefit from the USG's comparative advantages and measurable progress in SI in Mozambique.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	67
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	281

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Association of Schools of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8499
Planned Funds: \$ 75,000.00
Activity Narrative: This activity is in support of Mozambique's five year SI strategy to technically and financially support high-priority HIV/AIDS-related surveillance, behavioral and population-based surveys, targeted evaluation activities, and policy-related analysis. Specifically, this activity will continue funding for an ASPH fellow into country to work with the SI team to assist the group in SI activities related to prevention, treatment and care.

This person will work primarily on assisting the National Institute of Statistics to conduct the 2007 Post-census mortality survey, including participating in training, data analysis and reporting. The fellow will also provide logistical and program support to other targeted evaluations and SI activities proposed and approved through the FY2006 Emergency Plan funding. This person will be supervised by the senior epidemiologist.

Emphasis Areas

Proposed staff for SI	% Of Effort 10 - 50
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Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1	<input type="checkbox"/>

Target Populations:

National AIDS control program staff
Host country government workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: DOD-DOD-GHAI-HQ
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8576
Planned Funds: \$ 300,000.00
Activity Narrative: This activity is linked to the policy development (activity 4894) and the prevalence and behavioral studies(activities # and # - COP 05 & 06) and specific prevention activities planned to target this population of recruits (activity #). Starting in 2007, the military will double the recruits' annual intake from 2000 to 4000 people being trained in two training centers (Manhiça and Montepuez). Aware of this change in numbers, DOD will provide funds to be used for HIV testing. Unlike most militaries, including the US, at the present time there is no HIV testing of recruits. These new recruits will be tested for HIV for the first time in the Mozambican military. However, this test will not be used to stop them from being enlisted if one is found to be HIV positive. The data will only be used for the military to have a clear vision of the number of HIV infected people recruited each year. This surveillance will provide substantial data which, combined with the ongoing prevalence and behavioral study data, will be used as a firm basis in developing a new military HIV/AIDS policy (including recruitment) for the Mozambican Armed Forces (FADM).
 Unlinked anonymous testing will be used to collect HIV prevalence data. All recruits will be offered VCT.

DOD will also support HIV mandatory testing for the Mozambican peace keeping force. The new approach will be to offer then HIV counseling and testing prior to deployment and when they finish their mission and return home. At the present time this is not being done. Without knowing their HIV status, some may return home HIV infected and will thus infect their partners increasing the epidemic.

Emphasis Areas

AIS, DHS, BSS or other population survey

% Of Effort

51 - 100

Target Populations:

Military personnel

Key Legislative Issues

Other

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: DOD-DOD-GHAI-HQ
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8586
Planned Funds: \$ 75,000.00
Activity Narrative: This activity is linked to the two rounds of the prevalence and behavioral study previously conducted within the military forces (activities # and # - COP 05 & 06). DOD will support the analysis and use of the data collected during both phases of the prevalence and behavioral study conducted within the military forces countrywide. The analysis and use of this data includes presenting and discussing the results with the FADM through reports and workshops and finally re-orienting the prevention activities based on the study results. Military personnel have been trained in data entry and there will be ongoing training in data analysis and report writing.

When both rounds of the study data are available, the results will be used by the FADM to make evidence based conclusions and recommendations to evaluate and re-orient its prevention activities focusing on the real risks for HIV infection within their population, and to plan appropriately for HIV/AIDS care and treatment.

Emphasis Areas**% Of Effort**

Monitoring, evaluation, or reporting (or program level data collection)

51 - 100

Target Populations:

Military personnel

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8589
Planned Funds: \$ 300,000.00
Activity Narrative:

The USG team provides significant financial and technical assistance to the Ministry of Health (MoH) to support health information technology (IT) infrastructure. This support is not only provided to the central MoH but also to surrounding hospitals and provincial health offices to promote stable computing systems and a platform for data reporting in the national HMIS. The process of supporting IT in the MoH is in a state of transition. Prior to 2006, sections of the MoH, including the HIV/AIDS program staff, contracted only for ISP support while covering all basic maintenance and user support through existing MoH IT staff. Using reprogrammed USG IT funds in 2006, the MoH opted to bid out their IT services to a single contractor because they have not been able to attract qualified IT staff. The MoH will select a contractor by December and existing IT staff in the MoH will begin overseeing the contract in 2007.

To address these changing needs, funds in this COP are specifically requested to further strengthen and expand the IT infrastructure at the provincial level as well as to improve user support centrally, primarily through contractual agreements. Specifically, the MoH will continue to use USG funds to assure Internet access centrally and in the 4 provincial health offices. Additionally, these funds will be used to partially fund and oversee (via 4 provincial site visits by 3 IT staff) an IT contract for maintenance of computers and the network and to purchase and upgrade software and hardware. Finally, the MoH IT and provincial IT staff will identify training in South Africa on Microsoft systems that will allow them to better technically oversee the contract. Additional funding for these contracts will be identified from the MoH, which is increasingly recognizing the opportunity costs of a weak IT infrastructure.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	4	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	4	<input type="checkbox"/>

Target Populations:

National AIDS control program staff
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas

Maputo

Table 3.3.13: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: University of California at San Francisco
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8596
Planned Funds: \$ 100,000.00

Activity Narrative: The purpose of this activity is to build a 'geodatabase' that stores geographic data for Mozambique using visual and spatial techniques to discern patterns and to identify relationships between the location of features (such as location of testing sites) and health outcomes related to HIV/AIDS. In addition, it will build capacity at both the USG staff and the local Eduardo Mondlane University in Geographic Information Systems (GIS) skills. This will allow for an improved monitoring and evaluation ability from the in-country PEPFAR team.

ArcGIS will be the main GIS software package used to manipulate, process, and map the geographic data available at the Global AIDS Program, the National Statistics Institute (INE), and the National Health Institute (INS) in Mozambique. We will also closely collaborate with Health Information Systems Program-Mozambique (HISP-Mozambique), an established group of researchers from the local Eduardo Mondlane University.

Examples of geographic data (e.g. shapefiles) to be included in the 'geodatabase' include boundary maps of provinces and health districts in Mozambique and morbidity/mortality data from around the country. Centralizing these types of data will allow us to generate maps that show the distribution of selected outcomes of interest. We will use the various layers (e.g. shapefiles from the 'geodatabase') to provide multiple options for visualizing patterns and identify whether values cluster or are evenly distributed by province or district. Possible outcomes of this portion of the work are kernel density maps, bivariate choropleth maps, and spatial cluster maps.

Two types of density maps will be created, by area and by creating a density surface. To create a density map by area, we will summarize the data by area such as by district or province. We will also create a density surface as a raster layer, which is an approach that provides the most detailed information. We will create a density surface from individual locations, or linear features such as roads or rivers to show where point or line features are concentrated. Various issues to consider in the creation of such density maps include calculating density values for defined areas, choosing parameters for their display and looking at the results to identify patterns on the maps. For example, we can use kernel density mapping to portray variations in overall point locations and create a smoothly curved surface around each point. Kernel density maps help illustrate density of geographic phenomena in a raster/grid cell method that eliminates the exaggeration effect of polygon maps.

Bivariate choropleth maps are another type of map that we can use to identify associations between characteristics of provinces or districts and locations of facilities or aggregate health statistics. Bivariate maps allow for the display of areas showing combinations of two different variables. With this type of map it is possible to see, for example, where areas of high migration and higher HIV prevalence coincide. An additional strength of this type of mapping is that these maps can also be used to describe the same variable at two different points in time, to see whether it has a stationary or migratory spatial pattern.

Finally, we will use the warehouse of data that we assembled to create spatial cluster maps. These maps illustrate any statistically significant clusters of high or low values for variables of interest, suggesting hot spots or cool spots. The same variables can be observed at different time periods, illustrating whether clusters were stationary or migratory over time. In addition, since the data to be analyzed was collected over a significant period of time, the temporal aspects of the data will also be explored. Time-series maps will be created that illustrate how the distribution of health statistics and location of health facilities have changed over time—in comparison to other districts or provinces- both for PEPFAR and for the National Health System as a whole.

In addition to producing different types of maps to visualize patterns in the geospatial data, we can further employ techniques of spatial autocorrelation and spatial regression. Exploratory spatial data analysis is a collection of methods that will allow us to explore the correlation between values in an area and neighboring values. We can conduct tests to identify evidence of spatial dependency/correlation or if patterns of selected values are randomly scattered. To conduct these types of spatial analyses, we will use GeoDa (<http://www.csiss.org/clearinghouse/GeoDa/>) and GeoVista Studio (<http://www.geovistastudio.psu.edu/jsp/index.jsp>) software to perform ESDA and any

other spatial statistical analyses.

Producing these types of maps and conducting spatial analyses will allow us to find priority areas that require action, examine specific research questions, and monitor changing conditions over the long term.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
USG database and reporting system	10 - 50

Target Populations:

- National AIDS control program staff
- Policy makers
- USG in-country staff
- Host country government workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	BASE_CDC_HQ
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8606
Planned Funds:	\$ 135,022.00
Activity Narrative:	This activity will fund the salary and benefits package of CDC's Senior Strategic Information Specialist. This person supervises the SI team at CDC, including a Senior Monitoring and Evaluation specialist, a fellow, and three new positions to be filled. This person is also responsible for planning and technical oversight of all USG CDC SI program activities. Finally, this person serves as the SI liaison to OGAC for Mozambique.

Continued Associated Activity Information

Activity ID:	4991
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	BASE_CDC_HQ
Funding Source:	GAP
Planned Funds:	\$ 193,538.00

Emphasis Areas	% Of Effort
Proposed staff for SI	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		<input checked="" type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		<input checked="" type="checkbox"/>

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	BASE_CDC_POST
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8618
Planned Funds:	\$ 57,159.00
Activity Narrative:	CDC incurs many cross-cutting administrative costs in-country, including office rent, vehicles and their maintenance, and administrative salaries. These costs are accounted for in the Management and Staffing section of this document. However, many costs are directly attributable to particular program areas. The funding in this activity will pay for a portion of the administrative costs of maintaining a Direct Hire, CDC employee in-country: a Senior Technical Advisor for Strategic Information. The funding will pay for rent and utilities of said employee.

This activity will also fund 100% of the salary and benefits package of an existing position: an IT Assistant. This position provides full-time technical assistance to the Mozambican Ministry of Health to aid in IT planning and network management.

Continued Associated Activity Information

Activity ID:	4992
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	US Centers for Disease Control and Prevention
Mechanism:	BASE_CDC_POST
Funding Source:	GAP
Planned Funds:	\$ 109,506.00

Table 3.3.13: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8632
Planned Funds: \$ 1,695,805.00

Activity Narrative: Plus-up: Funding will be used to supplement an existing activity to implement a behavioral survey with biomarkers among high risk populations in Mozambique. The plan will involve formative research to identify groups most at risk of HIV infection and then to conduct a survey among those groups about their knowledge, attitudes, beliefs and service use related to HIV/AIDS. We expect that as a component of the behavioral survey, biomarkers (HIV and other STDs) will be included. The additional \$100,000 will be used to expand the sample size and perhaps the risk groups sampled depending on the outcomes of the formative research.

Original COP: In Mozambique, few Ministry of Health (MoH) staff and USG partners have the necessary analytical skills to collect and analyze public health data. For this reason, Operations Research (OR) training and the provision of US-based technical assistance (TA) to support two Public Health Evaluations (PHEs), I-RARE and the National ART Evaluation, are proposed in FY07. Additionally, we describe FY07 salary needs in this request to support key SI staff.

1) OR Workshop (50,000):

The purpose of this activity is to hold a course that builds capacity in epidemiology and OR using lectures and applied field exercises. During the 6-day class, participants will improve their quantitative and qualitative research skills in epidemiology, protocol design, and using statistical packages. Further, they will see how these skills apply to the epidemiology and control of HIV/AIDS. At the end of the course, participants will develop proposals that may be funded by the USG. For funded protocols, CDC will provide on-going technical assistance to ensure the scientific and ethical integrity of the selected proposals.

Funds for FY07 will cover travel and technical assistance for U.S.-based experts to teach the course, and the adaptation, translation, and reproduction of workshop materials. Funds in FY08 will be requested to fund possible proposals.

2) I-RARE PHE - International Rapid Assessment, Response and Evaluation (200,000):

This project is linked to activity 8578.

The I-RARE activity in Mozambique will provide MoH and civil society researchers/workers with skills to conduct and analyse qualitative data on hard-to-reach, vulnerable populations. Upon completion of training by the US-based team, researchers and field workers will collect and analyze qualitative data to assess and respond to local health needs. In Mozambique, partners, the MoH and CDC are interested in possibly using I-RARE in drug user and commercial sex worker populations. Information on these groups' behaviours that may make them particularly at risk of infection or impede access to prevention, care and treatment services is very limited.

Funds for this activity will cover travel expenses for facilitators and workshop organization in country and interventions targeting the selected populations, expanding on an initial assessment to be done in FY06. Please see the PHE background and progress report sheets for more information on this activity.

3) National ART PHE (200,000):

This project is linked to activities 8941 and 8639.

At the MoH's request, the USG is seeking funds to support a National ART evaluation to measure the quality of ART patient outcomes nationally and at a facility level. Investigators will conduct a 1) retrospective assessment of the reliability and accuracy of routine data collection of key ART program outcomes measures and 2) prospective collection of facility-based quality outcomes indicators. Possible outcomes will include patient retention over time, CD4+ cell count at 6 and 12 months, and viral load suppression at 6 and 12 months based on RNA PCR of residual blood specimens from routine CD4+ testing. Capacity building on monitoring and evaluation and laboratory testing is an important secondary objective of the evaluation. We anticipate that the skills gained by central and facility level staff from this evaluation will contribute to the eventual routine collection of more robust treatment outcomes data, beyond the limited indicators (e.g. number of persons on treatment at the end of the reporting period, number of new patients during the reporting period, number of persons lost in follow-up or death) that are currently reported to the MoH.

Funds for this activity will cover TA from US-based experts to develop the protocol, to train study personnel and to oversee data collection, laboratory testing and analysis. Additional human resources will be hired to work with the MoH as a program coordinator. Please see the PHE background and progress report sheets for more information on this activity.

4) SI Salaries (522,759): The USG requests resources to continue 3 existing CDC positions - IT Manager (partially), Sr. M&E Advisor (fully). The IT manager provides in-office support to the SI team to ensure connectivity and accessibility and security of project data. Additionally, this person aids the MoH in overseeing IT projects to strengthen the health information infrastructure. The senior M&E advisor is a key part of the SI team, assisting all aspects of the SI strategy.

Resources are also allocated for 2 FY06-approved, but vacant positions - Informatics Specialist (fully) and SI Reporting Specialist (fully). The Informatics Specialist will be a key player in advancing the HMIS activities (e.g., facility-level and central level support of electronic medical records.) The interagency SI reporting specialist will support COP planning and semi-annual and annual reports. This position is vital to all USG agencies and partners in responding to the data and information needs of PEPFAR.

Finally, we are proposing 1 new position in this activity - Epidemiological Technical Advisor (fully). This international position will assist the MoH in the collection, analysis and use of routine HIV/AIDS and other communicable disease data reported through the HMIS. This is the first international hire approved to work on the HMIS and will be an invaluable asset to CDC in its support of the MoH.

Continued Associated Activity Information

Activity ID: 4993
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_HQ
Funding Source: GHAI
Planned Funds: \$ 957,500.00

Emphasis Areas

	% Of Effort
Proposed staff for SI	51 - 100
Targeted evaluation	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	2	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	30	<input type="checkbox"/>

Target Populations:

- Community-based organizations
- Faith-based organizations
- National AIDS control program staff
- Non-governmental organizations/private voluntary organizations
- Policy makers
- Host country government workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8639
Planned Funds: \$ 467,000.00

Activity Narrative: This activity is linked to 8632 (National ART Evaluation) and the PHEs describing the National ART Evaluation, the Costing Evaluation, and the Cost-Effectiveness of ART in Mozambique. In addition, funding will be requested in Activity ID 8799 to cover the costs of one PI who will also complete his PhD through USG-supported long-term training. This FY07 funding request is for 3 Public Health Evaluations (PHEs):

1) Malaria and HIV (75,000)

Funding for FY07 will be used to evaluate whether children taking daily cotrimoxazole for opportunistic infections prophylaxis who become febrile should be treated presumptively with an antimalarial drug, as recommended under current guidelines, or should have a diagnostic test for malaria (rapid diagnostic test for malaria (RDT) or blood smear), and further investigation for cause of fever if the results of that diagnostic test are negative.

This study will support improved diagnosis of malaria in HIV clinics, look for risk factors for malaria in children with fever at HIV clinics, and specifically evaluate whether daily cotrimoxazole protects children from malaria illness. This evaluation will provide essential programmatic information to improve treatment guidelines for HIV infected and exposed febrile children receiving daily cotrimoxazole.

Requested funds will hire support staff to carry out this activity including a clinician, a community health worker to explain the study, consent guardians, and follow-up the few children who may have a false negative RDT and require antimalarial treatment, as well as a laboratory technician who will read blood slides to compare to RDT results. Funding for a driver, an administrative assistant, a data manager and a data entry clerk is also requested. Other costs are for specimen collection and processing, RDTs, medications for sick children, fuel and maintenance, administrative support, administrative supplies and training costs.

2) Public health evaluation on the cost of HIV treatment to support resource planning (292,000)

This PHE is also linked to the National ART Evaluation described in 8632.

In FY07, the USG proposes to address one of the Ministry of Health (MoH) key priorities: to describe the costs of delivering HIV treatment in Mozambique. A full assessment of the cost of ART will contribute to resource planning and allocation for program scale-up.

This activity proposes a public health evaluation to measure the costs of selected ART programs and to evaluate the cost-effectiveness of these programs when combined with data from the national ART evaluation. The specific objectives of the analysis are 1) to estimate the average annual per-person cost of providing quality comprehensive ART for eligible adult and pediatric clients; 2) to evaluate the range of ART costs across settings; 3) to assess the effects of program scale-up and maturity on resource needs; 4) to inform resource planning to meet the targets of the Emergency Plan; 5) to inform planning for long-term sustainability of ART in country; 6) to assess the relative cost-effectiveness of the differing program types and program delivery systems.

Accurate estimation of comprehensive ART costs in a range of settings will serve a number of purposes. First, the PHE will deliver robust estimates of per-patient treatment costs in representative programs. Second, comparative analyses across settings will identify institutional and contextual factors that affect ART provision costs. Third, by estimating the program costs under a particular set of circumstances, the project will inform resource planning as programs expand to meet ambitious treatment goals and guide long-term sustainability planning. The evaluation will identify and value the discrete cost components that comprise the cost of comprehensive HIV treatment within country, assist USG and country partners in assessing the potential reach of ART programs given available financial resources, inform the choice of approach used for provision of treatment services, and assist the programs in identifying those areas where potential efficiency gains could free-up resources to expand service provision.

A sample of 9-11 HIV treatment facilities will be selected by the MoH, the USG and other appropriate stakeholders. Retrospective costing data will be collected to capture costs over a full year's period, with opportunities to go back to service delivery point in some

locations. Comprehensive treatment costs will be estimated based on facility-level program operations costs. The source of support for each cost component will also be tracked. In 1 to 2 facilities, other costs related to in-patient and out-patient HIV care will be collected to better compare the cost-effectiveness of ART in Mozambique as compared to care alone (see below).

Requested funds will be used to support staff needed to carry out this activity, such as a project support officer to manage travel logistics to participating sites, a data manager, and data entry clerks. Other costs are for materials reproduction of new forms or logbooks as needed, supervisory visits and travel to the selected two sites.

3) Cost-effectiveness of in-patient, out-patient care of patients not on ART as compared to patients on ART in Mozambique (100,000)

This PHE will capture the use of inpatient and outpatient hospital services for HIV infected individuals on ART in Mozambique compared with those who are being cared for in inpatient and outpatient services but not on ART. Direct and indirect cost data will be collected as part of the previously described PHE. Currently, costs and therefore outcomes associated with patient care in inpatient and outpatient facilities beyond day hospitals are not captured and linked to day hospital records. Thus, this PHE will enable policy-makers to assess the full use and costs of services and link this to outcomes at the individual level. This will also enable stakeholders at hospital level information to evaluate the effectiveness, efficiency, equity and acceptability of HIV services. When combined with relevant impact information (population HIV prevalence and incidence) and programmatic costs, this study will be able to provide policymakers with strategic information in order to guide the current scale-up of HIV treatment and care services in Mozambique as well as predict future requirements.

To conduct the evaluation, a prospective study of HIV infected individuals being managed at two sites and their catchment areas will be identified. One site will be a hospital where HIV infected people have been started on HAART, which will be compared with a hospital where HIV-infected people are being managed but do not yet have access to HAART. The use of inpatient and outpatient services in both sites will be collected prospectively and these will be combined with relevant unit costs to calculate the cost of services used by HIV infected people at different WHO or clinical staging of HIV infection. Cost data will than be linked to outcome data. Instruments for follow –up of the use of inpatient and outpatient services will be drawn up and may include both self-completed diaries, regular face-to-face interviews and collecting relevant information from case-notes.

Requested funds will be used to support staff needed to carry out this activity, such as a project support officer to manage day to day study operations, a data manager, and data entry clerks. Other costs are for materials reproduction of study instruments, training materials, supervisory visits and travel to the selected two sites.

Continued Associated Activity Information

Activity ID: 5109
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_POST
Funding Source: GHAI
Planned Funds: \$ 90,000.00

Emphasis Areas

Targeted evaluation

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of local organizations provided with technical assistance for strategic information activities

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

Target Populations:

Policy makers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	HRSA IAA
Prime Partner:	New York AIDS Institute
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	8803
Planned Funds:	\$ 500,000.00
Activity Narrative:	This activity is linked to activities 8593, 8574, 8580, and 8545.

This activity will expand upon the HIVQUAL-MZ work which began in FY 2006 to reach (South and Center) at 10 sites. In FY 2007 the program will be expanded to 6 new sites in the northern region and an additional 10 sites in the southern and center regions.

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 be able to gauge the quality of services provided to the HIV+ population using indicators based on national guidelines and to propose feasible and sustainable strategies to improve quality through implementation of these established standards of treatment and care.

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. The specific emphasis of this activity is at the clinic-level, adapting the methods of quality improvement to each organization's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each facility is used and will both measure the growth of quality management activities as well as guide the coaching interventions. Facility-specific data that are aggregated can provide population-level performance data that indicate priorities for national quality improvement activities and campaigns.

The unique approach of HIVQUAL-MZ is that it targets regional networks of providers who are engaging in quality improvement activities that enables them to work together to address problems that are unique to each area, including, for example, human resource shortages and coordination of care among multiple agencies as well as adherence to care services. Quality improvement training will be conducted for groups of providers. The Project will work in partnership with all treatment partners who will help disseminate quality improvement strategies and activities throughout their networks.

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 partnership with the University of Pittsburgh and with JHPIEGO, which has recruited the project manager and provides logistical coordination for activities. Working with JHPIEGO facilitates the coordination of other QI activities in Mozambique which address infection control practices. One of the goals for 2007 will be to identify a lead staff person in the MoH to assume direction for the project. Travel funds for this individual to the US for an intensive mentoring program in New York and Pittsburgh is included.

Additional staff for the activity will be recruited as necessary although efforts will be directed to promote sustainability through building capacity for management in direction within the MoH.

Continued Associated Activity Information

Activity ID:	5121
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	New York AIDS Institute

Mechanism: HRSA IAA
Funding Source: GHAI
Planned Funds: \$ 300,000.00

Emphasis Areas

Monitoring, evaluation, or reporting (or program level data collection)

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of local organizations provided with technical assistance for strategic information activities

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

20

Target Populations:

- Doctors
- Nurses
- Pharmacists
- National AIDS control program staff
- People living with HIV/AIDS
- Host country government workers
- Public health care workers
- Laboratory workers
- Other Health Care Worker

Coverage Areas

- Gaza
- Maputo
- Sofala
- Zambezia

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Twinning
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 8941
Planned Funds: \$ 106,122.00
Activity Narrative: 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 principle 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, with proposed USG FY07 funds, we will support long-term M&E training for one candidate with an M.D. currently working in the MoH's National Institute 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.

Emphasis Areas

Other SI Activities

% Of Effort

51 - 100

Targets

Target

Target Value

Not Applicable

Number of local organizations provided with technical assistance for strategic information activities

1

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

1

Target Populations:

National AIDS control program staff
 Host country government workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Health Policy Initiative (ex-PDI)
Prime Partner:	The Futures Group International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9116
Planned Funds:	\$ 500,000.00
Activity Narrative:	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 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)

Continued Associated Activity Information

Activity ID: 5304
USG Agency: U.S. Agency for International Development
Prime Partner: The Futures Group International
Mechanism: Health Policy Initiative (ex-PDI)
Funding Source: GHAI
Planned Funds: \$ 500,000.00

Emphasis Areas

	% Of Effort
HIV Surveillance Systems	51 - 100
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	7	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	<input type="checkbox"/>

Target Populations:

Community leaders
 Community-based organizations
 Faith-based organizations
 National AIDS control program staff
 Policy makers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	MEASURE Phase II Evaluation
Prime Partner:	University of North Carolina, Carolina Population Center
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9121
Planned Funds:	\$ 1,200,000.00
Activity Narrative:	This activity is linked to HVSI 9123.

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 Manhica 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.

Continued Associated Activity Information

Activity ID:	5386
USG Agency:	U.S. Agency for International Development
Prime Partner:	University of North Carolina, Carolina Population Center
Mechanism:	MEASURE Phase II Evaluation
Funding Source:	GHAI
Planned Funds:	\$ 1,060,000.00

Emphasis Areas

AIS, DHS, BSS or other population survey

% Of Effort

51 - 100

Targets**Target****Target Value****Not Applicable**

Number of local organizations provided with technical assistance for strategic information activities

2

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

Target Populations:

Policy makers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	BUCEN-SCILS
Prime Partner:	US Bureau of the Census
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9123
Planned Funds:	\$ 280,000.00
Activity Narrative:	This activity is linked to HVSI 9121.

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 Manhica (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.

Continued Associated Activity Information

Activity ID:	6443
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Bureau of the Census
Mechanism:	BUCEN-SCILS
Funding Source:	GHAI
Planned Funds:	\$ 440,000.00

Emphasis Areas

AIS, DHS, BSS or other population survey

% Of Effort

51 - 100

Targets**Target****Target Value****Not Applicable**

Number of local organizations provided with technical assistance for strategic information activities

2

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

Target Populations:

Policy makers

Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

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:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	9221
Planned Funds:	\$ 300,000.00

Activity Narrative: 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)

Continued Associated Activity Information

Activity ID:	5386
USG Agency:	U.S. Agency for International Development
Prime Partner:	University of North Carolina, Carolina Population Center
Mechanism:	MEASURE Phase II Evaluation
Funding Source:	GHAI
Planned Funds:	\$ 1,060,000.00

Emphasis Areas**% Of Effort**

Monitoring, evaluation, or reporting (or program level data collection)

51 - 100

Targets**Target****Target Value****Not Applicable**

Number of local organizations provided with technical assistance for strategic information activities

30

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

65

Target Populations:

Country coordinating mechanisms

Non-governmental organizations/private voluntary organizations

Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10211
Planned Funds: \$ 0.00
Activity Narrative: Reprogram October 2007 - delete activity

07/07; no sheet no info.

This activity is a continuation of FY06 activity 5245. The activity is linked to activities 9064, 8577 and 8628. The focus is on strengthening systems to reach health care workers and minimize/mitigate the impact of HIV/AIDS on their personal and professional lives. 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. To date, there are few activities existing that support health workers in dealing with HIV/AIDS. It is unknown how many health workers themselves have undergone testing and counseling or treatment. 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 counseling and testing services or treatment. 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. USG FY06 funding has been supporting the development of an assessment of health workers' current behaviors, attitudes, norms and knowledge (BANK) around primary prevention of HIV, uptake of HIV counseling and testing (CT) and antiretroviral treatment (ART) services, to determine how to better design interventions promoting structured opportunities for educating and assisting health workers to better deal with HIV/AIDS in their work and home environment. The assessment is currently undergoing Ministry of Health human subjects' clearance approval. It will then be sent to CDC for human subjects' clearance approval.

FY 07 funds are being requested to support a TBD 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) completion of the above described health worker BANK study conducted at MOH health facilities and training institutes;
- (b) support for data analysis, production and dissemination of the final BANK study report;
- (c) technical assistance for use of BANK study findings and additional qualitative assessments for BCC intervention design;
- (d) development of protocols and tools for qualitative assessments, e.g. key informant in-depth interviews and focus group discussions, that will inform the intervention design;
- (e) evaluation of first pilot interventions to assess their effectiveness at both health facilities and MOH training institutes; and
- (f) training and on-the-job mentoring of MOH staff from human resources, training, health education departments and HIV/AIDS/STI program in evaluation of behavior change interventions and performance of HIV quantitative and qualitative assessments.

Continued Associated Activity Information

Activity ID: 5109
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_POST
Funding Source: GHAI
Planned Funds: \$ 90,000.00

Targets

Target

Target Value

Not Applicable

Number of local organizations provided with technical assistance for strategic information activities

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

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	12278
Planned Funds:	\$ 340,000.00
Activity Narrative:	<p>Plus Up funding will complement existing funding for male circumcision interventions as follows: 1. Support to the MOH and NAC to design MC policy, service delivery guidelines, strategy and plans to implement MC services, based on assessment results and the MOH and NAC preferences:</p> <ul style="list-style-type: none"> a. Translate/adapt and print the WHO/UNAIDS guidance document (\$10,000) b. Develop and pilot test performance standards, M&E and supervision/quality assurance tools for MC services based on the policy recommendations and service delivery guidelines consistent with above WHO/UNAIDS/JHPIEGO materials (\$50,000) <p>2. Support implementation, M&E, and plan for expansion of MC services: Develop a costed national plan for scaling up MC services (\$30,000)</p>

Reprogramming October 2007: Additional activity component - This activity component is a continuation of activity 5245 funded in FY06, and is linked with 8577, 8516, and 8639. The focus is on strengthening systems to reach health care workers and minimize/mitigate the impact of HIV/AIDS on their personal and professional lives. 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. To date, there are few activities in place that support health workers in dealing with HIV/AIDS. It is unknown how many health workers themselves have undergone testing and counseling. 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. FY06 USG funding has been supporting the development of an assessment of health workers' current behaviors, attitudes, norms and knowledge around primary prevention of HIV and uptake of counseling and testing services, to determine how to better design interventions promoting structured opportunities for educating and assisting health workers to better deal with HIV/AIDS in their work and home environment. While the assessment protocol and tools are undergoing clearance, the MoH human resources, training and community health departments have expressed their desire and requested assistance for urgent start-up of interventions that will target and support health workers, facilitating behavior change and improved primary prevention, as well as increased HIV counseling and testing (CT) and anti-retroviral treatment (ART) up-take among health workers and their partners. FY07 funds will be used to identify a technical assistance provider who will 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, explore use of community radio to reach rural workers 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 for example mobile units for counseling and testing will be explored and piloted. Finally, the technical assistance provider will work 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 currently undergoing training.

Emphasis Areas

% Of Effort

Other SI Activities

51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	1	<input type="checkbox"/>
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	<input type="checkbox"/>

Target Populations:

National AIDS control program staff
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers

Key Legislative Issues

Gender
Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	QED Group, LLC
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	19283
Planned Funds:	\$ 75,000.00
Activity Narrative:	Reprogramming October 2007 - In an effort to assure quality of services in care, this activity will evaluate systems in place to deliver comprehensive and integrated care and treatment services in Mozambique. The results this assessment will inform programming and planning for FY08. Based on the results of this assessment, a standardized, minimum package of care will be developed by the USG Team in Mozambique.

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Food and Nutrition Technical Assistance
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	19285
Planned Funds:	\$ 125,000.00
Activity Narrative:	Reprogramming October 2007 - FANTA will work with Mozambique's National AIDS Council (NAC), Ministry of Health (MOH), Ministry of Women and Coordination of Social Action (MMCAS) and the PEPFAR implementing partners to assess the food and nutritional factors that impact treatment and care services.

Table 3.3.14: Program Planning Overview

Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area: \$ 6,858,881.00

Program Area Context:

The WHO-MSH Human Capacity Development assessment conducted in 2004 continues to offer guidance to Ministry of Health (MOH) and USG in their programming decisions in areas of policy, HR management, leadership and partnerships. Following national elections in late 2004, changes in MOH leadership, staffing, and procedures began lasting throughout 2005 affecting the National AIDS Council (NAC) Council and NGOs, as well. Therefore, progress in policy development and system strengthening has been challenging, but new opportunities have also arisen. As a result, the FY 07 COP includes a number of FY 06 activities that were not initiated or completed.

As a post-conflict nation, Mozambique has human resource shortages in every category, limited institutional capacity, and fledgling civil society. Human resource constraints are the single greatest threat to meeting the PEPFAR treatment and care targets. A recent review of physician migration in Africa reported that 75% of all doctors fled Mozambique during the early years of the civil war and have never been replaced. Therefore, OHPS activities are critical to meeting and sustaining PEPFAR goals in Mozambique and other program areas must also address human capacity and system strengthening as part of their implementation. Within OHPS, the FY 2007 priorities are addressing the health sector human resource crisis, developing MOH's management capacity, strengthening the NAC and local NGOs, supporting private and public sector workplace activities, and promoting leadership on HIV/AIDS.

Addressing the health sector human resource crisis require strengthening and standardizing MOH human resource systems and training institutions in order to increase the number of care workers and to upgrade the skills of those already working. Equally important is developing a MOH workplace program to stop the loss of health workers to HIV and management and leadership capacity at all levels. The FY 06 COP supported pre-service and in-service training through evaluation of the medical technician curriculum and revision of selected sections; evaluation of the opportunistic infections curriculum and use of information by medical technicians; completing a resource assessment initiated by JICA; training for faculty on HIV/AIDS and adult learning methods; and development of standardized algorithms for treatment of opportunistic infections. The FY 07 COP will also include support for the MOH accelerated pre-service training plan to increase the number of medical technicians, auxiliary personnel, lab and pharmacy personnel; reviewing all pre-service curriculum; and standardizing curriculum, practicums, and clinical mentoring for pre-service and in-service training. Curriculum revision is essential because most were developed before the HIV/AIDS crisis and skills needed to address HIV/AIDS are not covered. Technical assistance will be provided to the MOH for the analysis of job functions for all levels of healthcare providers and to help the MOH create a new cadre of lower level providers to relieve nurses of non-clinical patient care. Funding will be provided to enable the MOH to upgrade libraries so that these become a viable resource for students.

Outputs: # of curriculum revised; # of graduates from supported pre-service health worker training programs by cadre; # of practicum sites utilizing standardized elements

Institutional development of the MOH is another element of Mozambique's strategy. In FY 06, support was provided for continued development of the Training Information Management System (TIMS); to send 2 individuals to the Sustainable Management Development Program (SMDP) and begin development of management training to leadership at training institutions. FY 07 activities will build on these activities. SMDP graduates are planning to offer management training to AIDS provincial coordinators and district managers in Sofala province, and TIMS is slated to expand to more provinces. At present, the MOH has a HRIS system tracking salaries and another tracking numbers of employees. While there are no FY 07 funded activities addressing this, the USG is strategizing with MOH and other donors on how to unify the 2 HRIS databases.

Outputs: # of individuals trained in HIV-related institutional capacity building

Supporting the organizational development of local organizations and leadership is an important element of

Mozambique's strategy. The FY 06 COP focused on assisting the National AIDS Council to develop procedures for grant management in order to better manage the other donor-supported Common Fund more effectively and enable a long-stalled Round Two Global Fund grant to be channeled through it. Technical assistance and training enabled the NAC to complete a national HIV/AIDS communication strategy. The Mozambican nursing association was strengthened and development of a clinical training site at a private university began via twinning were supported. FY 06 activities also included are Quick Impact grants to NGOs, CBOs and FBOs; journalist training; scholarships for medical students; and leadership training for community individuals. Leadership and journalist training focus on understanding the pandemic, role of gender, stigma reduction and importance of prevention. Activities for FY 07 include continuing support for FY 06 activities. Expanded support will be provided for NAC with emphasis on provincial-level grants management and communications capacity; increased emphasis on strengthening institutional capacity of local NGOs to deliver quality home based care, OVC services, and AB activities; and increased in-country scholarships for medical students are planned for FY 07. Prevention with positives activities, including twinning, are included in the treatment section. Policy and institutional development efforts will include efforts to reduce stigma and address gender issues which cut across all other program areas.

Outputs: # of local organizations provided with technical assistance for HIV-related policy development; # of local organizations provided with technical assistance for HIV-related institutional capacity building

FY 07 activities addressing retention include housing for rural health care providers found in HTX activities, supportive supervision, standardizing clinical on-the-job mentoring, standardizing curriculums so that faculty do not have to design lesson plans and participating in the donors HR discussions on salaries and incentives.

Workplace activities in the FY 06 COP included support to the MOH in developing a HIV/AIDS policy and interventions; study of knowledge, attitudes and practices of health workers nationwide; and the HIV/AIDS initiative of the federation of Mozambican business associations (EcoSIDA). Private sector support will expand in FY 07, MOH workplace activities and development of an HIV/AIDS workplace policy and program for the US Mission will continue.

Outputs: # of local organizations provided with technical assistance for HIV-related policy development

Sofala and Zambezia will be focus provinces for the FY 07 COP. In Sofala, support for the accelerated training plan will include support for development of standardized practicum and mentoring; standardization of curricula; quality improvement of training institutions; management training for institutional administration; purchase of needed library resources; and HIV/AIDS education for students at the training institutions. In Zambezia, a needs assessment will be done to identify specifically how the USG can support the MOH in developing health care workers. In both provinces, faculty development on current HIV/AIDS information and adult learning methods will be offered.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	25
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	102
Number of individuals trained in HIV-related policy development	29
Number of individuals trained in HIV-related institutional capacity building	389
Number of individuals trained in HIV-related stigma and discrimination reduction	632
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	242

Table 3.3.14: Activities by Funding Mechanism

Mechanism: State Grant
Prime Partner: Catholic University of Mozambique
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8237
Planned Funds: \$ 53,800.00
Activity Narrative: 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-prevalence, central Mozambique and some from the northern provinces.

As an integral part of their studies, student are required to do internships in local clinics in Beira or elsewhere in Sofala province, enabling the newly trained to begin providing services to numbers of PLWHA as rapidly as possible. This funding expands support for community-based outreach activities and training that students participate in around HIV awareness and education.

Continued Associated Activity Information

Activity ID: 4851
USG Agency: Department of State / African Affairs
Prime Partner: Catholic University of Mozambique
Mechanism: State Grant
Funding Source: GHAI
Planned Funds: \$ 26,400.00

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	0	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	0	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	0	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	0	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	17	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	17	<input type="checkbox"/>

Coverage Areas

Sofala

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	PAO
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8506
Planned Funds:	\$ 75,000.00
Activity Narrative:	<p>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:</p> <ol style="list-style-type: none">Training of 25-50 journalists and peer leaders through regional or US-based training programs; andTraining 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 through the first leadership conference and journalist training only took place in FY06 due to a funding delay. In FY07 we plan on carrying out these activities twice - with FY06 funding and again with FY07 funding. These activities are crucial in Mozambique not only in 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.

A related activity is a follow-on from FY05 activities and funding – a follow-up grant that will take place in FY07 available to the participants of the first leadership conference. The chosen proposal from the Municipal Council of Beira involves the opening of an OVC centre – Window of Hope Centre – with the support of widowed and vulnerable women. The centre would provide OVC's with nutritional supplements, hygiene material, psycho-social support (children's clubs and committees and sports field) and scholastic support (scholastic material, a field to teach them basic agriculture) and vocational training as well as birth registration. The centre will be self-sustainable through the raising of chickens, ducks, pigeons, goats, pigs and cows and have a source of income through the existence of a grinding mill.

Continued Associated Activity Information

Activity ID:	5490
USG Agency:	Department of State / African Affairs
Prime Partner:	US Department of State

Mechanism: State
Funding Source: GHAI
Planned Funds: \$ 75,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	15	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Community leaders
 Orphans and vulnerable children

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8575
Planned Funds: \$ 1,654,000.00

Activity Narrative: Plus-up: The Ministry of Health, through its health reform, is undergoing major transformations throughout its care delivery system. One of the challenges with this expansion is how to rapidly expand a competent workforce in order to increase access to health care. With the lack of physicians, tecnicos de medicina and nurses are being called on to perform more tasks. Changes in education will need to occur both at the pre-service and in-service levels for basic and mid-level nurses. It is also critically important to lessen the number of nurses who become HIV+. The purpose of this situation analysis, to be conducted by JHPIEGO, is to examine the actual and planned demands made on the nursing profession, identify the cadres available to perform these tasks and the key competencies needed, and identify how to improve the production of the nurses required to deliver competent and cost effective health care. This analysis will include activities such as interviews, observations and document review with the goal of providing critical information to policy-makers in order to align the scopes of practice of different categories of nurses in accordance with health care delivery needs and streamline and improve pre-service education and in-service training of nurses in terms of outputs and cost-effectiveness.

Original COP: JHPIEGO/JHU is working with the Ministry of Health (MoH) and in collaboration with other partners, to improve infection prevention and control (IPC) practices to decrease the risk of infection transmission in health facilities. This program aims, over a five-year period, to protect clients, providers, and the community through three main strategies: 1) ensuring the adoption of IPC practices in 30 hospitals of the country using a hands-on standards-based management and recognition approach (SBMR) for quality and performance improvement, 2) strengthening/developing a continuous education system for key cadres of service providers in IPC to ensure continuous compliance with IPC evidence-based practices, and 3) strengthening the pre-service education in IPC at teaching institutions.

During 2005, JHPIEGO/JHU started providing technical assistance to the MoH and the National AIDS Commission (NAC) in two new areas: 1) development/adaptation of a training information and monitoring system for in-service training (TIMS©), and 2) development of a national strategy for Community HIV/AIDS Counseling and Testing/CCT (originally customization/translation of a group education reference manual and learning package to train lay educators in HIV/AIDS).

In 2006, JHPIEGO/JHU started the second expansion of the IPC initiative to 10 new hospitals, totaling 23 facilities using the SBMR approach for improving IPC practices. As part of the IPC initiative, JHPIEGO/JHU also started working on the workplace safety policy (WPS) including post-exposure prophylaxis (PEP) for HIV/AIDS, and developing training modules and job aids for ancillary workers. The web-based TIMS© is under development and will be piloted in Maputo City and Zambezia Province. During the current year, JHPIEGO/JHU is also finalizing the training materials and starting the training activities for the integrated HIV/counseling and testing in the community and in clinical settings. Under treatment, JHPIEGO/JHU is starting to provide technical assistance to improving infrastructure of selected USG ART treatment sites in the areas of waste management systems (incinerators) and central sterilization departments.

In the OPHS section of the FY 07 COP, JHPIEGO activities that will be continued to be funded through the OPHS section are: training information and monitoring system for in-service, workplace and developing training modules and job aids for ancillary workers. In FY 07 improving the quality of pre-service education at training institutions with emphasis on HIV/AIDS prevention and care will be added. Each activity is described below:

Training Information Management Systems (TIMS) (\$400,000) (Linked to 8577)
In FY 07, TIMS activities include: an evaluation of the pilot implementation of the web-based system and support for any adjustment/modification; printing of training forms and materials; purchase of 7computers; support of internet connectivity, support for maintenance of web-based system, support for regional workshops and supervision visits to each province to monitor web-based TIMS implementation.
Deliverables: 10 provinces using web-based TIMS, 70 % of training activities captured by TIMS

Workplace safety policy (WPS) (\$140,000) (Linked to 8577) In FY 07 will continue and focus on developing IEC and training materials, forms and job aids for the implementation of the WPS policy, train supervisors and providers on how to implement the policy and protocols, implement WPS policy including post exposure prophylaxis in selected health care facilities and monitor the implementation of the WPS policy.
 Deliverables: At least 10 healthcare facilities offering PEP, 20 supervisors trained in PEP

Infection prevention and control (IPC) (\$139,000): IPC for ancillary workers activities will focus on development and printing of training materials/job aids for ancillary workers in IPV, waste management, HIV/AIDS, and basic nursing; training of trainers course; and week long course for ancillary staff.
 Deliverables: 20 new trainers, 60 auxiliary workers trained with new curriculum

Quality Assurance in Training Institutions (\$450,000): At the request of the Human Resources Department in the Ministry of Health, JHPIEGO will work with 2 training institutions, one in Sofala and the other yet to be decided, on quality assurance elements of a training institution on quality improvement. (Linked with 8577). Goals for this work include: creating a workgroup with representation among key stakeholders, conducting an assessment in both training institutions that train 2 cadres (nurses, medical technicians, or lab), review/define core competencies of selected two cadres, develop educational standards using the standards based management and recognition (SBMR) methodology, train coaches based at each training institution to implement the SBMR tools and the baseline results and develop improvement plans.
 Deliverables: 100% of baseline assessments conducted, 20 coaches trained, 100% of improvement plans developed

Continued Associated Activity Information

Activity ID: 5243
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: JHPIEGO
Mechanism: UTAP
Funding Source: GHAI
Planned Funds: \$ 333,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	20	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Nurses
Teachers
University students
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8577
Planned Funds: \$ 630,000.00

Activity Narrative: The lack of health care infrastructure in Mozambique is discussed throughout the USG five-year strategy. In reality, it is one of the biggest challenges for the Government of Mozambique in effectively responding to the HIV/AIDS epidemic.

In FY 06, very little direct funding was provided to Ministry of Health (MoH) due to the large amount of unspent FY05 money. The funds were unspent due to the transition within the government after national elections, which were held in late 2004. However, in the past six months, USG-supported funding was reprogrammed into various MoH activities. The Human Resources department redirected money to support an accelerated training plan that:

- 1) Covered student costs for a specific number of classes;
- 2) Paid part-time faculty to teach the additional classes and to private training institutions to prepare lab technicians;
- 3) Supported an annual meeting for faculty from training institutions; and
- 4) Purchased computers, printers and furniture for human resource directors and training institutions; and conduct supportive supervision visits to provinces.

In FY 07, the following two areas and related activities will be funded with USG-support

- 1) Pre-Service and In-Service Training (\$550,000) – The USG will provide funds to the Human Resources Department to compliment activities of other implementing partners in the areas of pre-service and in-service training. There are three specific pre-service strengthening activities being funded in FY 07:

a) Multimedia equipment and furniture procurement for training institutions libraries, training faculty on HIV topics and quality improvement in training institutions. Purchasing library equipment and furniture (\$100,000) is vitally needed. Many of the libraries in the training institutions have limited media resources and little furniture. It is not uncommon to see students sharing a desk that is designed for one person to use. Of equal importance, is access to multi-media educational materials especially in Portuguese or Spanish.

b) Individual training accounts: Funds are being provided to MoH to pay for the costs, including per diems and travel expenses, of participants attending at least one training. This activity compliments I-TECH's activity of providing faculty and content for training institution faculty in HIV topics such as ART, PMTCT, counseling and Opportunistic Infections (\$120,000). (Linked with 8802)

c) Quality assurance/improvement at training institutions (\$180,000). (Linked with 8575) With JHPIEGO designing the quality assurance process and training materials, these funds will go to support MISAU costs associated with sending participants from 13 training institutions and supportive supervisory visits to select institutions after the trainings occur.

FY 07 support for strengthening in-service includes three activities:

- a) Equipment purchase for in-service department: Equipment purchase will provide needed computer tables and shelves for the computer equipment recently purchased using FY 05 redirected funds for 11 provinces. (\$25,000)
- b) Supportive supervision visits: With MOH's move to decentralize their decision-making and financial responsibilities from central to provinces, supportive supervisory visits are all the more important for mentoring provincial level in-service staff as they take on these new responsibilities (\$65,000).
- c) Training Information Management System (TIMS) salary support and ongoing technical assistance to the Human Resources department: Support for TIMS staff salary and office equipment is critical as the database expands to a web-based model (\$45,000). (Linked with 8575) Lastly, CDC continues to support a technical advisor in the Human Resources department to provide continuity and support for organizational elements of MoH.

- 2) Strengthening systems to reach health care workers and minimize/mitigate the impact of HIV/AIDS on their personal and professional lives. (\$50,000)

One of the key objectives of the MoH Strategic Plan to Combat STIs, HIV, and AIDS is to reduce the impact of HIV/AIDS on health care workers. To date, there are few activities existing that support health workers in dealing with HIV/AIDS. It is unknown how many

health workers themselves have undergone testing and counseling. 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 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. In FY06, USG funding has been supporting the development of an assessment of health workers' current behaviors, attitudes, norms and knowledge around primary prevention of HIV and uptake of counseling and testing services, to determine how to better design interventions promoting structured opportunities for educating and assisting health workers to better deal with HIV/AIDS in their work and home environment. This activity is a continuation of funding in FY06 and is linked to 8628 and 9064.

FY 07 funds are being requested for expenditures related to MoH staff piloting and conducting first interventions targeting and supporting health workers. Technical assistance for quantitative and qualitative Public Health Evaluations, such as the above described study, that will inform the design of the interventions and methods to be used will be provided by the CDC team and a TBD technical assistance partner (linked to 9064, 8635, 8639). Funds will assist the MoH team, composed of staff from the human resources, training, health education departments and the HIV/AIDS/STI program, to conduct weekly training and discussion sessions using innovative and participatory methods, to be delivered to a health centers team composed of both health professionals and support staff at the respective facility. FY07 funds will also support the development of HIV informational materials: 1) materials that can be used as HIV/AIDS reference materials by health professionals and 2) materials that health facilities can take home and share with family members, neighbors and friends to facilitate discussion and raise awareness in their personal life environment.

Continued Associated Activity Information

Activity ID: 5273
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Mozambique
Mechanism: Cooperative Agreement
Funding Source: GHAI
Planned Funds: \$ 0.00

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Policy makers
Teachers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Laboratory workers
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8635
Planned Funds: \$ 125,000.00

Activity Narrative: As a result of the 2004 elections, there have been many changes in the leadership and management of the Ministry of Health (MoH). A significant number of staff who have been moved into management, especially at the provincial level, have not received training in the needed skills. In addition, there is a push to decentralize decision-making and financial management to the provinces. With the move toward decentralization, the deputy permanent secretaries (senior MoH staff) at the provincial level have been given more responsibility and a new coordinating position was instituted, provincial HIV/AIDS, TB and Malaria Coordinator. These coordinators typically are clinicians who continue to carry some clinical responsibilities while also playing a coordination role.

The Human Resources director at the MoH has requested that the USG fund management training at the district level. In other conversations at the MoH, management training for HIV/AIDS, TB and malaria provincial coordinators and training institution administrators have been identified as areas of need.

Management training will occur via a constellation of activities receiving PEPFAR funding in FY07. Specifically, I-TECH will work with last year's graduate from the Sustainable Management Development Program (SMDP) to assess and provide training for the leadership of a select number of training institutions, especially in the USG-focus province of Sofala (Linked to 8802). CDC's training staff are discussing with other implementing partners and donors to see if a common set of management principles could be developed for guiding all management training activities. FY 06 funds supported sending 2 MoH staff to the 6 week Management in Public Health course sponsored by SMDP and to support their initial activities upon return. This spring, one of the 06 SMDP course graduate began to work with I-TECH on doing an assessment of the management training needs for training institution administrators. Currently, data are being analyzed and will be used to guide the design of the management training activities. One of the training institutions being considered for management training is located in Sofala (Linked with 8806).

In FY 07, funds will support sending 2 participants to the 07 SMDP course in Atlanta, to support their initial management training activities in Mozambique upon completion of the course and to support travel for Atlanta-based SMDP technical assistance staff. In addition, I-TECH has been asked to provide technical assistance to these course graduates through supporting the management training for leadership staff of training institutions, district health managers and provincial HIV/AIDS, TB and malaria coordinators. NASTAD (US National Alliance of State and Territorial AIDS Directors) will be providing technical assistance for management training activities for district health managers (Linked with 8802).

FY07 funds will also be used to strengthen systems to reach health care workers and minimize/mitigate the impact of HIV/AIDS on their personal and professional lives. (This activity is a continuation of one funded in FY 06 5245 (\$50,000) and linked to activities CDC_OHPS_TBD, CDC_OHPS_MoH and CDC_SI_TBD.) One of the key objectives of the MoH Strategic Plan to Combat STIs, HIV, and AIDS is to reduce the impact of HIV/AIDS on health care workers. To date, there are few activities existing that support health workers in dealing with HIV/AIDS. It is unknown how many health workers themselves have undergone testing and counseling. According to anecdotal information, 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.

In FY05 and FY06, USG funding has been supporting the development of an assessment of health workers' current behaviors, attitudes, norms and knowledge around primary prevention of HIV and uptake of counseling and testing services, to determine how to better design interventions promoting structured opportunities for educating and assisting health workers to better deal with HIV/AIDS in their work and home environment. The assessment is currently undergoing Ministry of Health human subjects' clearance approval. It will then be sent to CDC for human subjects' clearance approval.

FY 07 funds are being requested to support:

- (a) technical assistance from the CDC behavior change communication specialists in Atlanta;
- (b) in-country CDC staff travel for technical personnel (CDC Senior Prevention Advisor, BCC Prevention Program Support Officer and CDC M&E Advisor) providing technical assistance and working with MOH counterparts on piloting and implementation of first interventions at health facilities and training institutes; and
- (c) a visit to health worker support programs developed and implemented by MOH staff and nursing associations in Zambia, to allow the Mozambique MOH and CDC team to learn from lessons learned and experiences of these more advanced projects.

Continued Associated Activity Information

Activity ID: 5245
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: US Centers for Disease Control and Prevention
Mechanism: GHAI_CDC_POST
Funding Source: GHAI
Planned Funds: \$ 165,610.00

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

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Doctors
Nurses
National AIDS control program staff
Teachers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	The Health Communication Partnership
Prime Partner:	Johns Hopkins University Center for Communication Programs
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8646
Planned Funds:	\$ 263,596.00

Activity Narrative: 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)

Continued Associated Activity Information

Activity ID: 5291
USG Agency: U.S. Agency for International Development
Prime Partner: Johns Hopkins University Center for Communication Programs

Mechanism: The Health Communication Partnership
Funding Source: GHAI
Planned Funds: \$ 300,000.00

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

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	200	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Indirect Targets

This activity will indirectly strengthen provincial, district, and community health communications systems for HIV/AIDS prevention. Indirect beneficiaries include local NGOs, community-based groups, and faith-based organizations that are increasingly involved and effective in implementing AB programs.

Target Populations:

Business community/private sector
 Community leaders
 Community-based organizations
 Faith-based organizations
 National AIDS control program staff
 Non-governmental organizations/private voluntary organizations
 People living with HIV/AIDS
 University students
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 Religious leaders
 Other MOH staff (excluding NACP staff and health care workers described below)

Key Legislative Issues

Addressing male norms and behaviors
 Stigma and discrimination

Coverage Areas:

Populated Printable COP

Country: Mozambique

Fiscal Year: 2007

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Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Quick Impact Program
Prime Partner:	US Department of State
USG Agency:	Department of State / African Affairs
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	8769
Planned Funds:	\$ 40,000.00
Activity Narrative:	The Quick Impact Program will enable new partner organizations at the grassroots level to implement modest, targeted orphan care and rehabilitation projects that will strengthen systems. Small grants will be provided to help NGOs/CBOs/FBOs implement innovative projects focused particularly on vocational training for orphans, educational assistance, training of caregivers, and micro-credit for caretakers. The Quick Impact Program also operates in the Emergency Plan program areas of AB, Other Prevention and Palliative Care.

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

Continued Associated Activity Information

Activity ID:	4872
USG Agency:	Department of State / African Affairs
Prime Partner:	US Department of State
Mechanism:	State
Funding Source:	GHAI
Planned Funds:	\$ 40,000.00

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

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	4	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	40	<input type="checkbox"/>

Key Legislative Issues

Microfinance/Microcredit

Coverage Areas

Manica

Maputo

Nampula

Sofala

Zambezia

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Twinning
Prime Partner: American International Health Alliance
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8800
Planned Funds: \$ 620,000.00

Activity Narrative: This activity is linked with activities 8806 and 9212.

American International Health Association (AIHA) administers the Twinning Center. The purpose of the Twinning Center is to strengthen human and organizational capacity among health service organizations. In FY06, three twinning activities were initiated 1) Mozambican nursing association, ANEMO and the Uganda-based African Palliative Care Association (APCA), 2) Catholic University in Beira and University of Pittsburgh, and 3) Prevention with Positives. In FY 07, two of the three partnerships will be funded under OPHS. Prevention with Positives will continue to be supported in FY 07 but under treatment funds along with all the prevention with positives activities.

University of Pittsburgh and Catholic University of Mozambique (This activity is linked with 8806).

Established in January 2006, this is a north-south twinning partnership between two academic institutions: Mozambique Catholic University and University of Pittsburgh. The partnership's overall goal is to increase the availability of quality HIV/AIDS services in the Sofala Province by increasing the numbers of qualified healthcare workers trained in HIV/AIDS and by creating a model clinic that both provides quality HIV/AIDS care and treatment services and serves as a clinical training facility for healthcare professionals. The model clinic will provide in-service training for practicing mid- and lower-level clinicians and provide pre-service training to nursing and allied health students at the Ministry of Health (MoH)-sponsored Instituto de Ciencias de Saude da Beira (ICSB).

FY 07 funds will continue activities started in 2006 to establish organizational structure for Catholic University's HIV/AIDS training center; create and convene center of excellence Advisory Board; define clinical competencies and design practical hands-on training sessions; establish formal relationships with local HIV treatment clinics to serve as sites for the practical component of the training; develop Monitoring and Evaluation (M&E) capacity at UCM for measuring quality and effectiveness of trainings; develop and train faculty on syllabus for each training track, based on MoH guidelines; train ICSB instructors; train in-service healthcare workers based on MoH priorities; train orderlies in universal precautions/infection control. The clinical training facility will be a part of the training collaborative coordinated by I-TECH in the Sofala Province.

APCA/ANEMO (This activity is linked with USAID activity 9212.)

In FY 06, the partnership between APCA (African Palliative Care Association) and ANEMO made good progress toward their main objective which was to strengthen ANEMO's capacity to function as a well structured, sustainable national association to implement a home-based care training program. Besides an initial planning meeting, APCA conducted a 5 day organizational development meeting with ANEMO principals where they developed a new governance structure, developed clear mission and vision for the organization, initiated strategic planning, and developed an operational structure for the Training Unit. Plans for the remainder of the year work plan include convening an annual general meeting where new board members will be selected; a strategic planning meeting; and a membership drive.

In FY 07, based on discussions with ANEMO, the Twinning Center activities will focus on expanding their role as a professional nursing association. The focus will be on developing functions typically found in associations such as policy development, advocacy, offering and developing standards for continuing education, developing standards of care and ethics. With APCA experience as a health care association, they are well-positioned to work with ANEMO on their growth toward a professional association. AED (Academy for Educational Development) will take over the organizational development work for the home based care training activities of ANEMO. These areas include financial guidelines, strengthening their capacity to reach down to their regional members, leadership, advocacy and training/mentoring to strengthen ANEMO's M&E capacity. APCA's strengths lie less in organizational development and more in professional association development while AED possesses strong organizational development capacity with NGOs, CBOs and FBOs. In order to facilitate a smooth transition between APCA and AED, there will be a meeting involving all three organizations and ongoing communication between APCA and AED so that they are not duplicating efforts and identifying areas where they could work

together collaboratively.

Reprogramming October 2007: Added \$200,000 to activity. Funding will include support for clinic equipment and furniture.

Continued Associated Activity Information

Activity ID: 5442
USG Agency: HHS/Health Resources Services Administration
Prime Partner: American International Health Alliance
Mechanism: Twinning
Funding Source: GHAI
Planned Funds: \$ 455,600.00

Emphasis Areas

	% Of Effort
Human Resources	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Doctors
Nurses
Teachers
University students
Host country government workers
Public health care workers
Other Health Care Worker

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: I-TECH
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 8802
Planned Funds: \$ 1,457,485.00

Activity Narrative: The Ministry of Health's (MoH) "2006-2010 Human Resources Development Plan" (October 2005) calls for mid-level health providers (tecnicos de medicina) to carry a greater responsibility in HIV care and treatment. The plan also calls for strengthened management at all levels within the health sector.

In FY07, I-TECH will assist the MoH to implement these human capacity development plans. I-TECH will improve the HIV-related training of tecnicos de medicina during their initial training (pre-service) and on-the-job in clinics (in-service). I-TECH will partner with MoH officials to improve the management skills necessary for the roll-out of antiretroviral treatment, targeting local health directors, provincial AIDS coordinators, and training institution directors. All objectives and activities described below are continuations from '06 except support to '07 SMDP participants:

Objective A: New tecnicos de medicina will have competence to provide quality HIV care upon graduation. In 2007, I-TECH will work with 13 training institutions to implement recommendations from the 2006 assessment of tecnicos de medicina pre-service training.

Activity 1: Introduce pre-service curriculum changes based on assessment recommendations. (\$119,000) I-TECH will work with training institution pedagogy directors to revise the existing course outline to include more detailed material on the most important causes of mortality and morbidity in Mozambique. In some cases, existing in-service training materials could be adapted for pre-service purpose. If needed, I-TECH will draft and introduce one new pre-service module in 2007 related to HIV and associated causes of mortality and morbidity.

Deliverable: Revised course plan document; new curriculum module

Activity 2: Develop teaching skills at training institution faculty. (\$95,000) Using curriculum developed for this purpose in 2006, I-TECH will conduct training-of-trainer (TOT) courses for faculty and clinical instructors at 5 institutions, reaching 100 persons (5 sites x 20 per site) (Linked to 8628).

Deliverable: 100 persons trained, emphasis on Sofala and Zambezia

Activity 3: Improve pre-service and in-service practica through training and resources. (\$124,000) I-TECH will pilot the use of learning objectives, best practices guides, and checklists to improve the clinical practica based on theories about effective adult learning. Flowing from the work with institutions, I-TECH will coach national partners (HAI, Columbia, APHL) on best practices.

Deliverables: Practicum teaching tools and technical assistance implemented at 5 institutions and by national training partners; improving training for 60 students at each site (300), emphasis on Sofala and Zambezia

Objective B: Current tecnicos de medicina will have competence to provide quality HIV care. In 2007, I-TECH will complete the following improvements to in-service trainings to initiate an on-the-job mentoring program for tecnicos de medicina already serving in clinics:

Activity 4: Update clinical guidelines and establish a process for validation. (\$32,000) This activity is a continuation of work began last year. I-TECH will continue processes begun in 2006 with the Ministry of Health and other stakeholders to update the clinical guidelines for the treatment of HIV opportunistic infections. I-TECH will provide technical expertise to the process. I-TECH will develop a proposal for validation research related to the new guidelines.

Deliverable: Updated guidelines and validation process

Activity 5: Revise "Basic Course on HIV" based on updated opportunistic infection treatment guidelines. (\$82,000) This activity is a continuation of work began last year. I-TECH will revise the existing curriculum as needed, including the development of different course components for different cadres and practice locations.

Deliverable: Completed curriculum

Activity 6: Evaluate TARV course. (\$88,000) (Activity linked to 8545) I-TECH will conduct an evaluation in clinical sites to observe graduates of the TARV in-service course to see if they are prescribing treatment consistent with the information taught in the course.

I-TECH will revise the course based on the evaluation.

Deliverable: Report and recommendations based on evaluation; revised curriculum

Activity 7: Introduce clinical mentoring. I-TECH will pilot a clinical mentoring program for tecnicos de medicina. (\$147,000) Through partnerships with day hospitals, I-TECH will organize expatriate and local physicians and experienced tecnicos to serve as mentors for health workers who complete the TARV course. This effort will be linked with Activity 3 to improve clinical learning in a practice setting.

Deliverables: 30 persons trained through clinical mentoring; clinical mentoring toolkit translated to Portuguese, emphasis on Sofala and Zambezia

Activity 8: Provide TOT courses for in-service training faculty.(\$71,000) I-TECH will coordinate and implement TeachBack trainings four times in 2007. The TOT courses will be tailored to specific in-service trainings.

Deliverable: 60 persons trained (4 TOT courses x 15 participants), emphasis on Sofala/Zambezia

Activity 9: Design/improve other in-service curricula. (\$45,000) I-TECH will have capacity in Maputo and Seattle to work on other curriculum development projects with partners in areas such as PMTCT, adherence, lab. The priorities for curriculum development will be based on the HIV training inventory completed by I-TECH in October 2006.

Deliverables: Curricula as determined.

Objective C: Health managers will have improved capacity to support the expansion of HIV treatment in Mozambique. In 2007, I-TECH will mentor and assist Mozambique's three participants in the Atlanta-based Sustainable Management Development Program (SMDP) to transfer knowledge and skills to their peers in Mozambique.

Activity 10: Train institution directors. SMDP and I-TECH will provide in-service management training to institution directors, pedagogy directors, and administrative directors. (\$126,000) (Activity linked to 5244).

Deliverables: 3 persons at 13 institutions = 39 persons trained; CDC Management for International Public Health curriculum adapted for Mozambican context, emphasis on Sofala/Zambezia

Activity 11: Train district health directors and provincial AIDS coordinators. (\$200,000) (Activity linked with 8628) SMDP and I-TECH will provide in-service training and on-the-job mentoring in public health planning, coordination, and management to district health officials in Sofala province and to provincial AIDS coordinators in all provinces. I-TECH plans to partner with the US National Alliance of State and Territorial AIDS Directors (NASTAD) to provide technical assistance. NASTAD provides assistance on decentralized public health planning to local health districts in the US and internationally.

Deliverables: 39 persons trained; CDC Healthy Plan-It curriculum adapted for Mozambican context; district health plans completed, emphasis on Sofala

Continued Associated Activity Information

Activity ID:	5241
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	University of Washington
Mechanism:	I-TECH
Funding Source:	GHAI
Planned Funds:	\$ 400,000.00

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	20	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	110	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Nurses
 Policy makers
 Teachers
 Host country government workers
 Other MOH staff (excluding NACP staff and health care workers described below)
 Public health care workers
 Laboratory workers
 Other Health Care Worker

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: State Grant
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9051
Planned Funds: \$ 15,000.00
Activity Narrative: This activity will assist with the implementation of a Mission-wide HIV/AIDS workplace program through the procurement of necessary technical assistance. This 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.

Continued Associated Activity Information

Activity ID: 5336
USG Agency: Department of State / African Affairs
Prime Partner: To Be Determined
Mechanism: State Grant
Funding Source: GHAI
Planned Funds: \$ 8,600.00

Emphasis Areas

	% Of Effort
Information, Education and Communication	10 - 50
Workplace Programs	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	90	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Adults
 USG in-country staff
 Men (including men of reproductive age)
 Women (including women of reproductive age)

Coverage Areas

Maputo

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Follow-on to PHRplus
Prime Partner:	ABT Associates
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9119
Planned Funds:	\$ 375,000.00
Activity Narrative:	This activity is a follow on to PHR+ CNCS support.

This activity will continue capacity building technical assistance and support provided to the National AIDS Council (CNCS) under the PHRplus mechanism in FY06. Technical support will strengthen the capability of CNCS to financially, administratively, and programmatically manage the HIV/AIDS resources provided by the World Bank, numerous bilateral donors, the Global Fund, and the budget of the Government of Mozambique in support of the multisectoral National AIDS Strategy II--2005--2009. Improved management systems and procedures at CNCS's central and provincial offices are essential for this key partner to effectively lead, coordinate and report on the results of the multisectoral national response. These funds also may provide technical assistance and support to other key partners (government agencies, NGOs, or businesses) working with CNCS. This assistance is an important USG contribution to a coordinated, multi-donor-supported effort to improve the performance of CNCS and fully support the international commitment to the "Three Ones."

Continued Associated Activity Information

Activity ID:	5447
USG Agency:	U.S. Agency for International Development
Prime Partner:	To Be Determined
Mechanism:	Follow-on to PHRplus
Funding Source:	GHAI
Planned Funds:	\$ 150,000.00

Emphasis Areas

	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	1	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	40	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Country coordinating mechanisms
National AIDS control program staff
Policy makers
Program managers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Health Policy Initiative (ex-PDI)
Prime Partner:	The Futures Group International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9159
Planned Funds:	\$ 400,000.00
Activity Narrative:	<p>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:</p> <ol style="list-style-type: none">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 activities 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 be linked to businesses. Because of the largely male character of management and the workforce in many businesses, it is important to address male 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) <p>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.</p> <p>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;</p>

Emphasis Areas

	% Of Effort
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	17	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	17	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	34	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	170	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Business community/private sector
Men (including men of reproductive age)
Women (including women of reproductive age)

Key Legislative Issues

Addressing male norms and behaviors
Reducing violence and coercion

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9212
Planned Funds: \$ 900,000.00

Activity Narrative: This activity is related to: HBHC Activity 9131; HKID Activity 9147; AB Activity 9135; HXTS Activity 9109; and C&OP Activity 9154.

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 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.

Emphasis Areas

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	35	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	175	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	35	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	175	<input type="checkbox"/>

Target Populations:

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

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Peace Corps-Peace Corps-GHAI-Local
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9468
Planned Funds:	\$ 20,000.00
Activity Narrative:	This activity relates to Peace Corps activities: A/B Prevention Technical Assistance, Other Prevention Technical Assistance, and OVC Technical Assistance. During the period of the 2007 COP, approximately 28 Peace Corps Health Volunteers will be providing technical assistance to Mozambican NGOs, CBOs and FBOs conducting A/B, Other Prevention, OVC, and Care and Testing activities to improve the organizations' capacity to manage their operations and strengthen their outreach services. The Volunteers will assist organizations in HIV-related institutional capacity building in the following areas: HR systems, financial systems, data banks, job descriptions, strategic planning, project planning, monitoring & reporting systems, and quality control policies & standards. The Volunteers will additionally provide organizational staff training on skills such as computer training; data management; data analysis; project planning; development of monitoring and reporting formats for measuring qualitative and quantitative data; and English language skills. Volunteers will assist organizational staff in the field in improving their community mapping skills, techniques for conducting needs assessments; categorization of data; and skills for accurate reporting.

At the community level, Volunteers will provide training and support to families that complement the work being done with organizational prevention and OVCs. Their activities will include training on immune-boosting nutrition; home gardens; health and hygiene; first aid; counseling techniques for traumatized children; prevention for sero-discordant couples; income-generating projects; inheritance and succession planning with particular emphasis on ensuring that widows and OVCs retain access to their productive and personal assets; and supporting PLWA organizations.

The COP 07 proposed budget for Other Prevention Systems Strengthening will allow Peace Corps to continue its planned strategy of expansion of Volunteers, geographically and numerically, focusing on less-served areas, and providing enhancements to their training and support to ensure that they provide more effective technical assistance. The COP 07 proposed budget will be used for materials development and reproduction; pre-service and in-service training enhancements for improved skills and knowledge in the area of organizational strengthening; accommodation rentals and security enhancements for the 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 Volunteers; and PC/M staff capacity building through in-service activities, including post exchanges and conferences. PEPFAR resources will also be used for special school or community events and projects related to OPSS.

Continued Associated Activity Information

Activity ID:	5065
USG Agency:	Peace Corps
Prime Partner:	US Peace Corps
Mechanism:	N/A
Funding Source:	GHAI
Planned Funds:	\$ 25,000.00

Emphasis Areas**% Of Effort**

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

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	5	<input type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	10	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building	50	<input type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction	100	<input type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	10	<input type="checkbox"/>

Target Populations:

Community-based organizations
 Faith-based organizations
 HIV/AIDS-affected families
 International counterpart organizations
 Non-governmental organizations/private voluntary organizations
 Orphans and vulnerable children
 People living with HIV/AIDS
 Girls
 Boys
 Primary school students
 Secondary school students
 Men (including men of reproductive age)
 Women (including women of reproductive age)
 HIV positive pregnant women
 Caregivers (of OVC and PLWHAs)
 Out-of-school youth

Key Legislative Issues

Volunteers

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Increasing women's legal rights

Stigma and discrimination

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Sofala

Nampula

Tete

Zambezia

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	12279
Planned Funds:	\$ 230,000.00
Activity Narrative:	<p>The Ministry of Health, through its health reform, is undergoing major transformations throughout its care delivery system. One of the challenges with this expansion is how to rapidly expand a competent workforce in order to increase access to health care. With the lack of physicians, tecnicos de medicina and nurses are being called on to perform more tasks. Changes in education will need to occur both at the pre-service and in-service levels for basic and mid-level nurses. It is also critically important to lessen the number of nurses who become HIV+. The purpose of this situation analysis, to be conducted by JHPIEGO, is to examine the actual and planned demands made on the nursing profession, identify the cadres available to perform these tasks and the key competencies needed, and identify how to improve the production of the nurses required to deliver competent and cost effective health care. This analysis will include activities such as interviews, observations and document review with the goal of providing critical information to policy-makers in order to align the scopes of practice of different categories of nurses in accordance with health care delivery needs and streamline and improve pre-service education and in-service training of nurses in terms of outputs and cost-effectiveness.</p> <p>2. Support implementation, M&E, and plan for expansion of MC services:</p> <p>a. Develop a national plan to train and certify providers with above WHO/UNAIDS/JHPIEGO materials, including facility-level orientations for management buy-in and understanding (\$20,000)</p> <p>b. Train MC providers using the international WHO/UNAIDS/JHPIEGO materials and MC counselors using WHO/UNAIDS/JHPIEGO plus supplemental counseling training materials (\$100,000)</p> <p>c. Provide supportive supervision using performance standards and a standards based management and recognition approach (\$10,000)</p>

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Needs Assessment	51 - 100
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		<input checked="" type="checkbox"/>
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	<input type="checkbox"/>
Number of individuals trained in HIV-related policy development	20	<input type="checkbox"/>
Number of individuals trained in HIV-related institutional capacity building		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related stigma and discrimination reduction		<input checked="" type="checkbox"/>
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		<input checked="" type="checkbox"/>

Target Populations:

Nurses
Policy makers
Host country government workers
Public health care workers

Key Legislative Issues

Gender
Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area: **\$ 8,216,461.00**

Program Area Context:

The management and staffing (M&S) resources for the USG team in Mozambique are used to: (1) ensure high quality HIV/AIDS programs that meet Emergency Plan targets; (2) strengthen the team's ability to manage and report on the rapidly expanding and increasingly complex program; and (3) improve USG leadership and visibility in public fora and among bilateral agencies and other donors. To achieve these three outcomes, the USG team has requested M&S resources equal to only 6% of the expected overall country budget (not including Track 1), although additional staff are still needed.

To support the PEPFAR programs in Mozambique in FY07, the USG team expects to incur expenses similar to FY 06, plus several new M&S-related costs. In particular, as the shift of "program-to-OE" positions to country funding is being completed, and additional positions will be needed to improve implementation and oversight. Beyond this, a number of program and support positions generously borne by non-Emergency Plan funds earlier are now attributed to the Emergency Plan, and those that are integral to M&S must be incorporated into the FY 07 PEPFAR budgets. Finally, additional office space and related support costs are required to accommodate additional USG management and technical staff. In Mozambique, the costs for supporting USG or other internationally recruited staff are high, including travel, rents, security and other essential costs.

The Staffing Matrix shows a total of 60 existing positions, of which all but 6 are working full-time on the Emergency Plan. Of these, 15 are non-management technical staff. A number of these remain vacant at the end of the fiscal year; for example, CDC has 10 vacancies among its existing approved positions, and USAID's critical "program-to-OE" contracting officer position and 5 program management positions are vacant. International recruitment is challenging due to Portuguese language requirements for many positions. The market for qualified Mozambican staff is also fiercely competitive due to human resource constraints. Human resource challenges are the greatest barrier to PEPFAR program implementation, and M&S is no exception.

Accordingly, for FY 2007, 19 new positions are requested. Of these, 9 are technical non-management positions required to strengthen key partners, particularly the Ministry of Health, and ensure the quality of USG-supported programs and services. One of these positions will only partially support PEPFAR programs.

Also, for the first time in Mozambique, Peace Corps will request funding for 10 new health-HIV/AIDS Volunteers to be supported for their two-year tours with Emergency Plan resources (under the appropriate program areas). In assigning these Volunteers, Peace Corps will coordinate closely with the interagency team to support AB and treatment program objectives in the focus provinces. In addition, Peace Corps will continue to request program enhancement funds to provide training and support for all Peace Corps Volunteers in Mozambique, as all of them, whether health or education, carry out HIV/AIDS-related activities as part of their assignments.

While the year-over-year funding increase is approximately 63% for Mozambique, the Emergency Plan agencies are requesting a 35% increase in staff, meaning that Mozambique will do more with less in 2007.

Despite this scale-up of staff and new program expenses, to keep M&S funding requests below the 7% earmark, the USG agencies have been vanguards in cooperation in implementing PEPFAR programs. There is a clear division of labor with each agency targeting areas in which it has a comparative advantage. For example, CDC's technical excellence has enabled it to support the Ministry of Health in developing national policies, strategies, plans, guidelines and training for introducing and scaling-up ART, PMTCT, CT and other clinical services, and plans are underway to support laboratory activities more intensively in FY 07. Additionally, CDC provides the largest technical assistance and financial resources in support of strategic information, including program monitoring and evaluation. In contrast, USAID brings extensive experience in community development and systems strengthening to bear in rolling out care and prevention activities;

strengthening supply chain management and other systems, including National AIDS Council grants management; and strengthening Mozambican NGOs, CBOs and FBOs.

In addition to the comparative advantages of the two largest recipient agencies, the unique contributions of the other USG agencies have been critical to the success of PEPFAR programs in Mozambique. Through the leadership of the Ambassador and public diplomacy, Embassy officials have engaged Mozambican leadership and media in the response, ensured a cohesive approach among USG agencies and reached new partners through the agile Quick Impact grants fund. DOD has ensured that uniformed services personnel and networks are included in treatment, care and prevention activities and is collecting HIV prevalence data among the military. Peace Corps Volunteers work through schools, NGOs, and community or faith-based organizations to bring grass-roots action, capacity-building and new ideas to the Emergency Plan. In particular, the 10 new PEPFAR-funded Volunteers in 2007 will bring strength to the expansion of AB messaging and reinforce the linkage of treatment centers with referral services and the communities around them in the focus provinces.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	BASE_CDC_HQ
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	8512
Planned Funds:	\$ 569,111.00
Activity Narrative:	The CDC Mozambique Management and Staffing program is divided among four different mechanisms - 4864, 4865, 4866, and 4867. The four activities that contain costs associated with this program are 8512, 8611, 8624, and 8634. The Management and Staffing program supports all administrative costs associated with running a robust portfolio of technical programs, including administrative staff salaries, office costs, as well as direct program support through staff and other costs to manage grants and advise program staff on administrative issues.

The CDC office currently has 26 positions under various mechanisms – including four direct hires, 13 locally employed staff and nine contracted staff (COMFORCE, PSC). Three positions are currently vacant, but will be filled in the near future. Each of these positions existed when COP 2006 was submitted with the exception of one administrative assistant, which was a proposed position in 2006 and since been filled. We had proposed an additional seven positions at that time, but due to various hiring difficulties – lack of available hiring mechanisms, visa issues with the local government and severe shortage of local human resources, only the administrative assistant position was filled. CDC is currently dealing with these issues on various fronts and hopes that a sound resolution will be found.

In addition to the approved positions from the 2006 COP, CDC Mozambique is proposing 12 technical and administrative positions that will manage the significant increase in activities for 2007 and beyond. They are accounted for in the Staffing Matrix.

CDC's office space is currently full with existing staff. In order to accommodate the expected growth in staffing, CDC received approval in the 2006 COP to expand to the adjacent office in our existing building. We are in the final stages of the approval process and rehabilitation should begin in the coming months. Funding for rehabilitation was budgeted in 2006.

This activity contains funding for various administrative activities:

- Salaries and benefits – CDC's Deputy Director and 20% of the Director are paid via the Management and Staffing program through this mechanism. Note that we are requesting early funding for this amount to assure availability of funding for these two key employees.
- Shipment of goods (\$50,000) – we have included funding to pay for the shipment of items such as personal goods of FTE employees, furniture for office expansion and other programmatic goods to be sent to Mozambique
- Equipment (\$20,000) – CDC frequently purchases equipment to support program and office costs using the IMPAC credit card which is billed via CDC Atlanta funding sources. We expect to make several equipment purchases with this funding due to the office expansion.
- Supplies (\$23,000) – similar to equipment, CDC purchases the majority of its office supplies with the IMPAC credit card. We expect this funding to meet the needs of existing and proposed staff as well as additional supplies for the new office space.
- Office furniture (\$23,511) – Funding is requested to partially pay for furnishing the new office

Table 3.3.15: Activities by Funding Mechanism

Mechanism: BASE_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8611
Planned Funds: \$ 1,224,824.00

Activity Narrative: The CDC Mozambique Management and Staffing program is divided among four different mechanisms - 4864, 4866, 4865, 4867. The four activities that contain costs associated with this program are 8512, 8611, 8624, 8634. The Management and Staffing program supports all administrative costs associated with running the robust portfolio of technical programs, including administrative staff salaries, office costs as well as direct program support through staff and other costs to manage grants and advise program staff on administrative issues.

The CDC office currently has 26 positions under various mechanisms – including four direct hires, 13 locally employed staff and nine contracted staff (COMFORCE, PSC). Three positions are currently vacant, but will be filled in the near future. Each of these positions existed when COP 2006 was submitted with the exception of one administrative assistant which was a proposed position in 2006 and since been filled. We had proposed an additional seven positions at that time, but due to various hiring difficulties – lack of available hiring mechanisms, visa issues with the local government and severe shortage of local human resources, only the administrative assistant position was filled. CDC is currently dealing with these issues on various fronts and hopes that a sound resolution will be found.

In addition to the approved positions from the 2006 COP, CDC Mozambique is proposing 12 technical and administrative positions that will manage the significant increase in activities for 2007 and beyond. They are discussed in the Staffing Matrix as well the individual program activities that will fund these positions.

CDC's office space is currently full with existing staff. In order to accommodate the expected growth in staffing, CDC received approval in the 2006 COP to expand the office to the adjacent space in our existing building. We are in the final stages of the OBO approval process and rehabilitation should begin in the coming months. Funding for rehabilitation was budgeted in 2006.

This activity contains funding for various administrative and technical managers' activities:

- Salaries for various administrative support staff (\$274,846) - Data Entry Specialist, Administrative Assistant I, Administrative Assistant II, Driver I, Driver II, Driver III, Driver IV, Executive Secretary, HR Admin Assistant, Procurement Chief, Program Support Specialist I, Program Support Specialist II, Receptionist, Secretary. Note that we are requesting early funding for salaries to assure availability of funding in the early months of the fiscal year.
- Automobile Fuel for CDC Motorpool (\$12,000)
- Automobile maintenance and insurance (\$20,000)
- Travel and course costs for IT Staff (\$23,000)
- Office Cleaning Services - \$400 per month X 2 offices (\$9,600)
- Customs clearance of goods (Supplies, Equipment, Furniture, etc.) (\$10,500)
- Locally procured Office Supplies (\$25,000)
- HR Position Announcements in local paper \$2000 per announcement (\$38,000)
- Internet Service for CDC Office \$2900 per month + VAT (17%) (\$40,716)
- IT hardware, workstations, consumables, upgrades – includes costs of IT equipment for office expansion (\$86,000)
- Parking space rental (\$7,800)
- Local Guard Service for office and residential security (\$72,000)
- Office Furniture for new office (\$35,330)
- Office Maintenance contract (\$25,000)
- Utilities - Office phones (Land line & cell phones), electricity and water (\$65,880)
- Travel and course costs for administrative staff training (\$75,000)
- Shipment of things (\$12,284)
- Travel costs for administrative and programmatic staff – (\$207,000)
- Residential Utilities for direct hire employees – (\$12,000)
- Residential rent for direct hire employees – (\$60,000)
- Two new official CDC vehicles to supported program staff - Toyota Sedans (\$15,272 X 2) + Freight (\$2664 X 2) + RSPO Charges (\$1076 X 2) - (Total \$38,024)

- Partial technical staff salaries for the Director and Senior Training Specialist are also included (29,133)

Table 3.3.15: Activities by Funding Mechanism

Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 8624
Planned Funds: \$ 947,504.00

Activity Narrative: The CDC Mozambique Management and Staffing program is divided among four different mechanisms - 4864, 4865, 4866, 4867. The four activities that contain costs associated with this program are 8512, 8611, 8624, and 8634. The Management and Staffing program supports all administrative costs associated with running the robust portfolio of technical programs, including administrative staff salaries, office costs as well as direct program support through staff and other costs to manage grants and advise program staff on administrative issues.

The CDC office currently has 26 positions under various mechanisms – including four direct hires, 13 locally employed staff and nine contracted staff (COMFORCE, PSC). Three positions are currently vacant, but will be filled in the near future. Each of these positions existed when COP 2006 was submitted with the exception of one administrative assistant which was a proposed position in 2006 and since been filled. We had proposed an additional seven positions at that time, but due to various hiring difficulties – lack of available hiring mechanisms, visa issues with the local government and severe shortage of local human resources, only the administrative assistant position was filled. CDC is currently dealing with these issues on various fronts and hopes that a sound resolution will be found.

In addition to the approved positions from the 2006 COP, CDC Mozambique is proposing 12 technical and administrative positions that will manage the significant increase in activities for 2007 and beyond. They are outlined in the Staffing Matrix.

CDC's office space is currently full with existing staff. In order to accommodate the expected growth in staffing, CDC received approval in the 2006 COP to expand the office to the adjacent space in our existing building. We are in the final stages of the OBO approval process and rehabilitation should begin in the coming months. Funding for rehabilitation was budgeted in 2006.

This activity contains funding for various administrative activities:

- Atlanta paid - Technical Assistance Travel (\$135,000)
- ICASS Services - CDC currently has 25 employees with proposed staff growth of 19. CDC's ICASS bill for 2006 was \$463,833. Since most of the staff growth will be LES or contractors and thus generates less ICASS costs than direct hires, the increase is not linear in nature (\$579,791)
- State Department Capital Security Cost Sharing – based on actual 2006 bill (\$343,625)
- Contractual staff salaries and benefits in the amount of 597.011 have been allocated to cover the IT Mgr 75%, Office Manager 100%, Sr. Financial Specialist 100%, Sr Prevention Coordinator, Trainign Specialist, Health Communication Specialist and Treatment Logistics Specialist. Where positions are currently unfilled, salary costs have been apportioned according to the time period in which we expect the position to be filled. (\$284,234).
- Contractual and salary costs (\$635,823) are also included for the HIV Prevention Specialist, Sr. Prevention Coordinator, Training Specialist, Health Communication Specialist and Treatment Logistics Specialist.

Reprogramming October 2007: \$625,000 was allocated away from this activity. The Ministry of Health graduates of the FY06 SMDP management course need logistical support in order to offer their first management training courses. The MOH co-ag has ended, and therefore we cannot move additional into it to support these courses. We are now asking ITECH, along with the technical support provided by them and NASTAD to provide logistical support. Without this support, these courses simply will not occur. The second activity is supporting the development of an in-service training plan/calendar by working with the Training Department and Department of Medical Assistance along with other implementing partners.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	GHAI_CDC_POST
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	8634
Planned Funds:	\$ 226,772.00
Activity Narrative:	The CDC Mozambique Management and Staffing program is divided among four different mechanisms - 4864, 4865, 4866, 4867. The four activities that contain costs associated with this program are 8512, 8611, 8624, and 8634. The Management and Staffing program supports all administrative costs associated with running the robust portfolio of technical programs, including administrative staff salaries, office costs as well as direct program support through staff and other costs to manage grants and advise program staff on administrative issues.

The CDC office currently has 26 positions under various mechanisms – including four direct hires, 13 locally employed staff and nine contracted staff (COMFORCE, PSC). Three positions are currently vacant, but will be filled in the near future. Each of these positions existed when COP 2006 was submitted with the exception of one administrative assistant which was a proposed position in 2006 and since been filled. We had proposed an additional seven positions at that time, but due to various hiring difficulties – lack of available hiring mechanisms, visa issues with the local government and severe shortage of local human resources, only the administrative assistant position was filled. CDC is currently dealing with these issues on various fronts and hopes that a sound resolution will be found.

In addition to the approved positions from the 2006 COP, CDC Mozambique is proposing 12 technical and administrative positions that will manage the significant increase in activities for 2007 and beyond. They are discussed in the Staffing Matrix as well the individual program activities that will fund these positions.

CDC's office space is currently full with existing staff. In order to accommodate the expected growth in staffing, CDC received approval in the 2006 COP to expand the office to the adjacent space in our existing building. We are in the final stages of the OBO approval process and rehabilitation should begin in the coming months. Funding for rehabilitation was budgeted in 2006.

This activity contains funding for the following administrative costs:

- Office rent - Existing space (\$10,014.06*12) + Expansion (\$8,883.64*12) (Total of \$226,772). We are requesting the full amount of this activity via the early funding mechanism as rental payments are made early in the fiscal year. If we are unable to pay in a timely manner, we may lose the opportunity to acquire the adjacent office space.

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	DOD-DOD-GHAI-HQ
Prime Partner:	US Department of Defense
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	8689
Planned Funds:	\$ 118,000.00
Activity Narrative:	DOD requested funds will cover one FSN's PEPFAR management activities directed to the fight of HIV/AIDS in the Mozambican Armed Forces. The activities include supervision trips to the provinces where activities are taking place, national and international workshops and conferences, DOD orientation trips, salary & benefits package, office costs and supplies including new furniture and \$28,000 for International Cooperative Administrative Support Services (ICASS).

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	USAID-USAID-GHAI-Local
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	9122
Planned Funds:	\$ 4,557,850.00
Activity Narrative:	07/07; \$27,800 to cover IT recovery costs will be retained in Washington under an HQ mechanism.

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 07 are significantly higher than those for FY 06 (but still less than the recommended 7% level) due to the rapid increase in program size, budgeting for positions previously supported by USAID/Washington or OE funds, and increases in shared Mission costs borne by the HIV/AIDS Team. The requested funds include the following:

- (1) \$2,665,050 in Emergency Plan staff costs (including salary, benefits, administrative support, and entitlement travel) for staff, both 100% and shared positions;
- (2) \$239,400 in office costs and \$305,800 for non-office costs, including residential furniture and maintenance;
- (3) \$92,400 in ICASS charges;
- (4) \$64,000 in IRM tax charges for HIV/AIDS program and support staff;
- (5) \$1,219,000 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.

For FY 07, USAID has budgeted for three new technical program management positions, one new contracting staff position, one new financial/budget staff position, and one new administrative/support staff position that are 100% dedicated to Emergency Plan implementation, as well as a share of one USDH technical leadership and management position.

Continued Associated Activity Information

Activity ID:	5322
USG Agency:	U.S. Agency for International Development
Prime Partner:	US Agency for International Development

Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 3,076,698.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Peace Corps-Peace Corps-GHAI-Local
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 9465
Planned Funds: \$ 184,600.00
Activity Narrative: The PC/M COP 07 budget portion for Management and Staffing will be used in the support of the following functions: (a) three full-time 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/ Project Secretary; (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 64.2. The remaining 85.8 will be directed to PC/HQ to cover overhead costs for supporting PC PEPFAR activities in the field.

Continued Associated Activity Information

Activity ID: 5009
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: \$ 114,400.00

Table 3.3.15: Activities by Funding Mechanism

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: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10031
Planned Funds: \$ 360,000.00
Activity Narrative: Funding for management and staffing for the State Dept. follows the coordination and public affairs roles detailed in Appendix 1 of the Mozambique Emergency Plan Strategic Plan. Funding is requested for salary and benefits for 2 locally engaged staff (\$72,000), Utilities, supplies, equipment, and rent (one staff member works in leased property) (\$56,000), local and international travel (\$46,000), and ICASS costs (\$186,000). These identified costs are essential for State to support and sustain its PEPFAR-related activities.

Continued Associated Activity Information

Activity ID: 5222
USG Agency: Department of State / African Affairs
Prime Partner: US Department of State
Mechanism: State
Funding Source: GHAI

Planned Funds: \$ 360,000.00

Table 3.3.15: Activities by Funding Mechanism

Mechanism: USAID/MS
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 15203
Planned Funds: \$ 27,800.00
Activity Narrative: Change in type of mechanism (local to HQ) to reflect retention of \$27,800 under a HQ mechanism to cover IT cost recovery.

This entry covers costs for USAID/Mozambique's share of IRM/Washington charges for HIV/AIDS program and support staff.

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2007?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>If yes, Will HIV testing be included?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is a Health Facility Survey planned for fiscal year 2007?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>When will preliminary data be available?</i>		
Is an Anc Surveillance Study planned for fiscal year 2007?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<i>if yes, approximately how many service delivery sites will it cover?</i>		
<i>When will preliminary data be available?</i>		
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 2007?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Other significant data collection activities

Name:

2007 Mozambique Population Census and INCAM Post-Census Mortality Survey

Brief description of the data collection activity:

The 2007 Mozambique Population Census will enumerate people living in the 11 provinces, including Maputo City. The census is scheduled to begin in August.

n A USG-rider survey to determine cause-specific mortality estimates, including HIV/AIDS, using SAVVY will be conducted one-two months after the census.

Preliminary data available:

January 01, 2008