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2008

Mozambique

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Table 1: Overview**Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
COP08 Executive Summary - Mozambique.doc	application/msword	9/27/2007		MGormley

Country Program Strategic Overview

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

Yes No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
letter_from_ambassador.pdf	application/pdf	9/28/2007	Letter from the Ambassador - Mozambique	JPearson

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Irene	Benech	Interim PEPFAR Coordinator	MozPEPFARCoordinator@mz.cdc.gov
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Peace Corps In-Country Contact	David	Bellama	Country Director	dbellama@mz.peacecorps.gov
USAID In-Country Contact	Todd	Amani	Country Director	tamani@usaid.gov
U.S. Embassy In-Country Contact	Todd	Chapman	DCM/Chargé	ChapmanTC@state.gov

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$350000
Does the USG assist GFATM proposal writing?	No
Does the USG participate on the CCM?	No

Table 2: Prevention, Care, and Treatment Targets

2.1 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			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	264,708	270,292	535,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	26,143	57,236	83,379
Care (1)				
End of Plan Goal	550,000	540,357	0	540,357
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	331,812	0	331,812
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	11,782	0	11,782
8.1 - Number of OVC served by OVC programs	0	208,545	0	208,545
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	555,288	288,462	843,750
Treatment				
End of Plan Goal	110,000	76,180	47,135	123,315
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	76,180	47,135	123,315
Human Resources for Health				
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
	End of Plan Goal	506,379		
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	464,652	0	464,652
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	48,409	43,467	91,876
	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Care (1)				
	End of Plan Goal	550,000		
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	503,013	0	503,013
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	23,388	0	23,388
8.1 - Number of OVC served by OVC programs	0	290,968	0	290,968
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	904,996	456,254	1,361,250
	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Treatment				
	End of Plan Goal	110,000		
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	122,273	34,547	156,820
	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Human Resources for Health				
	End of Plan Goal	0		

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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Follow-on to PHRplus

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3721.08

System ID: 7276

Planned Funding(\$): \$558,121

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Abt Associates

New Partner: No

Sub-Partner: Aga Khan Foundation

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Bearing Point's Emerging Markets Group

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Research Triangle Institute

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Forum One Communications

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Training Resources Group

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

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

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9310.08
System ID: 9310
Planned Funding(\$): \$1,072,512
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: AED Dot.org

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9316.08
System ID: 9316
Planned Funding(\$): \$700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Capable Partners Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3692.08
System ID: 6448
Planned Funding(\$): \$6,066,041
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: N/A

Planned Funding: \$300,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Mozambican Nurses Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: Foundation for Community Development, Mozambique

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Sub-Partner: International Relief and Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Mozambique Network of AIDS Service Organizations
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: ASVIMO Organização Moçambicana de Apoio à Criança em Situação Dificil
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Get Jobs
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9709.08
System ID: 9709
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Africa-America Institute
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 3697.08

System ID: 6768

Planned Funding(\$): \$657,050

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Africare

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
08-HKID	5342.08	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 2008 amount.	\$131,410	\$657,050

Mechanism Name: Track 1 Supplement

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 4055.08

System ID: 6769

Planned Funding(\$): \$649,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Africare

New Partner: No

Sub-Partner: Habitat for Humanity

Planned Funding: \$200,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Opportunity International

Planned Funding: \$100,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
08-HKID	6423.08	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 2008 amount.	\$229,800	\$649,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New Partners Initiative USAID

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7237.08
System ID: 7237
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Aid for Development People to People, Mozambique
New Partner: Yes

Mechanism Name: Track 1 Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3585.08
System ID: 6340
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: American Association of Blood Banks
New Partner: No

Mechanism Name: Twinning

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3720.08
System ID: 6411
Planned Funding(\$): \$2,159,322
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: American International Health Alliance
New Partner: No

Sub-Partner: University of Pittsburgh
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: African Palliative Care Association
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: University of California at San Francisco
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Catholic University of Mozambique
 Planned Funding: \$0
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8891.08
System ID: 8891
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society of Clinical Pathology
New Partner: Yes

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3576.08
System ID: 6407
Planned Funding(\$): \$5,448,600
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Sub-Partner: Ministry of Health, Mozambique
 Planned Funding: \$1,149,500
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Area Programs: HLAB - Laboratory Infrastructure

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	15916.08	Early funding for this activity is being requested since the procurement for lab tests, sample collection and processing supplies and equipment for the AIDS indicator survey must begin by April.	\$500,000	\$860,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3620.08
System ID: 6343
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Schools of Public Health
New Partner: No

Mechanism Name: Project Search

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9302.08
System ID: 9302
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Boston University
New Partner: Yes

Mechanism Name: CDC CARE INTL

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6124.08
System ID: 6414
Planned Funding(\$): \$1,543,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: CARE International
New Partner: No

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

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7923.08
System ID: 7923
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Prime Partner: Catholic University of Mozambique
New Partner: No

Sub-Partner: University of Pittsburgh
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HBHC - Basic Health Care and Support

Mechanism Name: State Grant

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3823.08
System ID: 6351
Planned Funding(\$): \$53,800
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: Catholic University of Mozambique
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8785.08
System ID: 8785
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Chemonics International
New Partner: No

Mechanism Name: Track 1 ARV

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3580.08
System ID: 6665
Planned Funding(\$): \$4,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Columbia University
New Partner: No

Sub-Partner: Ministry of Health, Mozambique
Planned Funding: \$1,500,000
Funding is TO BE DETERMINED: No
New Partner: No

Associated Area Programs: HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 ARV Moz Supplement

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3568.08

System ID: 7403

Planned Funding(\$): \$20,458,253

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Columbia University

New Partner: No

Sub-Partner: N/A

Planned Funding: \$600,000

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HTXS - ARV Services

Sub-Partner: Pathfinder International

Planned Funding: \$830,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: Medical Service Corporation International

Planned Funding: \$1,426,800

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	16288.08	Due to changes in national standards for PMTCT practice since the original development of this activity, the scope of this PHE has been expanded significantly. Furthermore, development of a prospective cohort will require hiring of additional staff and support for their travel to selected study sites. Early funding is requested to support work in the field that is scheduled to start in January 2008.	\$100,000	\$150,000
11-HTXS	16276.08	Early funding is requested for a portion of the total FY 2008 amount in order ensure that there will be no interruption in the provision of vital services, and maintain salary contracts of key staff that are critical to Columbia University's program .	\$3,000,000	\$13,825,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 ARV Moz Supplement

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3574.08

System ID: 6352

Planned Funding(\$): \$8,778,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

New Partner: No

Sub-Partner: CARE International

Planned Funding: \$550,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: Akuvumbana

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Sub-Partner: Reencontro Xaixai

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HTXS - ARV Services

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
11-HTXS	5182.08	Early funding is requested for a portion of the total FY 2008 amount in order ensure that there will be no interruption in the provision of vital services, and maintain salary contracts of key staff that are critical to EGPAF's program	\$1,000,000	\$7,250,000

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

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5088.08

System ID: 6771

Planned Funding(\$): \$1,857,403

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

New Partner: No

Sub-Partner: Akuvumbana

Planned Funding: \$2,000

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Reencontro Xaixai
Planned Funding: \$2,000
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: African Muslim Agency
Planned Funding: \$2,000
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: Nivenyee
Planned Funding: \$2,000
Funding is TO BE DETERMINED: No

New Partner: No
Associated Area Programs: MTCT - PMTCT

Sub-Partner: N/A
Planned Funding: \$12,000
Funding is TO BE DETERMINED: No

New Partner: Yes
Associated Area Programs: MTCT - PMTCT

Mechanism Name: ACQUIRE

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6100.08

System ID: 6854

Planned Funding(\$): \$500,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Engender Health

New Partner: No

Sub-Partner: Instituto Promundo
Planned Funding: \$0
Funding is TO BE DETERMINED: No

New Partner: Yes
Associated Area Programs: HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5078.08

System ID: 7277

Planned Funding(\$): \$9,151,200

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Family Health International

New Partner: No

Sub-Partner: Esperanca Association

Planned Funding: \$65,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Sub-Partner: KEWA Group

Planned Funding: \$35,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support

Sub-Partner: N/A

Planned Funding: \$80,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Sub-Partner: Muslim Association of Quichanga

Planned Funding: \$10,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Sub-Partner: ACCEVE

Planned Funding: \$15,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Sub-Partner: Promoters of Health (Paquita Sisters)

Planned Funding: \$15,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT

Sub-Partner: OVARANA

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: Yes

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Consórcio de Organizações de Luta contra SIDA
 Planned Funding: \$0
 Funding is TO BE DETERMINED: No
 New Partner: Yes
 Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support

Sub-Partner: Associação Moçambicana para o Desenvolvimento da
 Planned Funding: \$0
 Funding is TO BE DETERMINED: No
 New Partner: Yes
 Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	5269.08	In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and ensure that there will be no gaps in vital PMTCT services, early funding is being requested for \$810,000 of the total FY 2008 amount.	\$510,000	\$3,249,270
06-HBHC	9209.08	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 early funding is requested for a portion of the total FY 2008 amount.	\$300,000	\$1,525,000
07-HVTB	9206.08	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, early funding is requested for a portion of the total FY 2008 amount.	\$318,641	\$1,062,135
09-HVCT	6429.08	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 CT services early funding is being requested for a portion of the total FY 2008 amount.	\$390,000	\$1,300,000

Mechanism Name: FURJ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6128.08
System ID: 6416
Planned Funding(\$): \$2,983,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Federal University of Rio De Janeiro
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 3683.08

System ID: 6775

Planned Funding(\$): \$621,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Food for the Hungry

New Partner: No

Sub-Partner: Nazarene Compassionate Ministries

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Kubatsirana, Mozambique

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Christian Reformed World Relief Committee

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	5297.08	Early Funding has been requested for this continuing Track 1 activity to ensure activities continue without interruption. In addition, FFHI's agreement ends July 2009. Early funding will better allow this partner to spend down its FY08 funding as close to the program end date as possible.	\$124,200	\$621,000

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

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5082.08

System ID: 6773

Planned Funding(\$): \$532,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Food for the Hungry

New Partner: No

Sub-Partner: Oasis Moçambique

Planned Funding: \$0

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
 Associated Area Programs: HVAB - Abstinence/Be Faithful

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	9389.08	Early Funding has been requested because late arrival of FY07 funds resulted in program start-up delays. Early Funding will allow Food for the Hungry to continue its Capaz a Decidir 'B' program in Sofala, a focus province, without interruption. In addition, Early Funding will better allow this partner to spend down its FY08 funding as close to the program end date, July 2009, as possible.	\$106,400	\$532,000

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

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3674.08

System ID: 6772

Planned Funding(\$): \$4,498,430

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Foundation for Community Development, Mozambique

New Partner: No

Sub-Partner: Mozambican Association for Urban Development

Planned Funding: \$35,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Reencontro Xaixai

Planned Funding: \$90,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Anglican Church of Maciene

Planned Funding: \$30,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Mozambican Nurses Association

Planned Funding: \$300,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Mahlahle

Planned Funding: \$90,000

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Association for the Promotion of Traditional Medicine
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Islamic Council of Mozambique
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support

Sub-Partner: The Franciscan Sisters of Mumemo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Wonandlela Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Media, Communication, and Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Sub-Partner: Society for Women and AIDS in Africa, Mozambique
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Himbe
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Esh! Movimento Para a Cidadania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Paroquia Nossa Senhora do Amparo

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Liwoningo Association
Planned Funding: \$50,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Association for the Development of Rural Communities
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Associação para o Desenvolvimento das Comunidades de Inhambane (ADECI)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Associação Produtores Maciene
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HKID - OVC

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
08-HKID	5320.08	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 essential services for orphans and vulnerable children, early funding is requested for a portion of the total FY 2008 amount for each program area.	\$289,686	\$1,448,430
02-HVAB	5283.08	30% of this activity's funding is being requested in Early Funding. FDC's national sexual prevention mass media campaigns begun with FY07 funding must be sustained in order to have an impact on gender and behavioral norms. Significant funding is necessary at the beginning of the fiscal year in order to protect and build on the FY07 investment.	\$780,000	\$1,600,000
05-HVOP	9152.08	30% of this activity's funding is being requested in Early Funding. FDC's national sexual prevention mass media campaigns begun with FY07 funding must be sustained in order to have an impact on gender and behavioral norms. Significant funding is necessary at the beginning of the fiscal year in order to protect and build on the FY07 investment.	\$210,000	\$500,000
06-HBHC	5321.08	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, early funding is requested for a portion of the total FY 2008 amount.	\$190,000	\$950,000

Mechanism Name: Habitat for Humanity

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 7229.08

System ID: 7229

Planned Funding(\$): \$850,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Habitat for Humanity

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3629.08

System ID: 7278

Planned Funding(\$): \$29,467,293

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Health Alliance International

New Partner: No

Sub-Partner: Care for Life

Planned Funding: \$61,097

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: N/A

Planned Funding: \$25,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Kubatsirana, Mozambique

Planned Funding: \$581,877

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing

Sub-Partner: Organization of Women Educating About AIDS

Planned Funding: \$20,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support

Sub-Partner: Kubatana

Planned Funding: \$11,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: N/A

Planned Funding: \$290,938

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: MTCT - PMTCT, HVCT - Counseling and Testing, HTXS - ARV Services

Sub-Partner: N/A

Planned Funding: \$65,461

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Africare
Planned Funding: \$58,188
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Food for the Hungry
Planned Funding: \$282,210
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HBHC - Basic Health Care and Support

Sub-Partner: PACO
Planned Funding: \$58,188
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: AJUSPIC
Planned Funding: \$174,563
Funding is TO BE DETERMINED: No
New Partner: Yes
Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: CVM Manica
Planned Funding: \$154,563
Funding is TO BE DETERMINED: No
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HBHC - Basic Health Care and Support

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	5352.08	In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and ensure that there will be no gaps in vital MCTC services, early funding is being requested for \$1,134,708 of the total FY 2008 amount.	\$834,708	\$3,782,361
01-MTCT	15999.08	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 data collection and no opportunities are missed, early funding is requested for a portion of the total FY 2008 amount.	\$60,000	\$0
07-HVTB	6442.08	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, early funding is requested for a portion of the total FY 2008 amount.	\$242,000	\$1,473,748
09-HVCT	5235.08	In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and ensure that there will be no gaps in vital CT services, early funding is being requested for a portion of the total FY 2008 amount.	\$570,000	\$2,750,000
06-HBHC	5146.08	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, early funding is requested for a portion of the total FY 2008 amount.	\$500,000	\$3,150,000
11-HTXS	5229.08	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, early funding is requested for a portion of the total FY 2008 amount.	\$3,364,500	\$18,311,184

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8897.08

System ID: 8897

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: HHS/Centers for Disease Control & Prevention

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8784.08
System ID: 8784
Planned Funding(\$): \$7,187,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3656.08
System ID: 6776
Planned Funding(\$): \$1,792,993
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: The Health Communication Partnership

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3680.08
System ID: 6855
Planned Funding(\$): \$1,980,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9708.08
System ID: 9708
Planned Funding(\$): \$6,300
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Kula
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1 Blood Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3630.08
System ID: 6341
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Ministry of Health, Mozambique
New Partner: No

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3570.08
System ID: 6408
Planned Funding(\$): \$4,900,514
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Mozambique
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-HVTB	12267.08	We are requesting early funding to pay for salaries and contracts of CDC staff.	\$210,000	\$350,000

Mechanism Name: Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3569.08
System ID: 6409
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Women and Social Action, Mozambique
New Partner: No

Mechanism Name: PEPFAR II Track 1.0 ART Partner A CU

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 8261.08
System ID: 8261
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Vulnerable Girls Initiative Central

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7235.08
System ID: 7235
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: AIDSTAR-TBD FANTA Follow On Implementation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7241.08
System ID: 7241
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: AIDSTAR-TBD Quality Assessment

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7309.08
System ID: 7309
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Central Contraceptive Procurement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3649.08
System ID: 6761
Planned Funding(\$): \$950,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: M&S

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8786.08
System ID: 8786
Planned Funding(\$): \$1,000,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: New PHEs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8865.08
System ID: 8865
Planned Funding(\$): \$380,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: New PHEs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8880.08
System ID: 8880
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: OGAC TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8884.08
System ID: 8884
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: PEPFAR II Track 1.0 ART SUPPLEMENT Partner A CU

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8263.08
System ID: 8263
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: PEPFAR II Track 1.0 ART Supplement Partner B EGPAF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8266.08
System ID: 8266
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: TBD Cooperative Agreement

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3640.08
System ID: 6412
Planned Funding(\$): \$1,336,151
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: TBD Fanta Follow On Assessment

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7243.08
System ID: 7243
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD Strategic Info TA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7245.08
System ID: 7245
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: USAID-HQ AB Evaluation Follow On

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7233.08
System ID: 7233
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: USAID-TBD HQ-MEASURE III

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7242.08
System ID: 7242
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Vulnerable Girls Initiative Local

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7232.08
System ID: 7232
Planned Funding(\$): \$550,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: DoD-TBD-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6904.08
System ID: 6904
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Health Care Improvement Project

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9317.08
System ID: 9317
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: Local for Quality Assessment

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9315.08
System ID: 9315
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: PPP

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9312.08
System ID: 9312
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: RFA H/HIV

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9305.08
System ID: 9305
Planned Funding(\$): \$3,785,158
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3673.08
System ID: 6449
Planned Funding(\$): \$1,208,496
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Sub-Partner: National AIDS Network
Planned Funding: \$90,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Kindlimuka
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Akuvumbana
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Kubatana
Planned Funding: \$20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: Kubatsirana, Mozambique
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Mozambique Network of AIDS Service Organizations
Planned Funding: \$40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Sub-Partner: N/A
Planned Funding: \$30,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: USAID-TBD Local-Nampula OVC RFA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7259.08
System ID: 7259
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: HRSA IAA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3586.08
System ID: 6418
Planned Funding(\$): \$840,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: New York AIDS Institute
New Partner: No

Mechanism Name: HHS/OS - GHAI - HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6696.08
System ID: 6696
Planned Funding(\$): \$140,817
Procurement/Assistance Instrument: USG Core
Agency: HHS/Office of the Secretary
Funding Source: GHCS (State)
Prime Partner: Office of the Secretary
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HHS/OS-GHAI-LOCAL

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6697.08
System ID: 6697
Planned Funding(\$): \$954,649
Procurement/Assistance Instrument: USG Core
Agency: HHS/Office of the Secretary
Funding Source: GHCS (State)
Prime Partner: Office of the Secretary
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3701.08
System ID: 6778
Planned Funding(\$): \$305,690
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Opportunity International
New Partner: No

Sub-Partner: Habitat for Humanity
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Supply Chain Management System

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3650.08

System ID: 6868

Planned Funding(\$): \$26,648,016

Procurement/Assistance Instrument: Contract

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Partnership for Supply Chain Management

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
12-HLAB	9254.08	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 procurement and availability of commodities, early funding is requested for a portion of the total FY 2008 amount.	\$506,000	\$2,530,000
01-MTCT	9142.08	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 procurement, availability, and delivery of essential commodities, early funding is requested for a portion of the total FY 2008 amount.	\$180,256	\$600,855
10-HTXD	5232.08	In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique (GRM) and to ensure that there will be no gaps in the procurement, availability and delivery of ARVs early funding is requested for a portion of the total FY 2008 amount. Under the GRMs national ART program an early procurement of ARVs is planned for FY2008 therefore it is imperative that early funding be awarded as PEPFAR funding provides 50% of all ARVs for the national program.	\$9,258,580	\$21,017,161
06-HBHC	9136.08	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 procurement, availability and delivery of essential commodities early funding is requested for a portion of the total FY 2008 amount.	\$600,000	\$2,500,000

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3579.08

System ID: 6856

Planned Funding(\$): \$11,638,454

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Population Services International

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
01-MTCT	5280.08	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 MTCT services, early funding is requested for a portion of the total FY 2008 amount.	\$279,600	\$1,714,000
09-HVCT	4978.08	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 CT services early funding is being requested for a portion of the total FY 2008 amount.	\$324,000	\$2,159,954

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 3702.08

System ID: 7275

Planned Funding(\$): \$1,495,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Project HOPE

New Partner: No

Mechanism Name: Global Health Fellows Program

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7239.08

System ID: 7239

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Public Health Institute

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7238.08
System ID: 7238
Planned Funding(\$): \$851,785
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: QED Group, LLC
New Partner: Yes

Mechanism Name: Track 1 Blood Safety RPSO

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5006.08
System ID: 6353
Planned Funding(\$): \$1,000,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: Central GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3557.08
System ID: 6780
Planned Funding(\$): \$515,067
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Samaritan's Purse
New Partner: No

Sub-Partner: N/A
Planned Funding: \$56,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Radio Progresso Maxixe
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID-Samaritans Purse-GHAI-HQ

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5083.08

System ID: 6781

Planned Funding(\$): \$750,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Samaritan's Purse

New Partner: No

Sub-Partner: Radio Progresso Maxixe

Planned Funding: \$6,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	9391.08	Early Funding has been requested for this continuing activity because late arrival of funds resulted in program start-up delays this past year.	\$110,000	\$550,000
09-HVCT	9256.08	In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and ensure that there will be no gaps in vital CT services, early funding is being requested for a portion of the total FY 2008 amount.	\$60,000	\$200,000

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

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 6782.08

System ID: 6782

Planned Funding(\$): \$2,119,219

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Save the Children US

New Partner: No

Sub-Partner: Save the Children Norway

Planned Funding: \$350,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Save the Children UK

Planned Funding: \$305,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: CARE International (Hope for African Children's Initiative)
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC

Mechanism Name:

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 6129.08
System ID: 7409
Planned Funding(\$): \$721,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The American Society for Microbiology
New Partner: No

Mechanism Name: Health Policy Initiative (ex-PDI)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3686.08
System ID: 6857
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: The Futures Group International
New Partner: No

Sub-Partner: N/A
Planned Funding: \$150,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HTXS - ARV Services, HVSI - Strategic Information

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5085.08

System ID: 6784

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Grant

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: United Nations Children's Fund

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
13-HVSI	9221.08	In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique, to ensure continuity in activities, and to ensure that the salary of the resident advisor in MMAS is not interrupted, early funding is requested for a portion of the total of FY 2008 amount.	\$100,000	\$0

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8898.08

System ID: 8898

Planned Funding(\$): \$416,929

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: University of California at San Francisco

New Partner: No

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

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 6903.08

System ID: 6903

Planned Funding(\$): \$150,000

Procurement/Assistance Instrument: Grant

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: University of Connecticut

New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: MEASURE Phase II Evaluation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3709.08
System ID: 6783
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University of North Carolina at Chapel Hill, Carolina Population Center
New Partner: No

Mechanism Name: MEASURE Phase III Evaluation

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7413.08
System ID: 7413
Planned Funding(\$): \$565,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: University of North Carolina at Chapel Hill, Carolina Population Center
New Partner: No

Mechanism Name: I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3583.08
System ID: 6417
Planned Funding(\$): \$4,366,050
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: No

Sub-Partner: National Alliance of State and Territorial AIDS Directors
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVCT - Counseling and Testing

Sub-Partner: Global Health Communications
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID/MS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7080.08
System ID: 7281
Planned Funding(\$): \$53,879
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID-USAID-GHAI-Local

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3685.08
System ID: 7282
Planned Funding(\$): \$6,322,920
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: BUCEN-SCILS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 4058.08
System ID: 6770
Planned Funding(\$): \$0
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Bureau of the Census
New Partner: No

Mechanism Name: USAID-BUCEN SCILS Follow On HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7411.08
System ID: 7411
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Bureau of the Census
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: BASE_CDC_HQ

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3521.08

System ID: 6344

Planned Funding(\$): \$703,952

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	8512.08	We are requesting 100% of funding for salaries/contracts as these items require us to obligate an entire year's worth of funding at the beginning of the year. We are requesting 7/12 of the other items budgeted in this activity.	\$672,702	\$703,952

Mechanism Name: GHAI_CDC_HQ

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 3526.08

System ID: 6345

Planned Funding(\$): \$3,300,040

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Sub-Partner: N/A

Planned Funding: \$800,000

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-HVTB	5226.08	We are requesting early funding to pay for salaries and contracts of CDC staff.	\$35,345	\$35,345
10-HTXD	8621.08	We are requesting early funding to pay for salaries and contracts of CDC staff.	\$116,307	\$116,307
13-HVSI	4993.08	Early funding is requested for BSS+ as activity is urgent and will begin in April, 2008.	\$289,000	\$1,273,549
14-OHPS	15682.08	We are requesting early funding to pay for salaries and contracts of CDC staff.	\$280,812	\$280,812
06-HBHC	5200.08	We are requesting early funding to pay for salaries and contracts of CDC staff.	\$233,115	\$233,115
12-HLAB	5268.08	We are requesting early funding to pay for salaries and contracts of CDC staff	\$240,942	\$240,942
11-HTXS	15812.08	We are requesting early funding to pay for salaries and contracts of CDC staff.	\$100,000	\$215,869
15-HVMS	8624.08	We are requesting 100% of funding for salaries/contracts as these items require us to obligate an entire year's worth of funding at the beginning of the year. We are requesting 7/12 of the other items budgeted in this activity.	\$502,660	\$554,743

Mechanism Name: BASE_CDC_POST

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3524.08

System ID: 6346

Planned Funding(\$): \$1,633,048

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	8611.08	We are requesting 100% of funding for salaries/contracts as these items require us to obligate an entire year's worth of funding at the beginning of the year. We are requesting 7/12 of the other items budgeted in this activity except new activities. All items requiring early funding are on-going operational and personnel-related costs.	\$940,928	\$1,633,048

Table 3.1: Funding Mechanisms and Source

Mechanism Name: GHAI_CDC_POST

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3529.08

System ID: 6347

Planned Funding(\$): \$5,095,078

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Sub-Partner: Family Health International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HBHC - Basic Health Care and Support

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-HVTB	8636.08	We are requesting early funding to pay for salaries and contracts of CDC staff.	\$111,772	\$228,772
05-HVOP	14070.08	We are requesting early funding to pay for salaries and contracts of CDC staff	\$32,000	\$59,420
10-HTXD	15691.08	We are requesting early funding to pay for salaries and contracts of CDC staff.	\$6,940	\$6,940
02-HVAB	14064.08	We are requesting early funding to cover salary of CDC staff.	\$12,343	\$12,343
14-OHPS	8635.08	We are requesting early funding to pay for salaries and contracts of CDC staff.	\$43,037	\$88,037
06-HBHC	8637.08	We are requesting early funding to pay for salaries of CDC staff.	\$94,920	\$219,920
11-HTXS	15787.08	We are requesting early funding to pay for salaries and contracts of CDC staff.	\$150,000	\$357,020
12-HLAB	15692.08	We are requesting early funding to pay for salaries and contracts of CDC staff.	\$49,143	\$49,143
15-HVMS	8634.08	We are requesting 100% of funding for salaries/contracts as these items require us to obligate an entire year's worth of funding at the beginning of the year. We are requesting 7/12 of the other items budgeted in this activity except new activities. All items requiring early funding are on-going operational and personnel-related costs.	\$1,016,162	\$1,681,877
13-HVSI	8639.08	We are requesting early funding to pay for salaries and contracts of CDC staff.	\$150,110	\$510,110

Table 3.1: Funding Mechanisms and Source

Mechanism Name: DOD-DOD-GHAI-HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3520.08
System ID: 6348
Planned Funding(\$): \$551,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: CDC - Dept of State

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6693.08
System ID: 6693
Planned Funding(\$): \$1,468,783
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: HHS/OS - Dept of State

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6694.08
System ID: 6694
Planned Funding(\$): \$85,251
Procurement/Assistance Instrument: USG Core
Agency: HHS/Office of the Secretary
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: PAO

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 4978.08
System ID: 7240
Planned Funding(\$): \$775,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Sub-Partner: Youth for Change and Action Committee
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Radio Mozambique - Zambezia
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Soico Television
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: N/A
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Girls in Development, Education and Health (REDES Committee)
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	9185.08	Early funding is requested for this activity as the conferences are programmed to take place in April. This is the first break of the school year and it allows the students the rest of the year to design and implement the projects in their communities. If the conferences are carried out much later in the year the community projects can only be implemented in the next scholastic year causing the students to loose some of the momentum and motivation fostered by the conferences.	\$200,000	\$366,665

Mechanism Name: Quick Impact Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3837.08
System ID: 7076
Planned Funding(\$): \$207,000
Procurement/Assistance Instrument: Grant
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Sub-Partner: Association for Fostering Community Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Association of People Taking Antiretrovirals

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Good Samaritan Transit Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Mozambique Association of the Deaf

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Mawehero Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: United Methodist Church of Mozambique

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Islamic Council of Mozambique

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Massjid Riadh us Salihin Mosque

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Jacana

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Kuyakana National Network of Women Living with HIV/AIDS

Planned Funding: \$0

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Society for Women and AIDS in Africa, Mozambique

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Association of Employment Promotion

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: International Training for the Survival of Orphans

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Trimoder - Regional Development Movement

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Mechanism Name: State Grant

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 4791.08

System ID: 6350

Planned Funding(\$): \$30,000

Procurement/Assistance Instrument: Grant

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Mechanism Name: State/OGAC/ICASS

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 9303.08

System ID: 9303

Planned Funding(\$): \$45,015

Procurement/Assistance Instrument: USG Core

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: No

Table 3.1: Funding Mechanisms and Source

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3648.08
System ID: 7075
Planned Funding(\$): \$256,945
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: USAID-Dept of State Management and Staffing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7246.08
System ID: 7246
Planned Funding(\$): \$302,000
Procurement/Assistance Instrument: IAA
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3528.08
System ID: 6349
Planned Funding(\$): \$1,770,000
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: CDC-Vanderbilt CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6127.08
System ID: 6415
Planned Funding(\$): \$8,957,120
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Vanderbilt University
New Partner: No

Sub-Partner: Ministry of Women and Social Action, Mozambique
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Medical Service Corporation International
 Planned Funding: \$0
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: Food Security and Nutrition Association of Mozambique
 Planned Funding: \$0
 Funding is TO BE DETERMINED: No
 New Partner: No
 Associated Area Programs: HBHC - Basic Health Care and Support

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

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 3628.08
System ID: 6858
Planned Funding(\$): \$2,307,000
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: World Food Program
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
08-HKID	5143.08	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 Orphans and Vulnerable Children and their caregivers, early funding is requested for a portion of the total FY 2008 amount.	\$240,000	\$1,200,000
11-HTXS	6441.08	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, early funding is requested for a portion of the total FY 2008 amount.	\$200,000	\$707,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 3675.08

System ID: 6859

Planned Funding(\$): \$400,854

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: World Relief Corporation

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	5284.08	Early Funding has been requested to ensure activities continue without interruption. In addition, Early Funding will better allow this partner to spend down its FY08 funding as close to the program end date, January 2009, as possible.	\$80,170	\$400,854

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

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5080.08

System ID: 6862

Planned Funding(\$): \$200,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: World Relief Corporation

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	9146.08	Early Funding has been requested for this continuing Field Support activity because late arrival of FY07 funds resulted in program start-up delays. Early Funding will allow WR to continue their 'B'-focused activities in Sofala, a focus province, without interruption. In addition, Early Funding will better allow this partner to spend down its FY08 funding as close to the program end date, January 2009, as possible.	\$50,000	\$200,000

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

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3626.08

System ID: 6860

Planned Funding(\$): \$1,633,200

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: World Relief Corporation

New Partner: No

Sub-Partner: Deeper Life Christian Ministry Church

Table 3.1: Funding Mechanisms and Source

Planned Funding: \$8,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Hanha Na Swu Tsemba
Planned Funding: \$11,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support
Sub-Partner: Association of Community Religious Churches
Planned Funding: \$11,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support
Sub-Partner: Pastors Association Network of Munguine
Planned Funding: \$11,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Pastors Association of Tipswalo, Maputo City
Planned Funding: \$11,800
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HKID - OVC
Sub-Partner: Kupfunana
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support
Sub-Partner: Ministerio de Crista Profunda
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HBHC - Basic Health Care and Support

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
08-HKID	5135.08	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 essential services for OVC, early funding is requested for a portion of the total FY 2008 amount.	\$236,640	\$1,183,200
06-HBHC	5136.08	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, early funding is requested for a portion of the total FY 2008 amount.	\$150,000	\$450,000

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

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 3627.08

System ID: 6863

Planned Funding(\$): \$6,017,756

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: World Vision International

New Partner: No

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

Planned Funding: \$750,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HKID - OVC

Sub-Partner: Caritas International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Parlamento Infantil

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful

Sub-Partner: Associação dos Formadores e Consultores da Zambezia

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HBHC - Basic Health Care and Support, HKID - OVC, HVCT - Counseling and Testing

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
06-HBHC	5137.08	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, early funding is requested for a portion of the total FY 2008 amount.	\$180,000	\$650,000
08-HKID	5139.08	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 orphans and vulnerable children, early funding is being requested for a portion of the total FY 2008 amount.	\$575,551	\$2,877,756
01-MTCT	5279.08	In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and ensure that there will be no gaps in vital services in PMTCT, early funding is being requested for a portion of the total FY 2008 amount.	\$75,000	\$250,000
09-HVCT	5264.08	In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and ensure that there will be no gaps in vital CT services, early funding is being requested for a portion of the total FY 2008 amount.	\$90,000	\$300,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3721.08	7276	Abt Associates	U.S. Agency for International Development	GHCS (State)	Aga Khan Foundation	N	\$0
3721.08	7276	Abt Associates	U.S. Agency for International Development	GHCS (State)	Bearing Point's Emerging Markets Group	N	\$0
3721.08	7276	Abt Associates	U.S. Agency for International Development	GHCS (State)	Forum One Communications	N	\$0
3721.08	7276	Abt Associates	U.S. Agency for International Development	GHCS (State)	Research Triangle Institute	N	\$0
3721.08	7276	Abt Associates	U.S. Agency for International Development	GHCS (State)	Training Resources Group	N	\$0
3721.08	7276	Abt Associates	U.S. Agency for International Development	GHCS (State)	Tulane University' School of Public Health and Tropical Medicine	N	\$0
3692.08	6448	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	ASVIMO Organização Moçambicana de Apoio à Criança em Situação Dificil	N	\$0
3692.08	6448	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Foundation for Community Development, Mozambique	N	\$0
3692.08	6448	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Get Jobs	N	\$0
3692.08	6448	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	International Relief and Development	N	\$0
3692.08	6448	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Mozambican Nurses Association	N	\$0
3692.08	6448	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Mozambique Network of AIDS Service Organizations	N	\$0
4055.08	6769	Africare	U.S. Agency for International Development	GHCS (State)	Habitat for Humanity	N	\$200,000
4055.08	6769	Africare	U.S. Agency for International Development	GHCS (State)	Opportunity International	N	\$100,000
3720.08	6411	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	African Palliative Care Association	N	\$100,000
3720.08	6411	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	Catholic University of Mozambique	N	\$0
3720.08	6411	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	University of California at San Francisco	N	\$0
3720.08	6411	American International Health Alliance	HHS/Health Resources Services Administration	GHCS (State)	University of Pittsburgh	N	\$0
3576.08	6407	Association of Public Health Laboratories	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ministry of Health, Mozambique	N	\$1,149,500
7923.08	7923	Catholic University of Mozambique	HHS/Health Resources Services Administration	Central GHCS (State)	University of Pittsburgh	N	\$0
3568.08	7403	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Medical Service Corporation International	N	\$1,426,800
3568.08	7403	Columbia University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Pathfinder International	N	\$830,000
3580.08	6665	Columbia University	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Ministry of Health, Mozambique	N	\$1,500,000
3574.08	6352	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Akuvumbana	N	\$0
3574.08	6352	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	CARE International	N	\$550,000
3574.08	6352	Elizabeth Glaser Pediatric AIDS Foundation	HHS/Centers for Disease Control & Prevention	GHCS (State)	Reencontro Xaixai	N	\$0
5088.08	6771	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	African Muslim Agency	N	\$2,000
5088.08	6771	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Akuvumbana	N	\$2,000
5088.08	6771	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Nivenyee	N	\$2,000
5088.08	6771	Elizabeth Glaser Pediatric AIDS Foundation	U.S. Agency for International Development	GHCS (State)	Reencontro Xaixai	N	\$2,000

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
6100.08	6854	Engender Health	U.S. Agency for International Development	GHCS (State)	Instituto Promundo	N	\$0
5078.08	7277	Family Health International	U.S. Agency for International Development	GHCS (State)	ACCEVE	N	\$15,000
5078.08	7277	Family Health International	U.S. Agency for International Development	GHCS (State)	Associação Moçambicana para o Desenvolvimento da	N	\$0
5078.08	7277	Family Health International	U.S. Agency for International Development	GHCS (State)	Consórcio de Organizações de Luta contra SIDA	N	\$0
5078.08	7277	Family Health International	U.S. Agency for International Development	GHCS (State)	Esperanca Association	N	\$65,000
5078.08	7277	Family Health International	U.S. Agency for International Development	GHCS (State)	KEWA Group	N	\$35,000
5078.08	7277	Family Health International	U.S. Agency for International Development	GHCS (State)	Muslim Association of Quichanga	N	\$10,000
5078.08	7277	Family Health International	U.S. Agency for International Development	GHCS (State)	OVARANA	N	\$0
5078.08	7277	Family Health International	U.S. Agency for International Development	GHCS (State)	Promoters of Health (Paqueta Sisters)	N	\$15,000
3683.08	6775	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Christian Reformed World Relief Committee	N	\$0
3683.08	6775	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Kubatsirana, Mozambique	N	\$0
3683.08	6775	Food for the Hungry	U.S. Agency for International Development	Central GHCS (State)	Nazarene Compassionate Ministries	N	\$0
5082.08	6773	Food for the Hungry	U.S. Agency for International Development	GHCS (State)	Oasis Moçambique	N	\$0
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Anglican Church of Maciene	N	\$30,000
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Associação para o Desenvolvimento das Comunidades de Inhambane (ADECI)	N	\$0
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Associação Produtores Maciene	N	\$0
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Association for the Development of Rural Communities	N	\$0
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Association for the Promotion of Traditional Medicine	N	\$0
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Esh! Movimento Para a Cidadania	N	\$0
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Himbe	N	\$0
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Islamic Council of Mozambique	N	\$0
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Liwoningo Association	N	\$50,000
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Mahlahle	N	\$90,000
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Media, Communication, and Development	N	\$0
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Mozambican Association for Urban Development	N	\$35,000
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Mozambican Nurses Association	N	\$300,000
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Paroquia Nossa Senhora do Amparo	N	\$0
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Reencontro Xaixai	N	\$90,000
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Society for Women and AIDS in Africa, Mozambique	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	The Franciscan Sisters of Mumemo	N	\$0
3674.08	6772	Foundation for Community Development, Mozambique	U.S. Agency for International Development	GHCS (State)	Wonandlela Association	N	\$0
3629.08	7278	Health Alliance International	U.S. Agency for International Development	GHCS (State)	Africare	N	\$58,188
3629.08	7278	Health Alliance International	U.S. Agency for International Development	GHCS (State)	AJUSPIC	N	\$174,563
3629.08	7278	Health Alliance International	U.S. Agency for International Development	GHCS (State)	Care for Life	N	\$61,097
3629.08	7278	Health Alliance International	U.S. Agency for International Development	GHCS (State)	CVM Manica	N	\$154,563
3629.08	7278	Health Alliance International	U.S. Agency for International Development	GHCS (State)	Food for the Hungry	N	\$282,210
3629.08	7278	Health Alliance International	U.S. Agency for International Development	GHCS (State)	Kubatana	N	\$11,000
3629.08	7278	Health Alliance International	U.S. Agency for International Development	GHCS (State)	Kubatsirana, Mozambique	N	\$581,877
3629.08	7278	Health Alliance International	U.S. Agency for International Development	GHCS (State)	Organization of Women Educating About AIDS	N	\$20,000
3629.08	7278	Health Alliance International	U.S. Agency for International Development	GHCS (State)	PACO	N	\$58,188
3701.08	6778	Opportunity International	U.S. Agency for International Development	Central GHCS (State)	Habitat for Humanity	N	\$0
3557.08	6780	Samaritan's Purse	U.S. Agency for International Development	Central GHCS (State)	Radio Progresso Maxixe	N	\$0
5083.08	6781	Samaritan's Purse	U.S. Agency for International Development	GHCS (State)	Radio Progresso Maxixe	N	\$6,000
6782.08	6782	Save the Children US	U.S. Agency for International Development	GHCS (State)	CARE International (Hope for African Children's Initiative)	N	\$0
6782.08	6782	Save the Children US	U.S. Agency for International Development	GHCS (State)	Save the Children Norway	N	\$350,000
6782.08	6782	Save the Children US	U.S. Agency for International Development	GHCS (State)	Save the Children UK	N	\$305,000
3583.08	6417	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	Global Health Communications	N	\$0
3583.08	6417	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	National Alliance of State and Territorial AIDS Directors	N	\$200,000
3529.08	6347	US Centers for Disease Control and Prevention	HHS/Centers for Disease Control & Prevention	GHCS (State)	Family Health International	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	Association for Fostering Community Development	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	Association of Employment Promotion	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	Association of People Taking Antiretrovirals	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	Good Samaritan Transit Center	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	International Training for the Survival of Orphans	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	Islamic Council of Mozambique	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	Jacana	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	Kuyakana National Network of Women Living with HIV/AIDS	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	Massjid Riadh us Salihin Mosque	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	Mawehero Association	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	Mozambique Association of the Deaf	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	Society for Women and AIDS in Africa, Mozambique	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	Trimoder - Regional Development Movement	N	\$0
3837.08	7076	US Department of State	Department of State / African Affairs	GHCS (State)	United Methodist Church of Mozambique	N	\$0
4978.08	7240	US Department of State	Department of State / African Affairs	GHCS (State)	Girls in Development, Education and Health (REDES Committee)	N	\$100,000
4978.08	7240	US Department of State	Department of State / African Affairs	GHCS (State)	Radio Mozambique - Zambezia	N	\$0
4978.08	7240	US Department of State	Department of State / African Affairs	GHCS (State)	Soico Television	N	\$100,000
4978.08	7240	US Department of State	Department of State / African Affairs	GHCS (State)	Youth for Change and Action Committee	N	\$100,000
6127.08	6415	Vanderbilt University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Food Security and Nutrition Association of Mozambique	N	\$0
6127.08	6415	Vanderbilt University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Medical Service Corporation International	N	\$0
6127.08	6415	Vanderbilt University	HHS/Centers for Disease Control & Prevention	GHCS (State)	Ministry of Women and Social Action, Mozambique	N	\$0
3626.08	6860	World Relief Corporation	U.S. Agency for International Development	GHCS (State)	Association of Community Religious Churches	N	\$11,800
3626.08	6860	World Relief Corporation	U.S. Agency for International Development	GHCS (State)	Deeper Life Christian Ministry Church	N	\$8,800
3626.08	6860	World Relief Corporation	U.S. Agency for International Development	GHCS (State)	Hanha Na Swu Tsemba	N	\$11,800
3626.08	6860	World Relief Corporation	U.S. Agency for International Development	GHCS (State)	Kupfunana	N	\$0
3626.08	6860	World Relief Corporation	U.S. Agency for International Development	GHCS (State)	Ministerio de Crista Profunda	N	\$0
3626.08	6860	World Relief Corporation	U.S. Agency for International Development	GHCS (State)	Pastors Association Network of Munguine	N	\$11,800
3626.08	6860	World Relief Corporation	U.S. Agency for International Development	GHCS (State)	Pastors Association of Tipswalo, Maputo City	N	\$11,800
3627.08	6863	World Vision International	U.S. Agency for International Development	GHCS (State)	Aid for Development People to People, Mozambique	N	\$750,000
3627.08	6863	World Vision International	U.S. Agency for International Development	GHCS (State)	Associação dos Formadores e Consultores da Zambezia	N	\$0
3627.08	6863	World Vision International	U.S. Agency for International Development	GHCS (State)	Caritas International	N	\$0
3627.08	6863	World Vision International	U.S. Agency for International Development	GHCS (State)	Parlamento Infantil	N	\$0

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

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

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$19,407,426

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$830,000
Estimation of other dollars leveraged in FY 2008 for food	\$386,000

Program Area Context:

Prevention of mother-to-child transmission (PMTCT) services in Mozambique started with a total of eight sites in 2002, expanding progressively over the past five years to a total of 222 sites covering all 10 provinces in 2006, according to Ministry of Health (MOH) statistics. There are more than 1,000 ante-natal care sites in Mozambique; estimated geographic PMTCT coverage ratio is 20%. Based on MOH figures from January to June 2007, estimated service delivery coverage is 50% for counseling and testing of pregnant women (192,081 received counseling and testing [CT] nationally, out of estimated half-year total of 384,500 pregnant women); and 35% for antiretroviral (ARV) prophylaxis provided to HIV infected pregnant women (8,947 received prophylaxis out of 25,331 who tested positive).

MOH national PMTCT targets for 2007 were 120 PMTCT sites and 50,734 pregnant women receiving HIV testing and services. In 2008, the MOH proposes to increase the number of PMTCT service sites to 400, and to provide a complete course of ARV prophylaxis to 95,700 HIV infected pregnant women, according to MOH draft planning documents.

In fiscal year 2006 (FY06) about 17% of all pregnant women in Mozambique received PMTCT services at US government (USG)-supported facilities (132,072 pregnant women received CT for PMTCT at USG-supported sites and received their results, out of about 769,000 annual pregnancies in Mozambique). USG support expanded to 81 PMTCT sites in 2006, and 115 by March 2007. By the end of FY07, a total of 239 PMTCT sites are targeted to receive direct USG support. This significant expansion is due largely to the availability of Plus Up funds. Approximately 80% of all USG PMTCT sites are at primary health care level. As of March 2007, PMTCT services were offered in 102 antenatal clinic (ANC) facilities and 31 maternities (including 18 sites with services at both). The MOH formally approved PMTCT services in maternities in September 2006 and scale up will continue. In FY08 USG support will expand to a total of 399 PMTCT service outlets.

Provincial focus will be expanded in FY08 to maintain a balanced approach in planning and allocation of resources. It is expected that there will be 115 PMTCT sites in Sofala; 49 in Zambezia; and 54 in Nampula. The focus provinces will serve as key areas in the USG strategy to roll out integrated and comprehensive services to HIV infected women and children, through key entry points at PMTCT sites. USG and its partners can leverage these entry points through focus province expansion, to ensure comprehensive coverage of clinical services and palliative care.

CT in PMTCT settings is provided by trained nurses or lay counselors. Routine provider initiated CT was formally approved by MOH in November 2006 and has been rapidly brought to scale. Group counseling is commonly used followed by individual at the time of the antenatal visit, and results are issued to women via individual post-test counseling during the same consultation visit. Uptake of testing remains very high although quality of counseling continues to be a concern. To address this, USG has supported a major revision of the CT section of the national PMTCT training curriculum, to be piloted using FY07 funding. FY08 planning includes USG support for a comprehensive review of the training materials based on the WHO/CDC generic package.

The revised PMTCT training material includes syphilis rapid testing and early infant diagnosis. Early infant diagnosis was introduced in FY07, with 1,460 polymerase chain reaction (PCR) tests performed from October 2006 through March 2007. In FY08 support will continue and this service will be expanded along with the overall PMTCT program. Revitalization of the At-Risk Child Consultation (ARCC) started in FY07 and will continue, providing a linkage between PMTCT programs and pediatric services.

National guidelines for ARV regimens are consistent with WHO recommendations, although in practice the mainstay ARV regimen for PMTCT remains single-dose nevirapine (sdNVP). Approximately half of USG supported sites have transitioned to sdNVP plus AZT ARV prophylaxis. Prior delays due to AZT supply have been resolved, and scale-up will continue.

Although most women attend at least one antenatal visit and uptake of HIV testing is very high, uptake of ARV prophylaxis

remains low, in part because more than 50% of births occur outside of health facilities and there is no standardized guidance for support of HIV-infected pregnant women. Uptake of ART among eligible pregnant women is also low, in part due to limited CD4 testing, poor coverage of clinical staging, absence of a “fast-track” approach to initiate pregnant women on treatment, clinicians’ discomfort in starting pregnant women on ART, and poor access to transport to referral sites.

Building on FY07 Plus Up activities, these challenges will be addressed through reinforced training, site-level support for HIV-infected pregnant women, and support for development of systems that encourage identification and enrollment of eligible pregnant women in treatment. For example, the role of mother support groups and peer educators will be assessed, and recommendations will be designed to increase ART enrollment for pregnant women. USG-supported PMTCT M&E efforts will focus on linkages and longitudinal care.

In addition, activities such as PMTCT training material revision will develop WHO clinical staging competency among PMTCT providers, and ongoing PHE activities will examine options for improving identification of pregnant women who are eligible for treatment. New activities that introduce PMTCT indicators into the existing Mozambique HIVQUAL project may provide further support for linkages to care and treatment by encouraging routine assessment of referrals and ART initiation during pregnancy and specific attention for pregnant women who have been referred for treatment.

Using COP07 and COP07 Plus Up funds, a number of partners are testing models of comprehensive and integrated care for women and children. An essential piece of the service delivery model is the linkage between CT, PMTCT, and ART services. To date, the linkages among clinical care have been less robust than desired. PMTCT partners are, however, beginning to form links among themselves and their services--this will be strongly encouraged to continue.

Quality data on the national-level PMTCT cascade and service coverage are not available. This has been identified as a critical challenge for expanding quality PMTCT services in FY08. USG activities for supporting national-level data collection and analysis, including staffing for technical assistance positions at central and peripheral levels, are identified in COP08. Ongoing activities in FY08 will be dedicated to development of a robust PMTCT management and evaluation (M&E) system in keeping with the national framework, as well as continued M&E training activities for PMTCT service providers. A defined minimum package for PMTCT service provision will be finalized. In addition to improving service provision, this will also assist USG in clarifying what criteria partners use to measure how many sites are being supported. Furthermore, the defined minimum package will also help partners accurately report how many sites are supported within a district-level approach.

HIV and malaria in pregnancy activities will be developed in PMTCT settings in FY08, including an inventory of current services (such as bed-net distribution), and development of training and guidance materials in coordination with the President’s Malaria Initiative (PMI). The President’s Emergency Plan for AIDS Relief (PEPFAR) and PMI staffs are working with the MOH Reproductive Health Section to develop appropriate ANC protocols, guidelines, and MCH nurse training materials to address malaria prevention in HIV infected pregnant women.

PMTCT sites offer a unique opportunity for integration of USG-supported interventions, including maternal child health MCH and PMI activities. For example, USAID support for MCH activities in four provinces includes collaboration with PMI to provide long lasting insecticide treated bed nets to pregnant women, in addition to intermittent preventive therapy. In some cases, such as in Zambezia province, overlap of partners facilitates cross-fertilization across MCH, PMI, and PEPFAR programs.

In line with national priorities, in FY2008 USG PMTCT partners will prioritize the following additional PMTCT and related interventions: (1) Expansion through district-level support to maximize coverage and improve sustainability by working more directly with MOH supervision teams and ongoing focus on expanding PMTCT in maternities; (2) Expansion of the PMTCT model center role as an integrated resource within a network (e.g. clinical mentoring based in model centers will be expanded and linked to peripheral activities); (3) Coordination of national PMTCT activities and support for joint strengthening of services in collaboration with non-PEPFAR support, including UNICEF and Global Fund; (4) Nutritional counseling and supplementation for pregnant and lactating mothers as well as weaning infants with activities cross-funded across program areas; and exclusive feeding modality support (e.g. USG will offer limited resources in provinces to assist pregnant women through the World Food Program, as well as support infant weaning through the provision of Plumpy Nut). USG is also proposing to collaborate with MOH and partners to assess longer term nutritional recommendations; (5) Continuing support MOH efforts for integrating family planning in routine MCH services.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	399
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	431500
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	44573
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	1623

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 5257.08

Planned Funds: \$133,948

Activity System ID: 12932

Activity Narrative: Continuing activity:

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

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

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

FY07:

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

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

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

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8630

Related Activity: 13213, 13217, 15782, 16309, 13189, 16284, 15807, 15778

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24429	5257.24429.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10462	3526.09	GHAI_CDC_HQ	\$108,680
8630	5257.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	\$178,047
5257	5257.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHAI_CDC_HQ	\$200,341

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13213	12222.08	6414	6124.08	CDC CARE INTL	CARE International	\$330,000
13217	8798.08	6417	3583.08	I-TECH	University of Washington	\$500,050
15782	15782.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$35,000
13189	8588.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$388,314
16284	5208.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$3,165,000
15807	15807.08	6418	3586.08	HRSA IAA	New York AIDS Institute	\$170,000
15778	15778.08	6415	6127.08	CDC-Vanderbilt CoAg	Vanderbilt University	\$490,200

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3529.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 5252.08

Activity System ID: 12943

Mechanism: GHAI_CDC_POST

USG Agency: HHS/Centers for Disease Control & Prevention

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

Program Area Code: 01

Planned Funds: \$135,748

Activity Narrative: Continuing activity: Replacement narrative

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

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

- 1) Travel expenditures for the CDC PMTCT staff facilitating regional and provincial PMTCT trainings, and participating in PMTCT site supervision and quality assurance, in particular to 2008 focus provinces; CDC technical staff visits to the PMTCT reference center and satellite units in Nampula Province; and participation in PMTCT program evaluation activities.
- 2) Participation of MOH and USG staff in international and/or regional continuing education events relevant to PMTCT program policy development and management, including staff visits to areas with robust district-level support activities. Participants to be selected in discussion with the Ministry of Health (MoH) Community Health, Reproductive Health and PMTCT programs and National AIDS Council (NAC).
- 3) Exchange visits for MOH and USG PMTCT staff (to be selected in discussion with MoH PMTCT program and NAC) to countries within the African region to learn from experiences in integration of PMTCT services, infant and child follow-up, integration of Counseling and Testing, and male partner involvement.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8638

Related Activity: 13213, 13217, 15782, 13189, 16284, 15807, 15778, 16309

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24443	5252.24443.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10464	3529.09	GHA1_CDC_PO ST	\$85,220
8638	5252.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4867	3529.07	GHA1_CDC_PO ST	\$345,000
5252	5252.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3529	3529.06	GHA1_CDC_PO ST	\$166,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13213	12222.08	6414	6124.08	CDC CARE INTL	CARE International	\$330,000
13217	8798.08	6417	3583.08	I-TECH	University of Washington	\$500,050
15782	15782.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$35,000
13189	8588.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$388,314
16284	5208.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$3,165,000
15807	15807.08	6418	3586.08	HRSA IAA	New York AIDS Institute	\$170,000
15778	15778.08	6415	6127.08	CDC-Vanderbilt CoAg	Vanderbilt University	\$490,200

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3570.08

Prime Partner: Ministry of Health,
Mozambique

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 8588.08

Activity System ID: 13189

Mechanism: Cooperative Agreement

USG Agency: HHS/Centers for Disease
Control & Prevention

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

Program Area Code: 01

Planned Funds: \$388,314

Activity Narrative: Continuing Activity - Replacement Narrative:

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. In 2005-2006 MOH was reorganized to include PMTCT within the reproductive health section of the community health department. USG continues to support central-level PMTCT efforts within this framework.

FY08 funding proposed under this activity will contribute to and support the following activities:

- 1) PMTCT training: Support for PMTCT training at sites that do not currently have USG partner support. Funding for FY08 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 FY08. Whenever possible, training activities will incorporate evaluation and validation activities.
- 2) PMTCT supportive supervision: Funding in FY08 will support supervision team visits from central level to PMTCT sites. Six provincial visits will occur during FY08. Central to provincial support for PMTCT will be coordinated through the MOH reproductive health department.
- 3) PMTCT service provision: Funding in FY08 will support service delivery at selected sites that do not currently have USG support, including supplies, travel, specimen transport, and other needs such as renovation projects and durable goods such as refrigerators.
- 4) Production and distribution of 1,000 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.
- 5) Community PMTCT activities: In FY07 support for MOH included community mobilization and development of facility-community linkages around PMTCT services. FY08 activities will build on this foundation, as well as incorporate materials developed by USG partners, specifically on mother support groups in the PMTCT setting.

Mother support group activities will be scaled up with MOH central level guidance, in collaboration with USG partners who have been tasked to inventory current practices and develop an optimal standardized approach. In FY08, two districts will be identified in Gaza province for a rapid cycle (6 months) pilot.

As a follow-on to FY07 activities, MOH will continue to support training for community health agents, including ongoing training of PMTCT trainers dedicated to working with community health agents. FY08 support can include additional training of these trainers (20) and funding for training activities (materials, venues, transportation, etc.). Whenever possible, training activities will incorporate evaluation and validation activities. In keeping with MOH guidance from a national meeting on community involvement, these training activities will be pursued as a near-term solution while long-term approaches are developed; specifically, the development of a holistic approach for health facility interaction with communities, incorporating multiple health service areas.

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

MOH activities in FY08 will include coordination with USG partners who are currently working on PMTCT PHE's that will inform central-level policy and practice.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8588

Related Activity: 12932, 12943, 16286, 16288,
16284

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23785	8588.23785.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	10296	3570.09	Cooperative Agreement	\$300,000
8588	8588.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	\$524,200

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12932	5257.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$133,948
12943	5252.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$135,748
16286	16286.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$37,500
16288	16288.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$150,000
16284	5208.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$3,165,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	180	False

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 infected 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 1st antenatal care visits) for 2006 and 22,500 (13% of 1st antenatal care visits) for 2007.

Current MOH annual planning targets indicate expansion to 400 PMTCT services sites attending 95,709 clients in 2008. The available target information for the proportion of pregnant HIV infected women receiving a complete course of ARV prophylaxis during the past 12 months is 22%.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 6124.08

Prime Partner: CARE International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 12222.08

Activity System ID: 13213

Mechanism: CDC CARE INTL

USG Agency: HHS/Centers for Disease Control & Prevention

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

Program Area Code: 01

Planned Funds: \$330,000

Activity Narrative: Continuing activity: Replacement Narrative

This activity builds from FY07, when CARE received USG Plus Up funds to resume PMTCT support at selected sites in 3 rural districts. In FY08 this support will continue, and CARE will expand services using a district-level model in the 3 established areas.

In-service training activities will include refresher training on PMTCT services for ANC/PMTCT staff, clinical skills development, updates on pediatric care and infant feeding, and care for HIV infected pregnant women. Special emphasis will be provided for timely referral for eligible HIV infected pregnant women to initiate ART, male involvement, and adherence support. Training will also be provided to improve PMTCT competency in the maternity setting.

The activity, in collaboration with MoH, will continue supporting follow-up training for community health agents, including traditional birth attendants (TBAs). CARE will link health facilities with community based organizations. CBOs and TBAs will receive 3 day training twice during the year to equip and support them provide on-going counseling and carry out home-based follow-up for PMTCT defaulters.

Mother support groups will be developed at supported sites, in collaboration with site staff and local groups. In addition, CARE will utilize mother support group standardized approaches, as per central level guidance. Implementation of mother support groups will incorporate the community to promote adherence to PMTCT services and access to follow up care.

The client referral system between PMTCT and ART will be assessed at supported sites to identify challenges in improving the referral of clients for ART. MCH, PMTCT and ART staff will be involved in carrying out the assessment and sharing the findings, to build staff confidence and also to engage them actively improving the referral system and taking action to ensure smooth flow of clients between PMTCT, maternal and child health services, and ART treatment.

This activity will also include production and dissemination of selected job aides, in coordination with partners and the technical working group.

The project in collaboration with the local leadership and coordination with HBC volunteers will select influential male peer educators and support them to reach out to fellow men at places of socialization to deliver PMTCT messages to promote care and support for HIV+ women and exposed infants as well fight HIV related stigma.

The project will facilitate and carryout a focused learning and action intervention with women in maternity wards, postnatal mothers bringing children to the under five clinic and with MoH staff to identify challenges with access to treatment from the perspective for clients and providers and work with the USG PMTCT technical working group to address obstacles faced in order to increase accesses to PMTCT services.

CARE will be an active contributor to the USG PMTCT technical working group, with the aim of addressing barriers that hinder women from accessing PMTCT services. Reviewing and updating of PMTCT algorithms will be done with the technical working group.

FY07: 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.

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

Activity Narrative: services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12222

Related Activity: 12932

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23648	12222.2364 8.09	HHS/Centers for Disease Control & Prevention	CARE International	10258	6124.09	CDC CARE INTL	\$600,000
12222	12222.07	HHS/Centers for Disease Control & Prevention	CARE International	6124	6124.07	CDC CARE INTL	\$309,375

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12932	5257.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$133,948

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	6	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,600	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	270	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	30	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Adults (25 and over)

Men

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Inhambane

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3583.08

Prime Partner: University of Washington

Mechanism: I-TECH

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 8798.08

Planned Funds: \$500,050

Activity System ID: 13217

Activity Narrative: Continuing Activity - Replacement Narrative:

The University of Washington International Training and Education Center on HIV (I-TECH) has been committed to providing technical assistance to the Ministry of Health in support of their ambitious HIV program expansion plans, particularly in the areas of pre- and in-service training curricula and design; training of teachers, facilitators and mentors for course rollout; and outcome and impact evaluations.

In FY07, I-TECH partnered with Columbia University International Center for AIDS Care and Treatment Program (ICAP) in developing a PMTCT nurse-mentors curriculum and training, and designing rotational mentoring programs for model centers in Maputo and Nampula. With FY07 budget allocations, I-TECH will complete a review of linkages between community- and facility-based PMTCT activities, including mobilization of community health agents (traditional birth attendants, peer educators, PLWH, etc.), with an additional focus on PMTCT mother support groups. Community-facility linkages and mother support group activities include review of national and regional materials, development of revised materials (standardized guides and other tools), technical support for preparing a pilot of revised materials in selected sites, and draft a framework for expansion of activities.

I-TECH's objectives in 2008 are as follows: (1) Strengthen PMTCT clinical mentoring programs, adapt the model to clinic-based mentoring at district level, and expand technical support for clinical mentoring activities to additional USG partners; (2) Strengthen community-based PMTCT initiatives through the provision of technical assistance to MOH and implementing partners, including the establishment of best practices, the development of a standardized package of tools and job aids, and the refining of a strategy for comprehensive roll-out to new sites country-wide; (3) Strengthen mother support group activities in PMTCT settings, in coordination with USG partners to be determined. Specifically, findings from FY07 activities in reviewing and developing models for support will be leveraged to implement and expand appropriate models; (4) Provide technical assistance to MOH and NGO partners to ensure adequate and appropriate integration of PMTCT information into pre-service curricula; (5) Provide technical assistance to MOH and NGO partners for revision of the in-service training manual used for training PMTCT service providers, which was developed in 2004 and disseminated in 2005; and (6) Develop prioritized job aids in coordination with USG and partners.

1. Strengthen PMTCT clinical mentoring programs

The continuation of this activity in 2008 would support MOH in the roll out of the PMTCT clinical mentoring package in selected sites, as well as providing technical assistance for adaptation of the mentoring package to accommodate site-based mentoring and supervision at the district level.

Activity 1.1: Provide on-going technical assistance to ICAP, as appropriate, to strengthen the design and impact of the mentoring program in the model centers, including the development of a plan for the clinical staff of other partner organizations to participate in mentoring rotations. I-TECH will also collaborate with other implementing partners to adapt the mentoring model to local contexts. 20 nurse-mentors will be trained, in addition to 6 trainers from the Elizabeth Glaser Pediatric AIDS Foundation. I-TECH will provide technical assistance in the adaptation of the mentor curriculum, assist in the training of the mentors, and assist in the adaptation of evaluation tools.

Activity 1.2: I-TECH will work with implementing organizations to conduct training for 30 district-level PMTCT supervisors with the aim of fortifying their PMTCT supervisory skills, including the incorporation of mentoring techniques into their visits. This activity would provide additional on-site support for the nurses who rotated through the model centers, as well as those who received on-site mentoring.

Activity 1.3: As the mentoring programs evolve, it is likely that the need for new or improved job aids will become apparent for both the mentors and the newly trained PMTCT providers. I-TECH will develop prioritized job aids in support of the new information and skills, as recommended by MOH and partner organizations.

2. Strengthen community-based PMTCT training and mother support activities

Community-based positive mothers / mother-to-mother support groups are recognized as important instruments for increasing use and adherence to PMTCT services, encouraging early treatment access for mother/infant pairs, improving linkages between community and clinic based services, tracking defaulters, and supporting positive mothers and mothers-to-be, both psychosocially and for purposes of medical adherence including ARV regimens, longitudinal follow-up, facility delivery, and post-partum care for mother and child. The groups also assist women to resolve issues around infant feeding and provide needed emotional support for combating stigma in their homes and communities.

The activities under this objective build on I-TECH's ongoing work to review materials, develop a framework, and pilot materials for improving linkages between facility-based and community-based PMTCT activities, as well as improving mother support groups that have been poorly organized and insufficiently equipped to guide activities.

Activity 2.1: I-TECH will provide technical assistance to MOH and implementing partners to establish best practices and refine the implementing framework developed in 2007 in order to ensure standardized rollout of high quality support packages. In collaboration with MOH, I-TECH will coordinate and sponsor a workshop analyzing best practices and lessons learned in the provision of support to HIV positive mothers and pregnant women. I-TECH will work with the partners and MOH to further develop the framework developed with FY07 funding, develop guidelines for establishing community based support services, and develop a model and strategy for rolling out quality positive mother / mother-to-mother support programs to new sites. Of critical importance is the goal of developing a strong linkage between clinic-based services and community-based support in order to improve use and access to both PMTCT and treatment services for mother/infant pairs.

Activity 2.2: As the best practices, support package contents, and the framework evolve, I-TECH will develop standardized job aids and tools for piloting by the implementing partners with community support groups.

Activity Narrative:

Activity 2.3: During the roll-out, I-TECH will provide technical assistance to MOH and partners to ensure that the model is achieving results. Activities may include a small targeted evaluation, and include recommendations for further adaptation of materials and trainings methodologies.

3. Strengthen PMTCT integration into pre-service curricula

Since 2006, I-TECH has been committed to supporting MOH in their efforts to develop high quality and standardized pre and in-service training curricula. I-TECH's focus to date has been on the provision of training of pre-service teaching faculty, and the development of pre and in-service curricula for Tecnicos de Medicina (TdM) and Maternal and Child Health (MCH) nurses. I-TECH placed a specialist within the MOH Training Department in 2007 to provide training to MOH staff in curricula review.

I-TECH will work closely with MOH to jointly review and analyze existing and new pre-service curricula for different health cadres (nurses, physicians, TdM) and make recommendations for strengthening the PMTCT components, as appropriate.

4. Provide technical assistance to MOH and NGO partners for revision of the in-service training manual used for training PMTCT service providers

The PMTCT in-service training manual was disseminated by MOH in 2005, based on design and development in 2004. Since that time, significant revisions in international and national PMTCT policy and practice have been made, and updates to the training manual have been provided in periodic memos from MOH. Currently the training manual contains outdated and partial information for PMTCT services, and there is no single resource document or training manual available to meet the needs to PMTCT service providers in Mozambique. This activity will build from FY07 efforts by USG partners to develop a CT section for the PMTCT manual.

I-TECH will provide support to MOH and additional NGO partners in the finalization of the PMTCT in-service curriculum.

5. I-TECH will integrate PMTCT curricula review activities into its ongoing capacity building program for Ministry staff.

The combination of described activities will ensure that the relevant issues are addressed at multiple levels, from the technical training and support for the clinicians providing medical services for pregnant women and mother/infant pairs, to the strengthening of community groups and agents encouraging adherence to medical advice and treatment.

The activities are designed to strengthen the linkages between local health services and community-support interventions, ensuring the flow of correct information to women and providing them with a supportive environment to combat stigma, make healthy choices, and improve the use of PMTCT services from ANC to follow up of both mother and infant.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8798

Related Activity: 14311, 15782, 13189, 12932, 16309, 16284

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23219	8798.23219.09	HHS/Health Resources Services Administration	University of Washington	9948	3583.09	I-TECH	\$400,000
8798	8798.07	HHS/Health Resources Services Administration	University of Washington	4941	3583.07	I-TECH	\$450,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14311	5276.08	6771	5088.08	USAID-Elizabeth Glaser Pediatric AIDS Foundation -GHAI-Local	Elizabeth Glaser Pediatric AIDS Foundation	\$1,857,403
15782	15782.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$35,000
12932	5257.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$133,948
13189	8588.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$388,314
16284	5208.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$3,165,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	56	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Maputo

Nampula

Sofala

Zambezia

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5088.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 5276.08

Activity System ID: 14311

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

USG Agency: U.S. Agency for International
Development

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

Program Area Code: 01

Planned Funds: \$1,857,403

Activity Narrative: Reprogramming August08: Funding decrease by\$542,597.

Continuing activity under COP08.

EGPAF will move towards a district level approach in support of a scaleable PMTCT model, a technical approach that accounts for the doubling of sites in this activity. More attention is focused on significant expansion within the districts where EGPAF provides support, including support to the District Health Officer and the Provincial Health Director to achieve and manage this expansion of PMTCT services, than expansion into districts where EGPAF is currently not active.

EGPAF will also support pre-service training costs for 35 nurses in Nampula province, human resources being a key strategy in scaling up the PMTCT program. The program will continue to foster linkages with the Child at Risk Consult (CCR) as well as treatment services. The referral system between PMTCT, treatment services, and the CCR will be the first line of approach, which has broad Governmental support. However, the program will also explore manners to reinforce testing and treatment linkages with vaccination campaigns, well baby visits, and weighing stations.

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

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

The FY2007 narrative below has not been updated.

Plus-Up Change: EGPAF will start PMTCT services in an additional 9 sites, making essential services for the prevention of pediatric AIDS available in more remote settings. In Cabo Delgado and Nampula this implies expansion into additional districts where currently no PMTCT services are available. In Gaza and Maputo, EGPAF will move into additional peripheral sites to ensure increased coverage of PMTCT services in these high prevalence provinces. In these new sites, EGPAF will reach an additional 4,800 women with HIV testing services during pregnancy and aims to provide ARV prophylaxis to an additional 360 HIV positive women.

Support will include basic and on the job training in PMTCT and counseling and testing, formative supervision and technical support to clinical services as well as psychosocial services for identified HIV positive women, including support to the establishment of support groups. Throughout the program, greater emphasis will be placed on primary prevention among women testing HIV-negative. EGPAF will also work to increase rates of exclusive breastfeeding, as a strategy to reduce pediatric infections but also improve the health of 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

Activity Narrative: mobilize for PMTCT and provide support to HIV positive pregnant women, infants and their families. As the prevention of unintended pregnancies is a core strategy of PMTCT, the Foundation will implement specific activities to strengthen Family Planning services within the PMTCT program. This will include the training of health staff aimed at strengthening Family Planning services within PMTCT, the roll out of the FSG manual (developed in FY06) which includes a module on FP, and improve the inclusion of men by couples counseling in ANC and maternity.

April08 Reprogramming Change: Reduced \$200,000. This request for re-programming of funds originally attributed to EGPAF is based on two separate but inter-related issues. First, EGPAF's burn rate in the last amendment to the cooperative agreement was slower than expected; a no cost extension was requested and granted to EGPAF and the adjustment to the dates will mean that EGPAF will be unable to use the entirety of the funds we had originally planned. Second, closer inspection of their budget indicates that two activities are duplicative with other partners; these activities have been removed from their project description. Future re-programming is anticipated in modest sums.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9222

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24265	5276.24265.09	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	10411	5088.09	USAID-Elizabeth Glaser Pediatric AIDS Foundation-GHAI-Local	\$0
9222	5276.07	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	5088	5088.07	USAID-Elizabeth Glaser Pediatric AIDS Foundation-GHAI-Local	\$2,880,174
5276	5276.06	U.S. Agency for International Development	Elizabeth Glaser Pediatric AIDS Foundation	3669	3669.06	Call to Action Project	\$1,638,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** Pre-Service Training

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$226,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	70	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	68,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6,900	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	80	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Cabo Delgado

Gaza

Maputo

Nampula

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 6128.08

Mechanism: FURJ

Prime Partner: Federal University of Rio De Janeiro

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 15782.08

Planned Funds: \$35,000

Activity System ID: 15782

Activity Narrative: Continuing Activity - Replacement Narrative:

This activity is a continuation of South-to-South collaboration with Brazilian experts to support and provide short-term technical assistance (TA) to the Mozambican National Prevention of Mother-to-Child Transmission (PMTCT) program.

In collaboration with the MOH PMTCT technical program staff, a Brazilian consultant was contracted through this mechanism to provide technical assistance for the development of CT training modules to become part of the existing National PMTCT training curriculum in FY06 and FY07. By the end of FY07, the new PMTCT-CT module is expected to be complete, and MOH support for a pilot soon after has already been established. In addition, the consultant assisted with identification of other parts of the PMTCT curriculum that relate to counseling on issues beyond HIV pre/post-test counseling and testing (e.g. nutrition counseling) and a review of all counseling sections throughout the PMTCT training manuals.

Building on this foundation, comprehensive review of the national PMTCT training manual will be undertaken in FY08, including technical guidance on PMTCT regimens and clinical staging. The ultimate goal of this activity is to produce a revised and updated PMTCT training manual for use in Mozambique.

This activity will support the contracting of a Brazilian expert for TA visits in FY08 to accompany and assist with the revision of the PMTCT training manual.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13217, 13189, 15781, 15780, 12932

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13217	8798.08	6417	3583.08	I-TECH	University of Washington	\$500,050
12932	5257.08	6345	3526.08	GHA1_CDC_HQ	US Centers for Disease Control and Prevention	\$133,948
13189	8588.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$388,314
15781	15781.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$75,000
15780	15780.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$275,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3586.08

Prime Partner: New York AIDS Institute

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 15807.08

Activity System ID: 15807

Mechanism: HRSA IAA

USG Agency: HHS/Health Resources
Services Administration

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

Program Area Code: 01

Planned Funds: \$170,000

Activity Narrative: This activity will expand upon the work of HIVQUAL-MOZ which began in FY 2006 at 45 HIV treatment centers throughout Mozambique. The HIVQUAL model is designed to integrate performance measurement and quality improvement at the clinic level, and to develop a quality management program to support ongoing activities.

HIVQUAL activities in HIV treatment have built capability of HIV healthcare providers to monitor the quality of care throughout the country. In FY 2008 the program will be expanded by including quality monitoring of PMTCT services. PMTCT expansion will occur in four sites. This service represents a unique challenge because quality depends on coordination of services with other agencies and linkages to other services.

In FY08, the PMTCT expansion of HIVQUAL-MOZ will continue to be executed under the leadership of the Ministry of Health in close collaboration with CDC-Mozambique and the US-based HIVQUAL team for technical support. Activities will include: 1) Quality improvement (QI) training of providers and program staff; 2) assessment of quality management programs at the participating clinics; 3) performance measurement (at six month intervals) of selected core indicators; 4) ongoing quality improvement coaching to participating sites; 5) promotion of consumer engagement in HIV services; 6) regular conference calls with the US-based team. Data analysis and planning for expansion based on the results of the pilot will also occur.

Activities will result in strengthening PMTCT systems, including strategic information and service delivery in health service agencies and clinics. The emphasis of this method is to develop provider skills for using performance data within their organizations, for the specific purpose of driving improvements within their own service points. Training will also be provided to key MoH staff at the provincial level as indicated.

In FY08, HIVQUAL indicators will be devised for the PMTCT program. Cooperation with implementing partners, other donors, WHO and UNICEF will occur so that a participatory process is implemented for indicator development.

The specific emphasis of this activity is at the clinic or agency 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 will be used to measure the growth of quality management activities as well as to 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. Publication and dissemination of these data will be done under the auspices of the MoH.

The unique approach of HIVQUAL-MOZ 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 PMTCT 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. The training activities will be done in collaboration with JHPIEGO and the University of Pittsburgh through subcontracts with the New York State AIDS Institute funded through USG/HRSA.

Funding for these expansion activities will benefit from economy of scale since HIVQUAL-MOZ has already been supported for implementation in adult care and treatment facilities. Additional funds for these activities will be used to support additional specific activities and travel to PMTCT sites, development of program-specific materials, and engagement of consultants with expertise in this field, especially implementation of services in systems of care providing services to mother-infant pairs from diagnosis to initiation of antiretroviral therapy if needed.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13189, 15806, 12932

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12932	5257.08	6345	3526.08	GHAH_CDC_HQ	US Centers for Disease Control and Prevention	\$133,948
13189	8588.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$388,314
15806	15806.08	6418	3586.08	HRSA IAA	New York AIDS Institute	\$120,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Gaza

Nampula

Sofala

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5078.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 5269.08

Activity System ID: 15860

Mechanism: USAID-Family Health
International-GHAI-Local

USG Agency: U.S. Agency for International
Development

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

Program Area Code: 01

Planned Funds: \$3,249,270

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

This is a continuing activity under COP08.

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

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

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

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

The below narrative from FY2007 has not been updated.

Per July 2007 reprogramming;

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

Plus-up change: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9223

Related Activity: 15861

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24292	5269.24292.09	U.S. Agency for International Development	Family Health International	10419	10419.09	USAID-Family Health International-GHAI-Local	\$0
9223	5269.07	U.S. Agency for International Development	Family Health International	5078	5078.07	USAID-Family Health International-GHAI-Local	\$2,618,850
5269	5269.06	U.S. Agency for International Development	Family Health International	3666	3666.06	Follow-on to IMPACT	\$1,274,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15861	9209.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,525,000

Emphasis Areas

Gender

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

Wraparound Programs (Health-related)

- * Malaria (PMI)
- * TB

Wraparound Programs (Other)

- * Food Security

Food Support

Estimated PEPFAR dollars spent on food	\$80,000
Estimation of other dollars leveraged in FY 2008 for food	\$160,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	26	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	37,206	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6,797	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	170	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Zambezia

Niassa

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3629.08

Prime Partner: Health Alliance International

Mechanism: USAID-Health Alliance International-GHAI-Local

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 5352.08

Planned Funds: \$3,782,361

Activity System ID: 15865

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

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

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

The FY2007 narrative below has not been updated.

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

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

This activity is related to other HAI activities in care CT 9113 and treatment HTXS 8799. In FY07, HAI will support a comprehensive package of PMTCT services in 117 sites: 52 existing sites, and 65 new sites within the highly HIV-infected Beira Corridor in Manica and Sofala provinces. Populations receiving services at antenatal sites in the Beira Corridor are among the most-at-risk populations in Mozambique. At some antenatal centers where HAI's USG-supported integrated PMTCT, family planning, and neonatal services are provided, HIV infection rates among young pregnant women are 30-43%. HAI's PMTCT services are specially designed to bring both men and women into counseling prior to the birth of an infant, so that HIV serostatus is determined and other care and treatment needs can begin to be addressed even prior to delivery. An increasing number of pregnant women are continuing ARV treatment after delivery, thus linking HAI's PMTCT activities with HAI activities in HIV/AIDS care and treatment. In FY06, HAI's capacity for CD4 testing has increased facilitating the entry of more eligible pregnant women and new mothers into treatment. Emphasis on getting eligible mothers into treatment will continue in FY07. HAI works with community groups, community leaders, CBO and FBO in linkages with care and treatment, and to form support groups for people living with HIV/AIDS, positive pregnant women and mothers groups. Working with these groups as well as high quality services and well trained providers help reduce stigma and discrimination in the community. These interventions are helping others in the community see that people living with HIV can continue to live productive lives.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9140

Related Activity: 14524, 15866, 15868, 15869

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24051	5352.24051.09	U.S. Agency for International Development	Health Alliance International	10337	3629.09	USAID-Health Alliance International-GHAI-Local	\$0
9140	5352.07	U.S. Agency for International Development	Health Alliance International	5041	3629.07	USAID-Health Alliance International-GHAI-Local	\$2,851,875
5352	5352.06	U.S. Agency for International Development	Health Alliance International	3629	3629.06		\$1,495,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14524	5280.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,714,000
15866	5146.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$3,150,000
15868	5235.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$2,750,000
15869	5229.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$18,311,184

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

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

Wraparound Programs (Other)

- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	202	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	114,750	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	13,770	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	733	False

Indirect Targets

In order to allow time for obligation of funds through the bilateral agreement with the Government of Mozambique and ensure that there will be no gaps in vital MCTC services, early funding is being requested for \$1,134,708 of the total FY 2008 amount.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Manica

Sofala

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 7238.08

Mechanism: Global Health Technical Assistance Project (GH Tech)

Prime Partner: QED Group, LLC

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 15918.08

Planned Funds: \$200,000

Activity System ID: 15918

Activity Narrative: August 08 reprogramming: Funding increase 200K. The community health worker program in Mozambique, known as the Agente Polivalente Extraordinaria (APE), is being re-vitalized. The Minister of Health and the Prime Minister of Mozambique have both been quoted on record regarding the intense need for community involvement and community solutions to community issues. With only 30-32% of Mozambicans living in urban areas, the real opportunity is providing community-based prevention and basic care to more rural populations (approximately seven million people).

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

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

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

April08 Reprogramming Change: Reduced \$200,000. The GH Tech mechanism was to address technical assistance needs in the area of PMTCT. After reviewing current technical needs and the desire to strengthen programming opportunities in MCH/MTCT Integration, it was decided funding would best be placed with Chemonic's existing Forte Saude program as well as a more cost effective intervention.

This is a new activity under COP08.

This funding will allow the GH Tech Project of The QED Group to provide technical assistance and general support to the Mission. Tasks may include assessments, evaluations, program design, technical reviews, workshop support, and short/medium term staff assistance. PMTCT specific technical assistance needs could include an overall program assessment across USG partners, pertinent quality improvement approaches, exploring strategic wrap arounds, and standardizing a comprehensive PMTCT model.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 6127.08

Mechanism: CDC-Vanderbilt CoAg

Prime Partner: Vanderbilt University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 15778.08

Planned Funds: \$490,200

Activity System ID: 15778

Activity Narrative: Vanderbilt University / Friends in Global Health (VU/FGH) is currently providing adult and pediatric HIV care and ART treatment services in 4 districts in Zambézia Province with expansion planned in 2 more districts. FY08 support will be used to continue work in supported sites that do not have an existing PMTCT partner in 4 established districts, and expansion efforts will include additional new sites in these 4 districts and 2 additional neighboring districts. At the completion of FY08, VU/FGH will support 22 total sites in 6 districts, including 4 mobile clinics (1 in each of 4 districts). Currently, other PEPFAR funded partners are providing PMTCT support in the district capital hospitals within the abovementioned districts. VU/FGH would like to complement this support by providing PMTCT support in the peripheral areas of these districts, at sites not receiving PMTCT support from other partners.

VU/FGH expects approximately 13,200 women to seek care at supported sites in FY08; more than 90% will be provided with HIV counseling and testing, and among approximately 15% expected to be HIV infected, 60% will receive a complete course of ARV prophylaxis.

VU/FGH will implement PMTCT services according to MISAU guidelines. We will provide support for infrastructure development, staffing, clinical supervision and mentoring, training for PMTCT providers, adherence and psychosocial support for HIV infected pregnant women and mothers, PMTCT monitoring and evaluation, community outreach including mother to mother support groups. VU/FGH will also collaborate with partners to facilitate laboratory activities such as hemoglobin testing, CD4 counts, and early infant diagnosis.

At VU/FGH PMTCT sites, we will facilitate linkages with services (i.e. VCT, TB program, ART treatment, and antenatal clinics) to ensure appropriate referral of eligible pregnant women into treatment in a timely manner; appropriate referral of newborns into at-risk child consultations; appropriate monitoring of at risk women (i.e. discordant couples) and referral into PMTCT services as needed; appropriate referral into USG supported service programs such as the Presidents Malaria Initiative; and access to mother support groups.

In-service training and mentoring will be provided to PMTCT staff at supported sites to provide clinical updates, refresh PMTCT service delivery knowledge and skills, and assure quality PMTCT activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15860, 14524, 12932

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15860	5269.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$3,249,270
12932	5257.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$133,948
14524	5280.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,714,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	22	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	12,150	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,094	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	180	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Zambezia

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3629.08

Mechanism: USAID-Health Alliance
International-GHAI-Local

Prime Partner: Health Alliance International

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 15999.08

Planned Funds: \$0

Activity System ID: 15999

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

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

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

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

Local Co-Investigator: Pablo Montoya, HAI

Project Description:

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

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

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

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

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

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

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

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

Planned Use of Findings: This targeted evaluation is expected to provide useful and practical information which will help inform:

- A training curriculum for the training of community-based lay activists to support PMTCT and referral HIV treatment
- The development of educational tools designed to improve mothers' knowledge of HIV, PMTCT, HAART adherence, nutritional recommendations, and appropriate follow-up
- Recommendations for the development of a cost-effective lay activist social support model to improve PMTCT coverage and HAART referral in resource poor-settings

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

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

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

Planned FY08 Activities: HAI will expand the scope of this existing PHE to also gauge the effectiveness of take-home Nevirapine (NVP). The question which will be addressed is whether women who receive NVP at 28 weeks or after and give birth outside of the formal health system actually take the NVP, administer it correctly, and whether they bring their children to a health facility for follow-up. To avoid issues of recall

Activity Narrative: bias, the only objective manner to gauge the effectiveness of take-home NVP is to quantify its presence in cord blood. HAI has two ongoing studies that access women and babies from which this component of the study can be added. The results of the investigation will assist the USG and MOH in defining take-home NVP policy for both mothers and babies. An added benefit to this study is that HAI will be able to provide data which better informs pediatric treatment interventions and directly addresses the issue of loss to follow-up, enabling better tracking and enrollment of eligible children into treatment and care programs.

Budget Justification for the FY08 Monies:

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3568.08

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16286.08

Planned Funds: \$37,500

Activity System ID: 16286

Activity Narrative: Continuing activity: Replacement narrative

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

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

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

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

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

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

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

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

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12943, 13189, 16284

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12943	5252.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$135,748
13189	8588.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$388,314
16284	5208.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$3,165,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Maputo

Nampula

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3568.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: MTCT

Mechanism: Track 1 ARV Moz Supplement

USG Agency: HHS/Centers for Disease Control & Prevention

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

Program Area Code: 01

Activity ID: 16288.08

Planned Funds: \$150,000

Activity System ID: 16288

Activity Narrative: Continuing Activity: Replacement Narrative

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

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

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

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

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

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

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13189, 16284

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13189	8588.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$388,314
16284	5208.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$3,165,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Maputo

Nampula

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3628.08

Mechanism: USAID-World Food Program-GHAI-Local

Prime Partner: World Food Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16305.08

Planned Funds: \$400,000

Activity System ID: 16305

Activity Narrative: April08 Reprogramming Change: Reduced \$100,000.

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:**Related Activity:** 14534, 14535, 14524**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14524	5280.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,714,000
14534	5143.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$1,200,000
14535	6441.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$707,000

Emphasis Areas

Wraparound Programs (Other)

* Food Security

Food Support

Estimated PEPFAR dollars spent on food \$500,000

Public Private Partnership**Target Populations****Other**

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Cabo Delgado

Gaza

Inhambane

Manica

Maputo

Niassa

Sofala

Tete

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3629.08

Mechanism: USAID-Health Alliance
International-GHAI-Local

Prime Partner: Health Alliance International

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 16397.08

Planned Funds: \$0

Activity System ID: 16397

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

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

Title: Improved Strategies for Early Breastfeeding Cessation

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

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

Project Description:

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

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

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

Planned Use of Findings:

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

Status of Study: Study completed, data analysis in progress

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

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

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

Budget Justification for FY08: No new money in FY08.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

Other

Orphans and vulnerable children

Pregnant women

Coverage Areas

Gaza

Manica

Nampula

Sofala

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3568.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 5208.08

Activity System ID: 16284

Mechanism: Track 1 ARV Moz Supplement

USG Agency: HHS/Centers for Disease Control & Prevention

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

Program Area Code: 01

Planned Funds: \$3,165,000

Activity Narrative: Ongoing activity: Replacement narrative

Ongoing Support for existing and expansion of PMTCT Activities (\$2,260,450):

In FY08, Columbia University International AIDS Care and Treatment Program (ICAP) is proposing to continue supporting PMTCT activities supported in FY07 at the 2 PMTCT model centers and 35 existing sites (including maternities). Integration of PMTCT services with HIV care & treatment services will be a critical area of focus in providing more effective PMTCT interventions to HIV-infected pregnant women as well as optimal care for their disease.

Particular focus for transition to more complex PMTCT regimens will be fundamental to successful provision of optimal services. Additional training on drug procurement, distribution, training of staff on PMTCT-plus (e.g., testing and counseling services integrated into ANC and maternity; CD4 testing of all HIV positive women; malaria prophylaxis; TB screening; partner testing, etc.) will encompass essential components of strengthened PMTCT programs.

Regular follow-up of women and children will be necessary to promote safer infant feeding practices and improve infant outcomes. Peer educators will be trained in outreach services and defaulter tracing in an attempt to improve program adherence. Enhancing infant and child health care initiatives will also be prioritized. Activities will include identification of HIV exposed infants by routinely checking infant health cards, early and consistent follow up of HIV exposed infants in ARCC, roll-out of early infant diagnosis in additional health centers to facilitate infant HIV diagnostic testing, training and mentoring on growth monitoring, counseling and support on postnatal services by enhancing quality of infant feeding support. A family centered approach to PMTCT will also be prioritized with the goal of engaging families, their partners and their children, in family-focused services addressing their medical as well as psychosocial needs. Maternal and child health services will be coordinated to ensure patient follow-up. Mother support groups and infant feeding support groups will be established and continued at all ICAP supported PMTCT sites. Family days will also be supported at sites offering collocated PMTCT and ART services.

In addition to continuation of services at the existing ICAP supported PMTCT sites, ICAP is proposing to expand PMTCT services to an additional 12 facilities in an attempt to provide ANC/MCH services to complete district coverage of PMTCT services in the geographic area of Nampula. This model of implementation will also be followed in Maputo City and Inhambane as a way of ensuring increased coverage of PMTCT services within a particular district/region. Funds will be used for rehabilitation of space to improve privacy for provision of PMTCT services, training of MCH staff in PMTCT and infant follow-up, and technical support to establish linkages and referral between services. Counseling and testing services will be implemented at antenatal, maternity and At Risk Child Consultations. District health teams will also be trained as PMTCT mentors to provide continued support to these sites. Support will also include initial assessments of facilities and amelioration to the overall patient flow of services.

Enhance PMTCT Monitoring and Evaluation activities (\$330,000):

The core aspect of this activity will be ICAP support for the national PMTCT program in coordinating efforts to develop a standardized national database. ICAP will continue enhancing PMTCT program monitoring and evaluation efforts by supporting provincial level M&E trainings to increase the number of staff, both provincial and district level, trained in management of PMTCT program data. District and provincial level PMTCT staff will be trained on how to use data to improve PMTCT services including highlighting program strengths and/or weaknesses. ICAP will also support the implementation of a PMTCT data collection system using uniform PMTCT indicators that correspond to national and PEPFAR required indicators. In collaboration with the MOH PMTCT Technical team, ICAP will support the review of PMTCT program registers and assist in strengthening data links between PMTCT services, care and treatment and infant follow-up. Personnel will be hired to support this activity (as below).

In addition, ICAP will follow on FY07 activities which included development and pilot of a PMTCT patient level database that links HIV positive mothers across the health system (ANC, maternity, care and treatment and exposed infant follow-up). The pilot database has been implemented at the two PMTCT model centers. In FY08, ICAP is proposing to expand programmatic coverage of the electronic patient tracking system so that it integrates all aspects of service delivery (ANC, Maternity, exposed infant consultation, family planning and care and treatment services) and implement the database at additional PMTCT sites.

PMTCT Clinical Mentoring and Training (\$457,000):

In addition to supporting the development of replicable models of care, the model centers will also serve as training sites to complement the ongoing PMTCT training program developed by the MOH. The goals of the mentorship program will be to complete development of the model centers as part of the continuum of education for MCH nurses in Nampula and Maputo Provinces, as well as potential participation of nurses from regional areas. Nurses partaking in the rotation will have the opportunity to practice experience-based learning focusing on professional development. Training will be aimed at health workers to provide a "hands on" experience that will support their ability to recreate simplified models for PMTCT service provision at primary health centers. Two core nurse mentorship teams will be established to continue to provide central and provincial level technical and professional support over time. ICAP has been collaborating with ITECH in the development of training curricula and facilitation modules to assist in material development appropriate for the launch of the mentorship program. During FY08, ICAP will continue this collaboration as needed to evaluate tools, and revise as necessary. A total of 72 MCH staff, including staff supported by other USG partners, will be offered the opportunity to rotate through the clinical mentorship program in FY08. Using the district team approach to monitoring PMTCT activities, an additional 20 staff from the district teams will be trained as mentors/supervisors to oversee PMTCT program implementation at district health centers. In addition to the clinical mentoring program, ICAP will also continue to support provincial level PMTCT trainings thereby increasing the number of MCH staff trained in PMTCT services, including counseling and testing, pediatric HIV diagnosis, and infant follow-up.

Activity Narrative:

Central level Ministry of Health Personnel Support (\$404,000):

ICAP will continue to support the national PMTCT program by providing direct technical assistance in the area of PMTCT M&E activities. The PMTCT M&E Technical Advisor will support the national PMTCT program supporting the development of PMTCT Information System and implementation of national database, as well as finalized national PMTCT registers and monthly reporting forms for programmatic areas. ICAP will continue its support to the national PMTCT program by supporting the provincial level Ministry of Health in two provinces, Nampula and Inhambane. PMTCT technical advisors will be recruited and seconded to the above mentioned provincial directorates to further support national roll-out and supervision of PMTCT services. In addition, due to the lack of PMTCT support at a central level within the Ministry of Health, ICAP will continue supporting the staffing costs of a data entry clerk to help with national PMTCT program monitoring and data entry, as well as, an administrative assistance to facilitate national PMTCT program coordination and communication with various partners and program implementers.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8567**Related Activity:** 13217, 12932, 13189, 16276, 16286, 16288**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23678	5208.23678.09	HHS/Centers for Disease Control & Prevention	Columbia University	10264	3568.09	Track 1 ARV Moz Supplement	\$4,950,000
8567	5208.07	HHS/Centers for Disease Control & Prevention	Columbia University	4859	3567.07	UTAP	\$2,603,125
5208	5208.06	HHS/Centers for Disease Control & Prevention	Columbia University	3567	3567.06	UTAP	\$1,091,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13217	8798.08	6417	3583.08	I-TECH	University of Washington	\$500,050
12932	5257.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$133,948
13189	8588.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$388,314
16286	16286.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$37,500
16288	16288.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$150,000
16276	16276.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$13,825,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	48	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	91,600	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	7,511	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	120	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Inhambane

Maputo

Nampula

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3680.08

Mechanism: The Health Communication Partnership

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 9162.08

Planned Funds: \$200,000

Activity System ID: 14518

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

The below narrative from FY2007 has not been updated.

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

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9162

Related Activity: 14519, 14520, 15845, 14521, 14522, 14523

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24285	9162.24285.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	10418	3680.09	The Health Communication Partnership	\$0
9162	9162.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4893	3680.07	The Health Communication Partnership	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14519	5289.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$800,000
14520	8648.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$313,000
15845	15845.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$150,000
14521	12268.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$100,000
14522	9165.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$97,000
14523	5291.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$320,000

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

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

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechanism**Mechanism ID:** 3579.08**Mechanism:** USAID-Population Services International-GHAI-Local**Prime Partner:** Population Services International**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Prevention of Mother-to-Child Transmission (PMTCT)**Budget Code:** MTCT**Program Area Code:** 01**Activity ID:** 5280.08**Planned Funds:** \$1,714,000**Activity System ID:** 14524**Activity Narrative:** August 08 Reprogramming: Funding reduction \$150K.

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

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

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

The below narrative from FY2007 has not been updated.

Plus-up change: Utilizing plus up funds PSI will research, develop, and test new IEC and BCC campaign materials surrounding PMTCT, male involvement in PMTCT, and male testing, emphasizing a family-centered approach. PSI will also be responsible for creating and reproducing these new campaign materials for nationwide distribution. Further, PSI will adjust their current PMTCT materials to reflect new PMTCT policy guidance and reproduce these materials in Portuguese and two other national languages. The IEC/BCC campaigns are costed at \$700,000. This campaign should also be reproduced for nationwide distribution. Finally, PSI will map existing PEPFAR and non-PEPFAR PMTCT interventions and overlay this map with mosquito net distribution data from the President's Malaria Initiative (PMI) and other donors and partners. This assessment will be a gaps analysis of where PEPFAR, PMI, and other partners are complimentary and where, geographically speaking, more action is needed by the consortia of actors (\$150,000).

This activity is related to other PSI activities in C&OP 9150 and CT 9114. PSI will continue to provide technical support to MOH sites to scale up PMTCT activities in 3 provinces and Maputo City. PSI will deliver a complete package of PMTCT services in line with MOH policies and protocols, including routine CT, provision of Nevirapine to seropositive mothers and their newborns, and provision of integrated postnatal services. PSI will renovate facilities, train counselors, and track seropositive mothers and their infants for 18 months postnatal. Additional focus will be placed on improving the delivery environment to increase the number of institutional deliveries, and thus the number of seropositive mothers receiving nevirapine. Each site will counsel and test at least 90% of first-time antenatal attendees. PSI will continue to support the 19 PMTCT sites initiated with USG funding between 2003 and 2006, and will add 3 additional sites through training of nurses and counselors and in collaboration with the MOH. PSI will continue to implement community-level activities to reduce fear and social stigma among seropositive pregnant women and mothers, focusing on key decision-makers in their lives (e.g., husbands, mothers-in-law). Seropositive pregnant women will be referred to the nearest HIV/AIDS care and treatment site for additional needed services prior to delivery. PSI will continue to disseminate a package of PMTCT communications materials developed with, and implemented through, the MOH and all PMTCT implementing partners, and in coordination with the Johns Hopkins CCP USAID/PMTCT/9162 communication activity. Additionally, the MOH has set ambitious targets for provision of bednets and IPT for ANC, and PMTCT will benefit from this program. However, it will take some time for the malaria initiative to get up and running, and for bednets and IPT to flow to all parts of the country. PSI should plan for a 3-6 month supply of bednets and IPT to assure that the minimum package of PMTCT includes these malaria interventions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9141

Related Activity: 14518

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24309	5280.24309.09	U.S. Agency for International Development	Population Services International	10422	3579.09	USAID-Population Services International-GHAI-Local	\$450,000
9141	5280.07	U.S. Agency for International Development	Population Services International	5042	3579.07	USAID-Population Services International-GHAI-Local	\$1,828,000
5280	5280.06	U.S. Agency for International Development	Population Services International	3579	3579.06		\$690,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14518	9162.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$200,000

Emphasis Areas

Gender

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

Wraparound Programs (Health-related)

- * Malaria (PMI)

Wraparound Programs (Other)

- * Food Security

Food Support

Estimated PEPFAR dollars spent on food \$250,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	22	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	52,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	6,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	44	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

Coverage Areas

Gaza

Maputo

Zambezia

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3627.08

Mechanism: USAID-World Vision
International-GHAI-Local

Prime Partner: World Vision International

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 5279.08

Planned Funds: \$250,000

Activity System ID: 14542

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

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

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

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

The below narrative from FY2007 has not been updated.

This activity is related to other World Vision activities CT 9157, HBHC 9126 and HKID 9155. WV proposed 4 sites in FY06, but was unable to secure MOH approval for the 4th site, so stayed with 3 PMTCT sites. WV will continue to provide training and technical support to 3 existing PMTCT sites in rural Zambezia province, and will increase program coverage to at least 85% of all first-time antenatal attendees in line with policies and protocols of the MOH. A comprehensive package of integrated PMTCT services, including routine CT, Nevirapine for seropositive mothers and their exposed newborns, couple counseling, family planning, and infant feeding education, will be provided. Seropositive mothers will be referred to mother-to-mother support groups in communities for continuing support and care. All seropositive pregnant women will be referred to the HIV/AIDS care and treatment services site in Mocuba (or eventually the planned new site in Gurue) for appropriate care and treatment. WVI will continue to involve churches and community members in the fight against fear and social stigma which affect seropositive pregnant women and their children. Back-up supplies of gloves, ITN and IPT, and test kits will be procured. In the communities served by these PMTCT service sites, WVI also will work with other USG partners to carry out PMTCT primary prevention campaigns among youth, young people planning to marry, and adult men and women.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9143

Related Activity: 14544, 14545, 14546, 14547,
14548

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24366	5279.24366.09	U.S. Agency for International Development	World Vision International	10439	3627.09	USAID-World Vision International-GHAI-Local	\$0
5279	5279.06	U.S. Agency for International Development	World Vision International	3627	3627.06		\$460,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14544	5137.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$650,000
14546	5139.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$2,877,756
14547	5264.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$300,000

Emphasis Areas

Gender

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

Wraparound Programs (Health-related)

- * Malaria (PMI)

Wraparound Programs (Other)

- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of community activists trained in delivery of PMTCT services	N/A	True
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	3	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	9,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,000	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	30	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Zambezia

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 3650.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 9142.08

Activity System ID: 14554

Mechanism: Supply Chain Management System

USG Agency: U.S. Agency for International Development

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

Program Area Code: 01

Planned Funds: \$600,855

Activity Narrative: This is a continuing activity under COP08.

SCMS Mozambique staff will collaborate with programs that use HIV tests, CMAM, CHAI, and any other sources of financing and procurement of rapid HIV tests for the MOH by providing technical assistance in the monitoring and management of the incoming HIV test kit pipeline and their distribution in country. SCMS will facilitate annual HIV test forecasts and quarterly updates to the national supply plan of HIV tests, enabling timely identification and response to any inbound supply constraints that may arise. SCMS will assist CMAM and the Laboratory Section of MOH to facilitate the communication of Rapid HIV test kit availability among MOH Program Managers that depend on Rapid HIV Test Kits and PEPFAR.

SCMS will procure \$550,000 in HIV test kits, approximately 80% of national needs for rapid HIV tests required to support PMTCT and Blood Safety goals of the MOH.

Technical assistance will be provided to the MOH in monitoring and supervision of the Redesigned Logistics System for Rapid Tests (August, 2007). SCMS will collaborate with the MOH and PEPFAR partners to integrate Lab Logistics training modules into the Pre-Service Training Curriculum.

The FY2007 narrative below has not been updated.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9142

Related Activity: 14555, 14558

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24304	9142.24304.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10421	3650.09	Supply Chain Management System	\$1,056,279
9142	9142.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5045	3650.07	Supply Chain Management System	\$875,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14555	9136.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,500,000
14558	9254.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,530,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 3568.08

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 18879.08

Planned Funds: \$286,450

Activity System ID: 18879

Activity Narrative: Per guidance sent by CDC/GAP, this activity represents approximately 1/12 of the funding originally allocated to Columbia University for this program area under activity 5208.08. Funding is provided to pay for that activity from February 23 - April 1, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16284

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16284	5208.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$3,165,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8784.08

Mechanism: N/A

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 19729.08

Planned Funds: \$135,000

Activity System ID: 19729

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8785.08

Mechanism: N/A

Prime Partner: Chemonics International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 19731.08

Planned Funds: \$0

Activity System ID: 19731

Activity Narrative: Reprogramming August08: Funding decrease by\$400,000.

HIV/AIDS has been a cross cutting theme in the design, implementation, and evaluation of FS activities, along with gender, capacity building, and monitoring and evaluation, since the beginning of the project, which has been supported by development assistance monies until now. The PEPFAR team is requesting the addition a new activity for Forte Saude to undertake a number of activities that directly correlate to the prevention of mother-to-child transmission services within ante-natal care settings and the reproductive health program overall. The work of Forte Saude with PEPFAR funds can be broken down into three areas, they are: technical assistance, training, and quality improvement.

Technical assistance will be provided by Forte Saude to the Government of Mozambique in the development of policies, strategies and guidelines in the areas of RH and CH, including components of Nutrition, Malaria and Epidemics and support for adoption, dissemination and implementation in the target provinces. FS will also continue in its leadership role and assist the Ministry of Health in finalizing the translation and adaptation of cervical cancer training materials, including infection prevention aspects. Finally, support the development of guides and materials for expanding the SRH/CH quality improvement process, including HIV/AIDS prevention and PMTCT within the provinces where FS is already working. These materials will support the central and the provincial level of MOH to implement the expansion of the quality improvement process

Forte Saude will undertake a wide array of training activities. FS will assist and ensure the organization of two clinical update courses on MNH, including PMTCT, for health professionals from 18 health units and six DPS involved on the quality improvement process (total of 54 participants). Clinical updates need to be provided to health workers to ensure they have the knowledge and skills to carry out their work in SRH and NCH services delivery within the context of the quality improvement process. These updates are usually refreshers. FS will assist the MOH determine what updates are necessary and subsequently with the development of the materials.

Forte Saude will provide assistance to strengthen the information and communication technologies and monitoring and evaluation in the areas of Reproductive Health (RH), Child Health (CH), Expanded Program of Immunization, nutrition and malaria, at the central level and in the target provinces of Sofala, Manica, Nampula, and Zambezia, Gaza, and Maputo. FORTE Saude has been working with the MOH (specifically the Dept of Prevention and Health Promotion) to develop a plan of action to improve the quality of Sexual and Reproductive Health (SRH) and Neonatal and Child Health Services (NCH). The Quality Improvement (QI) process is based on standards (Standards-Based Management and Recognition program developed by JHPIEGO). FS has been actively engaged with the Ministry of Health in the development of quality standards for SRH and NCH services delivery based on national policies, guidelines and protocols including measurement instruments. FS, using PEPFAR funds will conclude with the implementation of Module III, which aims to consolidate health teams' abilities to implement the QI process and evaluate progresses in their facilities; addresses ways to sustain this momentum. Technical support for implementation through supervision of the health facilities and strengthening local PVOs' abilities to provide local – based technical assistance (TA). This includes TA for health facilities to establish their QI baselines, development of health facility action plans to improve quality, and carrying out their first internal progress evaluation and subsequent assessments.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9310.08

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

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 21426.08

Planned Funds: \$350,000

Activity System ID: 21426

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7238.08

Mechanism: Global Health Technical Assistance Project (GH Tech)

Prime Partner: QED Group, LLC

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 21244.08

Planned Funds: \$193,327

Activity System ID: 21244

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: \$13,976,182

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Coordination of human immunodeficiency virus (HIV) prevention in Mozambique falls under the leadership of both the Ministry of Health (MOH) and the National AIDS Council (NAC). Since the Emergency Plan, abstinence and be faithful (AB) programs have contributed to MOH prevention objectives focusing on increasing knowledge through information, education and communication activities, promoting behaviors that delay sexual debut, reduce the number and concurrency of partners, promote fidelity, and increase the use of HIV related services. Mozambique's AB program area and portfolio have been adjusted and developed following recommendations of the January 2007 Office of the Global AIDS Coordinator (OGAC) Prevention technical assistance (TA) Team visit.

Context

Mozambique's HIV epidemic is highly generalized. The 2004 antenatal clinic (ANC) surveillance rounds estimated national adult prevalence to be 16%. Modeling suggests that Mozambique may be the only country in the southern African region in which HIV prevalence and incidence are still increasing. Most recent estimates of prevalence range from 10 to 18%, among women age 15-24 and from 4 to 8% for men age 15-24, with higher prevalence rates in the southern and central regions of the country. Among urban, adolescent women, ages 15-19, 30% have begun childbearing. In rural areas where half of adolescent women have little or no primary education, 43% have begun childbearing [UNFPA]. Median age at sexual debut for women, age 25-49, is 16 [UNFPA] and by age 18, 79% of females and 64% of males are sexually active. Provinces with high male circumcision rates have lower prevalence rates [DHS 2003]. Additional data including the 2007 ANC data expected December 2007, Behavioral Surveillance Survey data in mid 2008, AIDS Indicator Survey data by late 2008, and International Rapid Assessment and Rapid Evaluation results will inform future activities.

Based on these data, the US Government's (USG) main AB strategy in FY08 is to improve and expand activities that directly address behaviors, norms, and contextual factors that lead to new infections.

Common high risk behaviors and practices include multiple, concurrent sexual partners, intergenerational and transactional sex, and sexual relations with uncircumcised males. They are believed to be the driving forces behind Mozambique's epidemic. In addition, gender-based violence and sexual coercion are widespread practices. Trading sex for grades in school is common. Traditional practices believed to transmit HIV include "purification sex" or widow cleansing and certain initiation rituals for youth involving sex.

By mid-FY07, the Emergency Plan activities in Mozambique had reached approximately 3,250,000 individuals through prevention programs promoting abstinence and being faithful. Significant progress made since Country Operating Plan 2007 (COP 07) includes an overhaul of the sexual prevention portfolio as a result of the OGAC Prevention TA Team's visit and program recommendations. Improved quality of AB programs has been achieved through better integration with other program areas, a stronger focus on gender, and a programmatic shift towards older youth and adults, the population with the highest HIV incidence rates.

A major challenge to AB programs is transforming general awareness into perceptions of individual risk that lead to behavior change. Practices such as multiple, concurrent partners embody masculinity for many men. North of Maputo in Gaza province, 80% of 15-24 year old males had more than one sex partner in the last twelve months [2003 DHS]. In 2007, one popular local song describes a husband saying to his wife, "don't make me angry or I'll go to House Number Two." Stigma of HIV at all levels of society continues to be an obstacle as does the lack of a national spokesperson or "celebrity" advocate for prevention.

Services

Overall priorities for AB prevention in COP 08 include shifting emphasis to older youth and adults rather than to 10-14 year olds. This follows the OGAC Prevention TA Team's recommendation and appropriately responds to the Mozambican epidemic, given that incidence is highest in 15-24 year olds.

Another priority for COP 08 is to increase integration between sexual prevention activities and other program areas. For example, a New Partners Initiative awardee's AB activity is one component of a comprehensive package that includes orphans and vulnerable children (OVC) and condoms and other prevention (C&OP) activities. AB activities under the new Vulnerable Girls Initiative will be reinforced through services provided with home-based care, prevention of mother-to-child transmission, OVC and C&OP funds. This year's portfolio also acknowledges the importance of program assessments, lessons learned and an emphasis on evaluation to determine next steps for PEPFAR II's Mozambican response to the epidemic. Geographic focus is on the provinces of Sofala and Zambezia, and beginning in fiscal year 2008, Nampula.

The AB portfolio is implemented through 19 prime partners that include non-governmental organizations, private voluntary organizations, community-based organizations, faith-based organizations and the private business sector. In addition, both the Embassy and Public Affairs Office (PAO) provide direct funding to many Mozambican organizations through small grants. Peace Corps volunteers work with schools and youth organizations.

Academy for Educational Development's (AED) Capable Partners Program will continue to provide organizational development and coordination support to all USG primes and sub-partners. Capacity building for local partners will emphasize quality assurance and monitoring and evaluation.

Prime partners not receiving split funding employ a strategy focusing on "AB, little c" and life skills approach to reaching individuals ages 15 and older, and higher risk individuals, especially people living near transport corridors, adolescent OVC, and women whose economic circumstances put them at risk of engaging in transactional sex. Interventions aimed at 10-14 year olds, especially in-school children, rely on primarily "A" activities.

ABY Track 1 organizations have increased interventions aimed at adult behaviors and norms and have incorporated "B" curricula to support partner reduction activities for high risk individuals, including discordant couples. Mass media programs expanded in 07 are under the technical leadership of three partners that receive split funding. Mass media messages are designed to advocate for healthier behaviors and norms at the community level through campaign-linked interpersonal behavior change interventions. Three partners will receive additional funding to broadcast locally produced, local language community radio programs aimed at couples' issues, including faithfulness, couples discordance, couples testing and disclosure, communication, and family planning.

Interventions addressing boys and men in the general population will continue to address risk reduction, respect for women, and issues of masculinity. Two partners working in districts affected by the Zambezi bridge construction will continue "B" activities aimed at laborers and commercial sex workers and their clients. JOMA, a gender program initiated by Peace Corps volunteers and their Mozambican teacher counterparts, will continue to work with young men to explore Mozambican concepts of gender, particularly responsible masculinity, to reduce HIV incidence among secondary school youth.

Cross-generational sex, informal and transactional sex and sexual coercion and violence remain practices that are driving the epidemic in Mozambique. These practices are addressed in all activities and are the focus of particular activities. Examples include Peace Corps' continued support to the Ministry of Education's school-based activities, EngenderHealth's ACQUIRE program, Vulnerable Girls Initiative activities, and expansion of gender activities through existing and new mechanisms. Several activities will begin life skills with income generating activities for older, more vulnerable youth, especially girls and single mothers, to deter transactional sex or engaging with "sugar daddies".

The MOH has taken a leadership role on male circumcision based on the technical guidance from the World Health Organization and the Joint United Nations Program on HIV/AIDS. In FY08, AB components of the USG's male circumcision activities will support development and application of behavior change communication materials for MC.

Referrals and Linkages

FY08 AB programs will have stronger linkages with other program areas. Based on the portfolio recommendations from the OGAC Prevention TA team visit, the AB portfolio increased split funding to several partners to strengthen integration with C&OP activities; 48% of sexual prevention programs are split funded between AB and C&OP. Examples include JHPIEGO's new ABC interventions aimed at health care workers and MOH trainees as well as PAO's split support to radio and television campaigns.

Three partners will use AB funding to support prevention activities aimed at OVC and their caregivers to support PEPFAR and non-USG provided OVC services. All community-based AB activists will continue to promote counseling and testing, treatment and care services available in those areas. Closer linkages with non-PEPFAR family planning and reproductive health education and services will be made through PEPFAR-funded regional coordination meetings for USG and non-USG partners and service providers.

Policy

Johns Hopkins University continues to support the NAC for implementation of the National HIV Communications strategy at the provincial and district levels. Peace Corps will continue to work with the Ministry of Education and Culture to expand HIV prevention and sexual health programs in schools.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful 1876300

*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB) 298000

2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful 31264

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5078.08	Mechanism: USAID-Family Health International-GHAI-Local
Prime Partner: Family Health International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 21255.08	Planned Funds: \$249,795
Activity System ID: 21255	
Activity Narrative: Reprogramming August08: New activity - \$249,795 reprogrammed funds are part of ABC Prevention component and FHI will focus on multiple concurrent partnerships, gender norms, and cross-generational sex as well as informal transactional sex. Interventions that also address adult-focused behavior change and risk perception as well as encourage males (and couples) to be tested will be looked upon.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5080.08	Mechanism: USAID-World Relief Corporation-GHAI-HQ
Prime Partner: World Relief Corporation	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 9146.08	Planned Funds: \$200,000
Activity System ID: 14541	

Activity Narrative: Reprogramming August08: Decreased funding by \$50,000. This activity is the field support funds to WR's Track 1 ABY agreement, for continued expansion of activities in two Sofala districts. WR was not able to begin implementation of FY07 Field Support funds until the second half of FY08, a five month delay. The Mission requests reprogramming of funds and targets.

This is a continuing Field Support activity under COP08.

The FY2007 reprogramming narrative below has not been changed.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9146

Related Activity: 14536

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9146	9146.07	U.S. Agency for International Development	World Relief Corporation	5080	5080.07	USAID-World Relief Corporation-GHAI-HQ	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14536	5284.08	6859	3675.08	Track 1	World Relief Corporation	\$400,854

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	400	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Sofala

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3685.08

Prime Partner: US Agency for International
Development

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5303.08

Activity System ID: 18278

Mechanism: USAID-USAID-GHAI-Local

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$170,000

Activity ID: 9144.08

Planned Funds: \$550,000

Activity System ID: 14525

Activity Narrative: Reprogramming August08: Funding increase \$150,000. Reprogrammed funds are part of a mass media campaign aimed at uniformed services and addressing risks of multiple concurrent partnerships.

This is a continuing activity under COP08.

In addition to the work with military recruits, PSI will expand the media materials available for support of uniformed services, including translation into Portuguese of existing movies that demonstrate various HIV/AIDS related issues such as fidelity, risky behaviors, STIs, etc. One example of such movies is the "Remember Eliphaz" 1 & 2 from PSI Namibia. PSI will also locally produce video stories based on the same issues as above, emphasizing Mozambican cultural specifics and having relevant aspects for the military. We propose selection of military actors/actresses.

The FY2007 reprogramming narrative below has not been changed.

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

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).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9144

Related Activity: 14526

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9144	9144.07	U.S. Agency for International Development	Population Services International	5042	3579.07	USAID-Population Services International-GHAI-Local	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14526	5231.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$4,800,000

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	65	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3675.08

Prime Partner: World Relief Corporation

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 5284.08

Activity System ID: 14536

Mechanism: Track 1

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$400,854

Activity Narrative: This is a continuing Track 1 activity under COP08.

The FY2007 reprogramming narrative below has not been changed.

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

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

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

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

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8232

Related Activity: 14541

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24363	5284.24363.09	U.S. Agency for International Development	World Relief Corporation	10437	3675.09	Track 1	\$802,419
8232	5284.07	U.S. Agency for International Development	World Relief Corporation	4789	3675.07	Track 1	\$372,153
5284	5284.06	U.S. Agency for International Development	World Relief Corporation	3675	3675.06	Track 1	\$565,681

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14541	9146.08	6862	5080.08	USAID-World Relief Corporation-GHAI-HQ	World Relief Corporation	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,800	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Gaza

Inhambane

Maputo

Sofala

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3557.08

Prime Partner: Samaritan's Purse

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 4958.08

Activity System ID: 14332

Mechanism: Track 1

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$515,067

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

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

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

The FY2007 reprogramming narrative below has not been changed.

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8231

Related Activity: 14333, 14334

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24322	4958.24322.09	U.S. Agency for International Development	Samaritan's Purse	10426	3557.09	Track 1	\$739,218
8231	4958.07	U.S. Agency for International Development	Samaritan's Purse	4788	3557.07	Track 1	\$475,596
4958	4958.06	U.S. Agency for International Development	Samaritan's Purse	3557	3557.06	Track 1	\$418,265

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14333	9391.08	6781	5083.08	USAID-Samaritans Purse-GHAI-HQ	Samaritan's Purse	\$550,000
14334	9256.08	6781	5083.08	USAID-Samaritans Purse-GHAI-HQ	Samaritan's Purse	\$200,000

Emphasis Areas

Gender

* Reducing violence and coercion

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,320	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Inhambane

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5083.08

Prime Partner: Samaritan's Purse

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9391.08

Activity System ID: 14333

Mechanism: USAID-Samaritans Purse-GHAI-HQ

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$550,000

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

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

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

3. Prevention with Positives: Through non-USG funds, SP is currently implementing HBC activities in Massinga and Zavala, providing wraparound to PEPFAR funded AB and CT activities, resulting in a comprehensive package in those districts. SP will leverage its ongoing AB activities by increasing prevention interventions focused on reaching PLWHAs, their partners, and families. Coordinated efforts with PEPFAR funded CCT activities will also be made to identify and support discordant couples.

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

The FY2007 reprogramming narrative below has not been changed.

This funding will allow Samaritan's Purse (SP) to:

- 1) Expand MET activities to Jangamo district in Inhambane.
- 2) Increased program activities aimed at adults and higher risk populations in Jangamo, Maxixe and Massinga.
- 3) Organize a provincial HIV prevention technical workshop for MET staff, Government of Mozambique staff and other NGOs.

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

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

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

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

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

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

Activity Narrative: Leaders from within SP, other NGOs, CNCS, DPS, and DDS will be invited as keynote speakers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9391

Related Activity: 14332, 14334

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24336	9391.24336.09	U.S. Agency for International Development	Samaritan's Purse	10428	5083.09	USAID-Samaritans Purse-GHAI-HQ	\$412,500
9391	9391.07	U.S. Agency for International Development	Samaritan's Purse	5083	5083.07	USAID-Samaritans Purse-GHAI-HQ	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14332	4958.08	6780	3557.08	Track 1	Samaritan's Purse	\$515,067
14334	9256.08	6781	5083.08	USAID-Samaritans Purse-GHAI-HQ	Samaritan's Purse	\$200,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Reducing violence and coercion

Wraparound Programs (Health-related)

- * Child Survival Activities

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	20,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	4,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	660	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Inhambane

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3680.08

Prime Partner: Johns Hopkins University
Center for Communication
Programs

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5289.08

Activity System ID: 14519

Mechanism: The Health Communication
Partnership

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$800,000

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

The FY2007 reprogramming narrative below has not been changed.

This activity is related to JHU/HCP communication activities OHPS 8646; HVOP 8648; PMTCT 9162; and HTXS 9165. These activities taken together form a major initiative for providing technical assistance to the MOH/RESP and the CNCS and implementation of 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 radio programming, in comic books, on television, billboards); carrying out formative research, planning and working with partners for community mobilization, developing mass media programming. Given the broad portfolio assigned to JHU/HCP for the communication activity, it is expected that opportunities will be found for integrating AB messages in other program area activities. It is expected that JHU/HCP will assist other partners to leverage funding for AB behavior change from CNCS, and will provide the technical assistance required for large scale activities requiring the participation of a multitude of partners including private sector businesses, the public sector, advertising and graphic arts agencies, etc.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8645

Related Activity: 14520, 14518, 14521, 14522, 14523, 15845

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24286	5289.24286.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	10418	3680.09	The Health Communication Partnership	\$1,230,000
8645	5289.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4893	3680.07	The Health Communication Partnership	\$600,000
5289	5289.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3680	3680.06	The Health Communication Partnership	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14518	9162.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$200,000
14520	8648.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$313,000
15845	15845.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$150,000
14521	12268.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$100,000
14522	9165.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$97,000
14523	5291.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$320,000

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	25,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	False

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

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Nampula

Sofala

Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 6100.08

Prime Partner: Engender Health

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9405.08

Activity System ID: 14517

Mechanism: ACQUIRE

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$400,000

Activity Narrative: Reprogramming August08: Funding decrease \$249,795. This is a continuing activity, started through the ACQUIRE HQ Leader with Associate mechanism with FY07 \$300,000 of field support and conversion to a local associate agreement, anticipated in early FY09. In year two of this activity, funding has been split between AB and C&OP program areas to allow for holistic programming and to focus on gender integration in HIV programming. The purpose of this activity is to provide national leadership and coordination among PEPFAR partners with regards to gender issues, and continue to link to care, treatment, PMTCT, AB and C&OP activities in Sofala and Zambezia provinces. This activity specifically links to the gender components of the Communication Activities and the Vulnerable Girls Initiative activities under JHU.

The initial assessment and start-up occurred in October, 2007. Partnering with Brazilian NGO Promundo, EngenderHealth has the role of coordinating other USG partners in effectively mainstreaming gendered approaches throughout all PEPFAR activities. The partner will need to work effectively with USG communication, prevention, care and treatment partners as well as with the Ministry of Health, Ministry of Education, Ministry of Women and Social Action, and National AIDS Council at provincial level to mainstream gender sensitive Mozambican responses. The military and the police are important partners in many aspects: as enforcers of sanctions; as providers of treatment; and 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. Capacity building among GRM and a core group of PEPFAR partners has been selected as the main strategy for addressing the areas of increasing gender equity in HIV/AIDS programs. 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.

This narrative replaces the 2007 narrative.

This is a continuing activity, started through the ACQUIRE HQ Leader with Associate mechanism with FY07 \$300,000 of field support; conversion to a local associate agreement with the remaining FY07 \$440,000 is anticipated by December, 2007. In year two of this activity, funding has been split between AB and C&OP program areas to allow for holistic programming and to focus on "B" behaviors, particularly related to male norms and behaviors. The purpose of this activity is to provide national leadership and coordination among PEPFAR partners with regards to gender issues, and continue to link to care, treatment, PMTCT, AB and C&OP activities in Sofala and Zambezia provinces. In 2008, Nampula will be added as a third focus province. This activity specifically links to the Communication Activities, PAO/Peace Corps and the Vulnerable Girls Initiative activities.

Started with AB funding in COP07, and continuing in COP08 with split funding and linked to multiple program areas, this program addresses three main areas: 1) increasing gender equity in HIV/AIDS programs; 2) male norms and behaviors; 3) reducing violence and coercion.

The initial assessment and start-up is planned for October, 2007. Partnering with Brazilian NGO Promundo, EngenderHealth will have the role of coordinating other USG partners in effectively addressing the three components identified above and mainstreaming gendered approaches throughout all PEPFAR activities. The partner will need to work effectively with USG communication, prevention, care and treatment partners as well as with the Ministry of Health, Ministry of Education, Ministry of Women and Social Action, and National AIDS Council at provincial level to mainstream gender sensitive Mozambican responses to the three components noted above. The military and the police are important partners in many aspects: as enforcers of sanctions; as providers of treatment; and 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 the 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.

In addition to leadership on gender, EngenderHealth is expected to engage a range of AB partners in exploring the role of gender in the ability of youth, women and men to adopt healthy AB practices, and in the influence of group, community and cultural norms on support and reinforcement of healthy AB practices.

It is hard to estimate targets before the activity has been designed, but an initial estimate of the number of individuals reached through community outreach with AB messages is 4000 and the number of individuals trained is estimated to be 200 (mostly NGO and GRM staff and peer educators). After experience in year one of the activity with FY07 funding, these targets will be adjusted if necessary.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9405

Related Activity: 15877, 15878, 15858, 15732, 15767, 14519, 14525, 14312, 14526, 15846, 15797

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9405	9405.07	U.S. Agency for International Development	Engender Health	6100	6100.07	ACQUIRE	\$740,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14312	5283.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$1,600,000
14519	5289.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$800,000
15732	9185.08	7240	4978.08	PAO	US Department of State	\$366,665
15767	15767.08	7240	4978.08	PAO	US Department of State	\$250,000
14525	9144.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$550,000
14526	5231.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$4,800,000

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	0	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Nampula

Sofala

Zambezia

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7237.08

Prime Partner: Aid for Development People to People, Mozambique

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 15891.08

Activity System ID: 15891

Mechanism: New Partners Initiative USAID

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$0

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

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

Household Person-to-Person BCC CAMPAIGNS and COMMUNITY EVENTS

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

EDUCATION and OUTREACH with IN-SERVICE and PRE-SERVICE TEACHERS

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15848, 15795

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15848	15848.08	7237	7237.08	New Partners Initiative USAID	Aid for Development People to People, Mozambique	\$0
15795	15795.08	7237	7237.08	New Partners Initiative USAID	Aid for Development People to People, Mozambique	\$0

Emphasis Areas

Local Organization Capacity Building

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	37,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,589	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Teachers

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7239.08	Mechanism: Global Health Fellows Program
Prime Partner: Public Health Institute	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 15864.08	Planned Funds: \$0

Activity System ID: 15864

Activity Narrative: Reprogramming August08: \$130,000 have been re-programmed to QED/Global Health Technical Assistance Project - (GH Tech) that provides the USAID HIV team with short-term consultants. This funding was originally for GHFP position activity 15864, which will be funded in this re-programming with FY06 AB funds.

This activity is linked to the FY07 activity 9145. The position and fellow are continuing but this activity is included in COP08 as a new activity because of a change in mechanism to the current Global Health Fellows Program (GHFP) awarded to Public Health Institute (PHI) in FY07.

This funding supports the salary of one (1) ABc GHFP fellow. (Locally incurred costs for this position including benefits, housing, travel, office costs, IRM, ICASS and administrative support, are covered in activity number 9145.08 using a local mechanism).

This fellow position is entitled, ' HIV Behavior Change Communication Advisor'. This individual will manage and administer USAID/Mozambique PEPFAR programs, supporting HIV prevention as a member of the Behavior Change and National Response (BC & NR) unit of the HIV/AIDS Team. The BCC Advisor will:

1. Serve as Activity Manager and provide technical expertise to and administrative oversight of behavior change communication (BCC) for the Prevention of Sexual Transmission of HIV/AIDS and general support to the HIV/AIDS Team, PEPFAR Mozambique Interagency Team, and the Mission;
2. Manage assigned ABc programs, preparing documentation for contracts and agreements, and conducting monitoring field visits;
3. Provide technical assistance to partners to ensure a Prevention of Sexual Transmission portfolio that is appropriate, effective, comprehensive and in line with the Government of Mozambique's HIV Strategy.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3686.08

Mechanism: Health Policy Initiative (ex-PDI)

Prime Partner: The Futures Group International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15841.08

Planned Funds: \$100,000

Activity System ID: 15841

Activity Narrative: This is a new activity which is split funded with the Health Policy Initiative (HPI) workplace activity C&OP 9151.

\$100,000 was shifted from the HPI workplace activity to this new HVAB activity through the same mechanism, in order to provide split funding for sexual prevention activities with ECOSIDA and workplace partners. The HVAB activity in the workplace will focus on "B" behaviors. Targets in the AB program area have not been set in order to avoid double counting. Because the messages will be expanded to a broader ABC, the results will continue to be reported under the C&OP activity.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14529

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14529	9151.08	6857	3686.08	Health Policy Initiative (ex-PDI)	The Futures Group International	\$200,000

Emphasis Areas

Gender

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

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4978.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 9185.08

Activity System ID: 15732

Mechanism: PAO

USG Agency: Department of State / African Affairs

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$366,665

Activity Narrative: reprogramming August08: Reprogramming August08: Narrative Update to component number 2 - The activity should be changed from funding the STV Fama show to funding the Nationwide radio Mozambique program "Ola Vida" that entails a monthly themed completion incur aging local Community youth groups to actively engage in the HIV/AIDS ABC Prevention campaign. The program is to be aired on a daily basis between 18:00 - 18:15 and on Saturdays between 13:30 - 14:00

This activity narrative is divided into five (5) continuing activities implemented by PAO under HVAB program area. Please note - the first activity has an early funding request and all previous activity numbers are included for each activity.

1) FY07 activity #8503 (FY06 – 5444.06): This year the conference aims to expand its reach to include more girls participating in the conference as well as greater involvement of the local counterparts (Mozambican teachers). The conference itself also wants to increase it's focus on teaching the girls micro-project design and implementation to improve the quality and reach of the projects the girls carry out in their communities.

Early funding is requested for this activity as the conference is programmed to take place in April. As this is the first break of the school year leaving the students the rest of the year to design and implement the projects in their communities. If the conferences are carried out much later in the year the community projects can only be implemented in the next scholastic year causing the students to loose some of the momentum and motivation fostered by the conferences. \$100,000

2) FY07 activity # 8865: This activity will integrate AB prevention messages and training in the widely watched and extremely popular "FAMA Show" reality TV program (the Mozambican version of American Idol) on Soico Television (STV - a local TV channel). This can include but is not limited to AB promotion for the participants (aired during the week), song contests related to HIV/AIDS and a World AIDS Day show. \$66,666

3) FY07 activity #8505 (Fy06-5446): The Embassy Public Affairs Office will continue to provide grants for developing radio (especially community radio), television, print media and/or film products targeting young people nationally with messages promoting and supporting abstinence and faithfulness. Radio is especially important in Mozambique as it is the means of mass communication able to reach the largest portion of the population due to isolation, illiteracy, lack of electricity, etc. Reinforcing the ideals of abstinence and faithfulness in this medium nationally with locally produced messages youth can relate to has a great potential to effect normative as well as individual behavior change. TV is an increasingly important medium in Mozambique with new television channels starting up and expanding to the north and is a great way to reach more urban and often populations that are at greater risk. \$33,333

4) FY07 activity #9045 (FY06-5445): Updated narrative - Instead of having one national conference two regional conferences will be carried out - 1 for the northern and central provinces and another for the southern provinces. This will also enable more youth to be reached through the conferences and consequently have more community projects and people reached through them.

Early funding is requested for this activity as the conferences are programmed to take place in April. As this is the first break of the school year leaving the students the rest of the year to design and implement the projects in their communities. If the conferences are carried out much later in the year the community projects can only be implemented in the next scholastic year causing the students to loose some of the momentum and motivation fostered by the conferences. \$100,000

5) FY07 activity #8504: The increase in funding is to support a greater number of community based initiatives (mostly supported by Peace Corps volunteers) as they are a relatively inexpensive way to reach a large number of youth with prevention messages and information. \$66,666

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9185

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9185		Department of State / African Affairs	US Department of State	4978	4978.07	PAO	\$0

Emphasis Areas

Gender

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

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	205	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Teachers

Coverage Areas

Inhambane

Cabo Delgado

Gaza

Manica

Maputo

Nampula

Niassa

Sofala

Tete

Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3627.08

Mechanism: USAID-World Vision
International-GHAI-Local

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15815.08

Planned Funds: \$1,740,000

Activity System ID: 15815

Activity Narrative: Reprogramming August08: Decreased funding by \$100,000.

FY08 funding allows for year three of MozARK, a continuing activity under COP08, and the following new activity.

Community radio programs aimed at Couples: This activity will receive additional funds to create and broadcast community radio programs aimed at Mozambican couples aged 15-49. Issues to be addressed can include: multiple, concurrent partnerships, discordance, HIV testing and couples counseling and testing, disclosure related domestic violence, family planning and condom use, couples communication, faithfulness, widow cleansing, gender related issues, and positive living. This activity is linked to Abc.

The FY2007 reprogramming narrative below has not been changed.

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 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14543

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14543	12132.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$200,000

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	580,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	180,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	4,800	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Tete

Zambezia

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3583.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15798.08

Activity System ID: 15798

Mechanism: I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$300,000

Activity Narrative: One of the key objectives of the Ministry of Health (MOH) Strategic Plan to Combat STIs, HIV, and AIDS for 2004-2008 is to reduce the impact of HIV/AIDS on health care workers. As a primary means of prevention, behaviors associated with HIV transmission must be addressed, especially those sexual behaviors that put individuals at greatest risk of infection. To date, there are few existing activities that support health workers in dealing with HIV/AIDS risk behaviors and that address issues of abstinence, delay of sexual debut, and faithfulness to one's partners. The focus of this activity is to promote these behaviors and strengthening the norms that support them. FY 08 funds are being requested to support the University of Washington through its partner Global Health Communications (GHC), a partner with experience in the successful development and evaluation of Behavior Change Communication (BCC) interventions in the African context. Activities that this partner will support in Mozambique include:

(a) Building on the results of quantitative and qualitative assessments conducted with funding support from FY06/07, to identify informational and educational gaps that might be quickly and efficiently addressed by adapting existing A/B materials. Most of these may be print-based, but there may be radio PSAs that can be identified. Some of these materials may be circulating in parts of Mozambique, but the partner will be encouraged to identify materials from other countries in the region that may be translated into Portuguese and other local idioms as well as material from other lusophone countries (e.g., Angola, Brazil, Cabo Verde, Guinea Bissau) that may be modified to address the Mozambican context;

(b) Creating new A/B informational/educational materials where existing regional or lusophone materials do not exist;

(c) Developing and piloting behavioral and educational interventions focused on issues of abstinence and faithfulness;

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14064, 15799

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14064	14064.08	6347	3529.08	GHAJ_CDC_POST	US Centers for Disease Control and Prevention	\$12,343
15799	15799.08	6417	3583.08	I-TECH	University of Washington	\$250,000

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	300	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	50	False

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5082.08

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

Prime Partner: Food for the Hungry

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 9389.08

Planned Funds: \$532,000

Activity System ID: 14317

Activity Narrative: This is a continuing activity under COP08 with the following new component.

Community radio programs aimed at Couples: Food for the Hungry will use \$40,000 of Field Support to create and broadcast community radio programs aimed at Mozambican couples. Issues to be addressed can include: multiple, concurrent partnerships, discordancy, HIV testing and couples counseling and testing, disclosure related domestic violence, family planning and condom use, couples communication, faithfulness, widow cleansing, gender related issues, and positive living. This activity is linked to ABC.

The FY2007 reprogramming narrative below has not been changed.

This continuing Field Support funded activity will allow Track One AB Partner, Food for the Hungry to implement its Field supported AB program, "Capable to Decide: Enabling youth and high risk populations to make healthy sexual choices in Beira and Caia districts in Sofala, Mozambique". This program has three main components:

1) Continue expansion of FFHI's ABY program to provide youth, adults, and higher risk individuals with the skills to make healthy and informed choices about their sexual relationships, utilizing the 12-session Choose Life curriculum. Reduction of transactional sex, cross-generational sex, and mutual faithfulness/reduction of multiple and concurrent sexual partnerships will be focus issues.
(Beira district, Sofala province)

2) Continue to provide sexually active individuals and couples in married or cohabitating relationships the skills to practice mutual faithfulness and to know their HIV status using supplementary "B" curriculum developed in FY07.
(Beira and Caia districts-Sofala province)

3) The third component of Capable to Decide is to respond to sexual coercion, violence, cross-generational and transactional sex and other unhealthy sexual behaviors and practices, especially those presented by construction of the Zambezi bridge in Caia, Sofala. Activities include cooperating with local businesses to form an association centered around prevention and control of child prostitution, forming and enforcing a code of ethics, and facilitating sexual abuse prevention training. Specific focus is placed on employees of the National Road Association and other institutions employing large numbers of men to construct the bridge. Commercial sex workers are offered training in safer sex, decision making, referrals for medical check-ups and HIV counseling and testing. They are given skills through formation of savings groups and business management training. Other beneficiaries include teachers, church leaders, and community leaders who will be trained and then asked to organize community prevention and sexual abuse response plans.
(Caia, Sofala province)

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 part of the Transport Corridor due to its location on the national highway and ferry service across the Zambezi river. According to Save the Children UK's studies, 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%.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9389

Related Activity: 14324

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9389	9389.07	U.S. Agency for International Development	Food for the Hungry	5082	5082.07	USAID-Food for the Hungry-GHAI-HQ	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14324	5297.08	6775	3683.08	Track 1	Food for the Hungry	\$621,000

Emphasis Areas

Gender

* Reducing violence and coercion

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	29,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Sofala

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3683.08

Prime Partner: Food for the Hungry

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 5297.08

Mechanism: Track 1

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$621,000

Activity System ID: 14324

Activity Narrative: This is a continuing activity under COP08.

The FY2007 reprogramming narrative below has not been changed.

This Track One funding will continue Food for the Hungry's (FFH) "Healthy Choices" AB program promoting delay of sexual debut, abstinence and fidelity behaviors among youth and adults to increase knowledge and create supportive communities for AB behavior change. Youth to Youth peer groups, with support from FFH 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 developed "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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8226

Related Activity: 14317

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24279	5297.24279.09	U.S. Agency for International Development	Food for the Hungry	10415	3683.09	Track 1	\$480,786
8226	5297.07	U.S. Agency for International Development	Food for the Hungry	4783	3683.07	Track 1	\$613,480
5297	5297.06	U.S. Agency for International Development	Food for the Hungry	3683	3683.06	Track 1	\$524,739

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14317	9389.08	6773	5082.08	USAID-Food for the Hungry-GHAI-HQ	Food for the Hungry	\$532,000

Emphasis Areas

Gender

* Reducing violence and coercion

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	140,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	10,000	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Sofala

Tete

Mechanism ID: 3837.08

Mechanism: Quick Impact Program

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4853.08

Planned Funds: \$117,000

Activity System ID: 15192

Activity Narrative: Continuing activity. No changes to the narrative. Updated targets, target population, and coverage area.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8768

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26075	4853.26075.09	Department of State / African Affairs	US Department of State	9876	3837.09	Quick Impact Program	\$400,000
8768	4853.07	Department of State / African Affairs	US Department of State	4931	3837.07	Quick Impact Program	\$100,000
4853	4853.06	Department of State / African Affairs	US Department of State	3648	3648.06	State	\$56,000

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	700	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	225	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8784.08

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 15684.08

Activity System ID: 15684

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$370,000

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

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

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

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

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

Main activities will be to:

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15736, 13207, 13210, 13211

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15736	15736.08	8784	8784.08		JHPIEGO	\$380,000
13207	8568.08	8784	8784.08		JHPIEGO	\$1,405,000
13210	10211.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$1,350,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

- * Training

- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	30,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	50	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4978.08

Mechanism: PAO

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 15767.08

Planned Funds: \$250,000

Activity System ID: 15767

Activity Narrative: August 08 reprogramming: The Public Affairs Office Mozambique (PAO) requestes the following activity change:FROM: A feature-length Mozambique specific film from the B-roll footage of the "Voices of Hope" film TO: Outreach activities coordinated by Mozambique's top filmmaker Mr. Sol de Carvalho, who has made his widely-popular "Teias de Aranhas" mini-series into a film and has identified counselors who will be trained to conduct a number of events using the film as a discussion tool to elicit questions and debate to augment prevention awareness within local, "peri-urban" communities. This project involves training peer counselors and staff.

This activity narrative contains narratives for two new activities for the embassy's PAO office under HVAB.

This activity involves the compilation and editing of B-roll footage from the "Voices of Hope" PEPFAR DVD into a specific movie on Mozambique for public affairs purposes and increasing awareness regarding PEPFAR Mozambique. The primary target audience would be Mozambican and it could be incorporated in outreach activities carried out by Public Affairs though it could also be shown to PEPFAR partners and other donors. \$50,000

In coordination with the Ministry of Education and TBD partner(s), this activity will strengthen HIV/AIDS Prevention activities among youth in and around schools, including gender awareness; institutionalization and expansion of REDES, JOMA, and other youth initiatives; promotion of sexual health and HIV/AIDS education curricula; raising awareness of and reducing cross-generational sex and the exploitation of girls; and coordination and promotion of activities with other partners and donors in achieving Ministry goals in all areas relating to HIV & AIDS education and healthy life choices among youth in Mozambique. \$200,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3674.08

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

Prime Partner: Foundation for Community
Development, Mozambique

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 5283.08

Planned Funds: \$1,600,000

Activity System ID: 14312

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

April08 Reprogramming Change: Reduced \$100,000.

This is a continuing activity under COP08. The following is a replacement narrative.

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

There are five components:

1. AB ESH! SCHOOL & COMMUNITY ACTIVITIES

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

3. GENDER

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

4. WINDOW OF HOPE PROGRAMS

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

5. REDUCING VULNERABILITY OF OVC TO HIV

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

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

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9112

Related Activity: 14526, 13349, 14316, 14314,
14520, 14525, 14313, 13350

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24280	5283.24280.09	U.S. Agency for International Development	Foundation for Community Development, Mozambique	10416	3674.09	USAID-Foundation for Community Development-GHAI-Local	\$0
9112	5283.07	U.S. Agency for International Development	Foundation for Community Development, Mozambique	5040	3674.07	USAID-Foundation for Community Development-GHAI-Local	\$2,400,000
5283	5283.06	U.S. Agency for International Development	Foundation for Community Development, Mozambique	3674	3674.06		\$1,700,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13349	5293.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,760,000
14525	9144.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$550,000
14526	5231.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$4,800,000
13350	9154.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$822,600
14520	8648.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$313,000
14313	9152.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$500,000
14314	5321.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$950,000
14316	5320.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$1,448,430

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	811,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	80,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	5,700	False

Indirect Targets

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Sofala

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3529.08 **Mechanism:** GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Abstinence and Be Faithful Programs
Budget Code: HVAB **Program Area Code:** 02
Activity ID: 14064.08 **Planned Funds:** \$12,343

Activity System ID: 14064

Activity Narrative: This activity contributes to salary and benefits for the CDC HIV Prevention Specialist, who oversees, coordinates MOH and partners, provides technical inputs, and monitors A/B activities targeting health workers at MOH health facilities, and students at MOH training institutes.

Activities include: (a) Development of new A/B informational/educational materials for health workers and students; (b) technical assistance in applying health worker quantitative and qualitative assessment findings to the task of BCC intervention design in the areas of A/B; and (c) development and piloting behavioral and educational interventions focused on issues of abstinence and faithfulness at MOH health facilities and training institutes.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15798, 15799, 14070

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15798	15798.08	6417	3583.08	I-TECH	University of Washington	\$300,000
15799	15799.08	6417	3583.08	I-TECH	University of Washington	\$250,000
14070	14070.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$59,420

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3692.08 **Mechanism:** Capable Partners Program
Prime Partner: Academy for Educational Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Abstinence and Be Faithful Programs
Budget Code: HVAB **Program Area Code:** 02
Activity ID: 5293.08 **Planned Funds:** \$1,760,000

Activity System ID: 13349

Activity Narrative: This is a continuing activity under COP08.

In FY08, AED will receive additional AB funds to issue more sub-grants, with priority on focus provinces and consideration of Nampula for expansion, in order to facilitate technical meetings and for discussions at national, provincial and district levels.

The FY2007 reprogramming narrative below has not been changed.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9135

Related Activity: 13350, 13351, 13352, 13353,
13354, 14312

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24127	5293.24127.09	U.S. Agency for International Development	Academy for Educational Development	10359	3692.09	Capable Partners Program	\$1,620,000
9135	5293.07	U.S. Agency for International Development	Academy for Educational Development	5037	3692.07	Capable Partners Program	\$1,147,067
5293	5293.06	U.S. Agency for International Development	Academy for Educational Development	3692	3692.06	Capable Partners Program	\$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14312	5283.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$1,600,000
13350	9154.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$822,600
13351	9131.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$560,000
13352	5323.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,676,441
13353	5282.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$97,000
13354	9212.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,150,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	60,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	26,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 4791.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5302.08

Activity System ID: 12961

Mechanism: State Grant

USG Agency: Department of State / African Affairs

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$15,000

Activity Narrative: Continuing activity with updated target population and emphasis areas.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8234

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8234	5302.07	Department of State / African Affairs	US Department of State	4791	4791.07	State Grant	\$15,000
5302	5302.06	U.S. Agency for International Development	US Agency for International Development	3685	3685.06		\$0

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	300	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Maputo

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3528.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 5011.08

Activity System ID: 12956

Mechanism: Peace Corps-Peace Corps-GHAI-Local

USG Agency: Peace Corps

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$620,000

Activity Narrative: Peace Corps is continuing the same activities from the FY '07 COP. The amount from '07 has increased to support: the new PEPFAR Education Coordinator described in the last paragraph below; the increase in Volunteers in the Mozambique program; and the expanding scope of AB activities, including the boys and girls club projects and the science/HIV & AIDS awareness fairs and theater competitions, among others. It will also provide Volunteers with the opportunity to apply for Volunteer Activities Support & Training (VAST) grants used to support small-scale, capacity-building projects among CBOs, FBOs, and/or NGOs that work with or provide services to, local communities to fight HIV/AIDS.

This activity relates to Peace Corps activities HVOP 9464, HVMS 9465, HKID 9467, HTXS 9472 and the new HBHC activity. During FY 2008 approximately 40 Health Volunteers and 90 Education Volunteers will engage in a range of A/B Prevention activities with their colleagues, communities and institutions/organizations in all 10 provinces of the country outside of Maputo city. During this time, Peace Corps will be expanding geographically and in Volunteer numbers (3 additional Health Volunteers will be funded with PEPFAR funds under the A/B programming area and the general numbers of both Education and Health Volunteers in the country will increase), which will allow for greater expansion of A/B outreach in terms of individuals reached, persons trained, and institutions and communities technically strengthened. During the COP '08, Peace Corps Education Volunteers will serve as English and Science teachers and Teacher Trainers in approximately 55 secondary schools, technical institutions and teacher training institutes, and Health Volunteers will be providing capacity building assistance to approximately 100 communities and organizations in HIV/AIDS AB prevention support. Together, they will directly reach approximately 12,000 individuals with AB prevention messages and train 150 individuals to train others on AB prevention. Because of their two-year commitments of living and working with Mozambicans in their communities, Peace Corps Volunteers are uniquely placed to effect real behavior change through the development and provision of culturally appropriate messaging, materials, and personal support. As educated and qualified young Americans placed as secondary school teachers, Education Volunteers serve as vital role models for both teachers and young Mozambican men and women in a country where such role models are exceedingly few.

In FY 08, the Education Volunteers will integrate information and create specific lesson plans on A/B prevention into their English and Science teaching and teacher training, as well as develop and support extra-curricular HIV-related activities. Through successive COPs, the strategy for the Education Volunteers has been to continue to strengthen Volunteers' and counterparts' skills and knowledge. In the COP '04, PEPFAR funds covered the development of a HIV/AIDS teaching manual for PC/M education volunteers, which was based on successful practices of HIV integration in the classroom and extracurricular activities. The manual continues to be updated and modified and is a major teaching and training tool for the Volunteers and their colleagues. Subsequent PEPFAR funds have been used for additional materials such as the printing of Mozambique's first Life Skills Manual in Portuguese, Choosing a Future, and other valuable tools. The COP '08 funds will continue to support the production of creative, updated, and accurate A/B materials. Additionally, the COP '08 will build on previous years' best practices for continuing to strengthen the A/B training component in pre- and in-service trainings for Education Volunteers and their counterparts. Topics and materials that Education Volunteers incorporate into their A/B teaching and training with students, colleagues, and community members include: updated and accurate information on HIV transmission; information on locally available services, including the importance of HIV testing and how and where it is done; HIV stigma reduction through PLWA & home based care provider presenters; skills for analyzing traditional gender norms, practices, behaviors and rights; and contextually and culturally-specific life skills training for youth.

In the Health-HIV/AIDS project, the COP '08 will enable PC/Mozambique to continue its planned strategy of expansion of the Health Volunteers, geographically and numerically. Emphasis will be placed on assignments to the PEPFAR priority provinces of Sofala, Zambezia and Nampula. The Health Volunteers will support Mozambican NGOs, CBOs, FBOs, schools and other organizations in a range of A/B activities and materials development, including design and implementation of school and community projects, activities, trainings and events; peer education and counseling; school/community linkage; special activities for in- and out-of-school youths; local media and theater productions; and organizational capacity-building. In addition to supporting the above, the PEPFAR funds will be used for training and support enhancements so that Volunteers can be placed in less-served areas, and so that they will be more effective in their communities and organizations. The enhancements will also include the provision of housing and necessary security upgrades, where ordinarily communities and organizations could not house Volunteers according to PC's security requirements.

Across both the Health and Education sectors, the FY 08 proposed budget for A/B prevention will fund Volunteer training and materials enhancements to facilitate maximum Volunteer effectiveness in providing quality A/B instruction and support. The budget will cover: technical staff, materials, and training activities for A/B-related pre-service training; costs associated with A/B-related in-service trainings and planning meetings, including language and technical trainers, and support for Volunteers, counterparts and students/community members to participate in and benefit from these training activities; project exchange visits, allowing Volunteers, counterparts, and student leaders to visit each other's schools and projects to share best practices; support for special community and school activities, such as the national Boys and Girls Conferences; boys and girls clubs and other school and community projects; science fairs, theater competitions, and other community events and trainings with A/B related components; an all-Volunteer conference on HIV-AIDS; A/B materials development and reproduction, including the development and printing of an organizational development and capacity building toolkit for Health and Education Volunteers and their colleagues, and the continued translation and printing of relevant manuals and materials to Volunteer and counterpart activities in support of A/B; in-field technical support by PC/M staff, including staff and Volunteer travel and associated costs; PC/M staff capacity building through in-service activities, including post exchanges and conferences; and staff and office supplies to facilitate the above initiatives. PEPFAR resources will also be used for special school or community events and projects related to AB.

(\$120,000) New for FY '08 is a PEPFAR Education Coordinator, this person will be the main coordinator of HIV/AIDS activities in the Education Sector for Volunteers. In collaboration with the Country Director (CD), APCDs and PC PEPFAR team, the coordinator will be responsible for working with the Mozambique Ministry of Education and Culture, donors, and partners to support the expansion of boys and girls Clubs in schools around Mozambique. Peace Corps Volunteers throughout Mozambique are involved in these clubs -JOMA (Young Men for Change and Action) and REDES (Girls in Development for Health and Education).

Activity Narrative: The position will also promote sexual health and HIV/AIDS education curricula (developed by the Ministry of Education), support gender-related training and activities, promote efforts to reduce exploitation of girls and cross-generational sex; and coordinate activities with other partners in achieving Ministry goals in all these areas. The FY 08 funding mentioned above will support the salary and benefits for the position, as well as necessary office space creation and remodeling, equipment, travel, and supplies.

Per Agency instructions, approximately 15% of the budgeted amount will be directed to PC/HQ to cover overhead costs for supporting PC PEPFAR activities in this program area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9466

Related Activity: 12957, 12958, 12959, 12960

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21515	5011.21515.09	Peace Corps	US Peace Corps	9341	3528.09	Peace Corps-Peace Corps-GHAI-Local	\$500,000
9466	5011.07	Peace Corps	US Peace Corps	5198	3528.07	Peace Corps-Peace Corps-GHAI-Local	\$458,560
5011	5011.06	Peace Corps	US Peace Corps	3528	3528.06		\$237,800

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12957	4921.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$300,000
12958	5062.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000
12959	9472.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$550,000
12960	5009.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	12,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	7,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	150	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Gaza
Inhambane
Manica
Maputo
Nampula
Sofala
Tete
Zambezia
Cabo Delgado
Niassa

HMBL - Blood Safety

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

Total Planned Funding for Program Area: \$2,310,000

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

A total of 135 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. Besides USG support, the National Blood Transfusion Program (NBTP) receives some funds from the Mozambique state health budget allocated by the Ministry of Health (MOH) to the NBTP mainly for procurement of blood bank equipment and reagents. Advocacy with other donors and stakeholders is greatly needed to raise awareness about the importance of the blood transfusion services, and prevention of medical transmission of HIV and other blood borne diseases. The American Association of Blood Banks (AABB) is the USG-funded NBTP technical assistance (TA) provider, supporting the program in the effort to improve blood safety and transfusion services in Mozambique.

USG support has directly contributed to improvements and NBTP progress to-date: the number of blood units collected increased from 57,800 in 2003 to 72,170 in 2006. In 2006, around 41% of blood donations came from voluntary non-remunerated blood donors while around 59% came from replacement or family blood donors.

In 2006, MOH NBTP reported that 100% of blood units at all blood banks were screened for HIV, hepatitis B and syphilis. Systematic screening at three central level blood banks (Maputo, Beira, and Nampula) uses laboratory-based ELISA for HIV and Hepatitis B, and RPR for syphilis. Peripheral blood bank screening uses HIV and HBV rapid tests, and RPR. Plans for Fiscal Year 2008 (FY08) include the introduction of Hepatitis C screening.

HIV prevalence in blood donors decreased from 8% in 2004 to 6.4% in 2005 but increased to 8.1% in 2006. The increase in HIV prevalence among blood donors may be partially explained by the introduction of the lab-based ELISA screening assay in the three central level blood banks which together collect 35% of all blood in the country. Syphilis prevalence in blood donors decreased from 3.7% in 2004 to 3.3% in 2005 and 2.6% in 2006. Screening of blood units for Hepatitis B was introduced at the end of 2004, and HBV prevalence in blood donors decreased from 7.6% in 2005 to 6.5% in 2006.

During the first year of USG support, AABB has provided TA to the NBTP for the development of a National Blood Transfusion

Policy and facilitated the development of blood safety norms and standards which serve as the foundation of a quality assurance (QA) system for blood transfusion services in Mozambique. AABB supports an ongoing revision of Standard Operation Procedures and has begun to incorporate QA into training activities.

With TA provided by AABB, the NBTP has proposed a re-organization of the NBTP including a transition to a network model of service provision. In 2005, the MOH started the re-organization whereby 27 blood banks (2-3 per province) are upgraded to become reference units for 83 smaller blood banks. While reference blood banks will conduct a full range of procedures—blood collection, testing, production of blood components, storage, administration of blood units—they will also be responsible to supply smaller blood banks and health facilities with blood units. Since 2005, USG funds have supported the upgrade of 10 of the 27 reference blood banks, and rehabilitation of the regional blood bank of Nampula Central Hospital (3rd largest hospital in Mozambique, serving the Northern region of the country) and the blood bank of Chimoio Provincial Hospital in the Province of Manica. The 83 smaller blood banks will be divided into two groups: those performing collection, testing, and administration of blood units, and those storing and administering blood units only.

In addition, AABB technical experts facilitated the development of training materials for blood donor services, donor evaluation and infectious disease testing (IDT). During FY07 a total of 28 blood bank staff from the Southern, Northern and Central regions were trained. In August 2007, a first training of trainers (ToT) on donor evaluation was conducted in Maputo for six individuals. This first group of Mozambican trainers will roll out on-the-job training to staff in other provincial blood banks. At least two trainings will be conducted before March 2008. A ToT for IDT is scheduled to occur in November 2008. Training of a total of 90 NBTP staff will be supported through the proposed FY08 funds.

AABB has sought South-to-South collaboration between Brazilian Blood Transfusion Services Specialists and the new NBTP Director and technical staff to facilitate training in Portuguese, provide on-the-job mentoring and central level capacity building. Two Brazilian experts have become part of the AABB TA team, and FY08 plans include longer periods in-country by one of the Brazilian Advisors to intensify ongoing mentoring and continuous TA.

Other plans for FY08 include continuing procurement of equipment to further up grade remaining reference blood banks and continuing training efforts with 80 NBTP staff and 15 Mozambican trainers to be trained. AABB will develop additional training materials for areas such as phlebotomy, donor notification, blood collection through mobile units, immunohematology and blood component separation.

Data collection for a Knowledge Attitudes and Practices (KAP) Study, funded in FY06/07, to assess barriers and enhancers to blood donation in Mozambique is scheduled for the first quarter of the calendar year 2008. This study will inform further improvements in blood donor recruitment in FY08. Efforts to support improved mobilization of low-risk and repeat blood donors will continue.

MOH and AABB staf have initiated activities to improve monitoring and evaluation (M&E) within the NBTP. New data collection forms for blood transfusion service monitoring are currently in pilot at selected blood banks. Upon completion of the pilot, forms will be adjusted as needed and used to establish an improved manual data collection system for routine program monitoring. The second phase will establish a computerized blood bank data system. In planning for this activity, recently completed AABB-supported assessments of existing blood bank computer systems will be examined. Related activities will include recruitment and training of Mozambican IT staff to manage and maintain the data base and blood bank monitoring system.

As the new national blood transfusion regulations 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, to propose the establishment of an independent National Blood Transfusion Service. USG FY07 funding has assisted the MOH, through the Regional Procurement Support Office (RPSO) to initiate the design and preparations for construction of a new facility which will 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, and strengthen the coordination of the National Blood Transfusion Quality Assurance and M&E. An appropriate site located in a compound adjacent to Mavalane Hospital (one of three major hospitals in Maputo City) that is property of the MOH has already been identified for this unit. Additional proposed FY08 funding will permit completion of this infrastructure.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	136
3.2 Number of individuals trained in blood safety	90

Custom Targets:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 3585.08	Mechanism: Track 1 Blood Safety
Prime Partner: American Association of Blood Banks	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03

Activity ID: 5144.08

Planned Funds: \$500,000

Activity System ID: 12924

Activity Narrative: Continuing activity: The American Association of Blood Banks (AABB) has been awarded Track 1 funding to provide technical assistance (TA) and support to the Mozambique Ministry of Health (MOH) National Blood Transfusion Program (NBTP) for purposes of strengthening the blood supply and ensuring blood safety in Mozambique.

Key activities planned by AABB for FY08 are:

- 1) Continue assistance in establishing a legal framework and appropriate blood legislation, regulation and policy. During the first year of USG support, AABB has provided TA to the NBTP for the development of a National Blood Transfusion Policy. This National Policy is currently under review by the MOH legal department. AABB is attentive to the need of a further round of discussion before final approval.
- 2) 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) Continue with development and implementation of data collection systems for Monitoring and Evaluation (M&E), and Quality Management Systems to routinely monitor progress and operational activities. New forms for data collection system have been developed and are currently being piloted in key national centers. National implementation of the new form is scheduled for FY08.
- 6) Continue with development and implementation of training materials and Standard Operating Procedures (SOPs) for donor services, donor evaluation, donor registration and identification, blood collection, infectious disease testing, and mobile collection. Establish SOPs and schedules for storage, transport, and distribution of blood. SOPs have been developed in Portuguese.
- 7) Conduct training sessions on donor services, donor evaluation, donor registration, and identification, phlebotomy, and blood collection in mobile units or camps, blood component preparation, infectious disease testing and immunohematology. Training materials are being translated to Portuguese, adapted and sessions conducted in Portuguese. This strategy has allowed the development of a training-of-trainers (ToT) approach which will facilitate the roll-out of trainings to further blood banks through Mozambican blood bank trainers in the futures.
- 8) Train key NBTP personnel on quality management systems (QMS).
- 9) Provide technical assistance to the NBTP to conduct baseline Knowledge Attitudes and Perceptions (KAP) survey. The protocol of this survey has been finalized and will be submitted to the US IRB and the Mozambique Bioethics Committee. Implementation of the study will follow immediately after approval according to a planned schedule.
- 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) Assist the MOH NBTP in identification and establishment of linkages for fellowship opportunities for physicians in transfusion medicine.

In support of activities number 4 (support plans for renovation and procurement for critical equipment and supplies), 5 (development and implementation of data collection systems to monitor progress and operational activities), 6 (development and implementation of training materials and Standard Operating Procedures), and 8 (training of key NBTP personnel on quality management systems), AABB will be utilizing existing linkages with Brazil to station and maintain Brazilian blood safety expert(s) in Mozambique for extended periods of up to 3 months.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8194

Related Activity: 12933, 12925, 15722, 12967

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23636	5144.23636.09	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	10254	3585.09	Track 1 Blood Safety	\$500,000
8194	5144.07	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	4764	3585.07	Track 1 Blood Safety	\$400,000
5144	5144.06	HHS/Centers for Disease Control & Prevention	American Association of Blood Banks	3585	3585.06	Track 1 Blood Safety	\$676,440

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12933	5142.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$10,000
12925	5154.08	6341	3630.08	Track 1 Blood Safety	Ministry of Health, Mozambique	\$800,000
15722	15722.08	6341	3630.08	Track 1 Blood Safety	Ministry of Health, Mozambique	\$0
12967	9004.08	6353	5006.08	Track 1 Blood Safety RPSO	Regional Procurement Support Office/Frankfurt	\$1,000,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	135	False
3.2 Number of individuals trained in blood safety	90	False

Indirect Targets

Target Populations

Special populations

Blood Donors

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3630.08	Mechanism: Track 1 Blood Safety
Prime Partner: Ministry of Health, Mozambique	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 5154.08

Planned Funds: \$800,000

Activity System ID: 12925

Activity Narrative: Continuing activity with updated targets, target population, and emphasis area.

To strengthen the blood transfusion services and ensure blood safety in Mozambique, the Ministry of Health (MOH) National Blood Transfusion Program (NBTP) is proposing to conduct the following activities in FY08:

- 1) The NBTP will assist the MOH in the review process of the National Blood Bank Policy. An implementation plan will be developed as soon as the final document is approved.
- 2) Implement National Blood Bank Standards developed in collaboration with the American Association of Blood Banks (AABB) technical assistance (TA) provider.
- 3) Develop plants and monitor the construction of the new building for the NBTS and the National Reference Blood Bank.
- 4) Continue to improve procurement processes for critical equipment and supplies, and improve process for the installation, operation, maintenance, calibration, and repair of critical equipment.
- 5) Implement the newly developed form for data collection, recently piloted in key national centers. The use of the new form is part of frits steps for moving towards a new and improved system to improve the Monitoring and Evaluation (M&E), and Quality Management Systems of the operational activities.
- 6) Conduct baseline Knowledge Attitudes and Perceptions (KAP) survey with TA from the AABB. The protocol for this survey is being finalized and will be submitted to the US IRB and the Mozambique Bioethics Committee shortly. Implementation of the study will follow immediately after approval according to a planned schedule.
- 7) Conduct training sessions on donor services, donor evaluation, donor registration, and identification, phlebotomy and blood collection through mobile teams or camps, blood component preparation and infectious disease testing.
- 8) Continue supervision visits conducted by central level NBTP staff to blood banks at central, provincial, and rural hospitals, aiming for supervision visits to be conducted in all 11 provinces, with all central, all provincial and at least 2 rural hospital blood banks per province being visited during FY08.
- 9) Strengthen the supervision activities in the three regional blood banks (Maputo, Beira, and Nampula) through mentorship, in collaboration with Brazilian blood bank experts stationed at the regional blood banks over extended (3-6 months) time periods.
- 10) 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.
- 11) Implement a national screening assay for detection of anti-HCV antibodies in the country. Roll-out of Hepatitis C screening will follow the assessment of available regional anti-HCV assays that will be conducted in partnership with the Immunology Department of the National Health Institute (ID-NHI).
- 12) Collaborate with the ID-NHI in the effort to increase the number of blood banks participating in the National External Quality Assessment (EQA) program for HIV and HBV serology.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8196

Related Activity: 12933, 12924, 12967

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23783	5154.23783.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	10295	3630.09	Track 1 Blood Safety	\$1,800,000
8196	5154.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4766	3630.07	Track 1 Blood Safety	\$200,000
5154	5154.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	3630	3630.06	Track 1 Blood Safety	\$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12933	5142.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$10,000
12924	5144.08	6340	3585.08	Track 1 Blood Safety	American Association of Blood Banks	\$500,000
12967	9004.08	6353	5006.08	Track 1 Blood Safety RPSO	Regional Procurement Support Office/Frankfurt	\$1,000,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	135	False
3.2 Number of individuals trained in blood safety	90	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Blood Donors

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3526.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HMBL

Activity ID: 5142.08

Activity System ID: 12933

Activity Narrative: Continuing activity: Funding under this activity is proposed to support in-country travel for the CDC Senior Prevention Program Advisor assisting with coordination, supervision, technical assistance, Monitoring and Evaluation (M&E) of blood safety activities in Mozambique. The Advisor meets with the Mozambique MOH National Blood Transfusion Program (NBTP) staff at least monthly, and accompanies visits from the technical assistance Provider, the American Association of Blood Banks (AABB) that take place in support of training, supervision, on-the-job mentoring. The Advisor is on occasions also asked to accompany NBTP staff to regional events to assist with presentation of Mozambique's blood safety activities and participation in planning and program review occurring as part of these meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Mechanism: GHAI_CDC_HQ

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Medical Transmission/Blood
Safety

Program Area Code: 03

Planned Funds: \$10,000

Continuing Activity: 8626

Related Activity: 12924, 12925, 15722, 12967

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24430	5142.24430.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10462	3526.09	GHAI_CDC_HQ	\$70,000
8626	5142.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	\$15,000
5142	5142.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHAI_CDC_HQ	\$71,012

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12925	5154.08	6341	3630.08	Track 1 Blood Safety	Ministry of Health, Mozambique	\$800,000
15722	15722.08	6341	3630.08	Track 1 Blood Safety	Ministry of Health, Mozambique	\$0
12924	5144.08	6340	3585.08	Track 1 Blood Safety	American Association of Blood Banks	\$500,000
12967	9004.08	6353	5006.08	Track 1 Blood Safety RPSO	Regional Procurement Support Office/Frankfurt	\$1,000,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5006.08

Mechanism: Track 1 Blood Safety RPSO

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: Central GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 9004.08

Planned Funds: \$1,000,000

Activity System ID: 12967

Activity Narrative: Continuing activity - FY08 update: The area selected by the Ministry of Health (MOH) for the construction of the National Blood Bank Reference Center in Maputo is property of the MOH and is located in a compound adjacent to Mavalane Hospital (one of the three major hospitals in Maputo City) and the National Maintenance Department.

In March 2007, the MOH National Blood Transfusion Program (NBTP) Team with support from a consultant from the American Association of Blood Banks (AABB) met, inspected and measured the terrain, and developed a first draft of the plant for the new facility.

To address concerns of the Mozambique Health Minister and the MOH National Health Director regarding needs for future expansion of the laboratory and NBTP, the plan was revised and upon further discussion with the MOH NBTP, AABB and USG staff until a consensus was reached and the revised plan designed to ensure a clear physical separation between the NBTP Directorate on one hand and the reference laboratory and training facility on the other hand. The plans were re-drawn and a cost analysis was performed. These were submitted and approved by the Health Minister, the MOH National Health Director and the NBTP staff.

Key changes between the first initial plan and the final approved plan include:

- (1) The Laboratory will be separate from the NBTP directorate. This building will have 1440 square meters, should have adequate space as designed for future expansion of regional testing.
- (2) A second building will be used for storage, mobile staging and generator housing. This building will have 288 square meters.
- (3) A third structure will be build to house the NBTP staff and directorate.

While the initial plan would have resulted in one single longer L-shaped building, concerns included that the building would be too long for proper ventilation and outside light. The final plan is expected to provide adequate space for expansion of services for the next 10 -15 years.

Funding proposed under this activity will cover all costs required for completion of this important infrastructure.

COP07 Narrative to be maintained:

In 2004/5, the USG supported the Ministry of Health (MoH) National Blood Transfusion Program (NBTP) team to develop a five-year strategic plan to re-design blood transfusion services, moving toward a network model of service delivery. Consequently, the Minister of Health decided in-line with international WHO guidelines and recommendations to support the establishment of an independent National Blood Transfusion Service. This activity would provide funding to the Regional Procurement Support Office to support the MoH to design and construct a facility which would bring the Blood Transfusion Services Directorate and the National Referral Blood Bank together under one unit.

This activity aims to:

- 1) Improve the coordination of services between these two bodies;
- 2) Establish an improved national blood safety training facility;
- 3) Strengthen the coordination of the National Blood Transfusion Quality Assurance and monitoring and evaluation program; and
- 4) Improve overall service and coordination of the National Referral Blood Bank.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9004

Related Activity: 12933, 12924, 12925

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21495	9004.21495.09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	9331	5006.09	Track 1 Blood Safety RPSO	\$0
9004	9004.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	5006	5006.07	Track 1 Blood Safety RPSO	\$1,500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12933	5142.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$10,000
12925	5154.08	6341	3630.08	Track 1 Blood Safety	Ministry of Health, Mozambique	\$800,000
12924	5144.08	6340	3585.08	Track 1 Blood Safety	American Association of Blood Banks	\$500,000

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	1	False
3.2 Number of individuals trained in blood safety	0	False

Indirect Targets

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3630.08	Mechanism: Track 1 Blood Safety
Prime Partner: Ministry of Health, Mozambique	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03
Activity ID: 15722.08	Planned Funds: \$0
Activity System ID: 15722	

Activity Narrative: Continuing activity- PHE with Narrative Update

COP07 Activity ID #: American Association of Blood Banks (AABB)-8194, Ministry of Health (MOH)-8196-8106

Title: Knowledge, attitudes and practices (KAP) study regarding blood donations in Mozambique

Time and money summary:

FY06 allocations: AABB \$20,000; MOH \$55,175

FY07 allocations: AABB \$75,000; MOH \$20,000

Mechanism: Track 1 funding

No additional funding is requested for completion of this study in FY08. It is expected that implementation of the study will be completed before the end of FY 08.

Local Co-investigators:

Evelina Chambo, Director of the National Blood Transfusion Services (NBTS), MOH Mozambique

Dina Ibrahim, National Donor Recruitment Coordinator, NBTS, MOH Mozambique

Project Description:

This study is being implemented by the MOH NBTP, with technical assistance (TA) provided by the AABB team. The study will help identify the level of knowledge among the general public on blood donation; beliefs, perceptions, attitude and experiences about blood donation; barriers that may limit blood donation; factors that motivate some people to donate blood; and the most effective communication methods to reach and motivate the target audience to become regular blood donors for the national blood program of Mozambique.

It has been recognized that voluntary, non –remunerated, low risk and repeat blood donors are safest in comparison to those who give their blood only when a member of their family requires it (i.e., family replacement donors). In Mozambique, despite efforts to improve blood donor recruitment since the beginning of USG support in 2004, the percentage of blood donations coming from replacement donors has remained relatively high, and the NBTS remain dependent on family replacement donors whilst the demand is greater than the current blood supply. Motivating the public to donate blood will require information about current and potential blood donors, particularly in relation to current knowledge, attitudes, and practices regarding blood donation-information provided by this study. Study findings will inform and enable the NBTS staff to further improve blood donor recruitment efforts and to increase the number of blood donors, educate blood donors on blood donation and reduction of risk behaviors to reduce or prevent risk of HIV transmission.

Convenience sampling and two data collection techniques – personal interviews and focus group discussions (FGDs) – will be utilized for implementation of this study. Standardized tools have been developed for both interviews and FGDs. Approximately one week will be spent in each of six locations, with at least 200 interviews and 1 FGD conducted in each location. Interviews will be conducted with both donors and non-donors.

Status of the Study:

A working group composed of MOH NBTS staff, including the Program Director and the Blood Donor Recruitment Coordinators, a Researcher from the MOH national Health Institute as well as AABB and CDC technical staff has been established. The study protocol and tools have been developed and are currently undergoing the last and final review. The study protocol and instruments will be submitted for ethical review by the Mozambique Bioethics Committee and the appropriate US authority in October 2007. It is anticipated that the review will be completed by the end of this calendar, and the study be implemented during the first semester of the calendar year 2008, so that results will be available in June/July 2008 and will be used to inform planning for further NBTS recruitment activities for FY09.

Lessons Learned:

The collaborative effort and participation of staff and stakeholders from different MOH program or departments, and different stakeholders and TA providers, means that time is needed for discussion, several rounds of reviews, submission and approval by senior technical staff, until consensus is reached and a high-quality protocol produced and submitted. Regular NBTS activities and emergencies emerging from regular program functioning have at times taken priority over the review and finalization of the documents. However with finalization of the protocol being imminent the MOH team and study working group is committed to move forward with implementation of the study swiftly as soon as formal approval has been issued.

Information Dissemination Plan:

As customary for studies conducted in Mozambique, the MOH will conduct a formal dissemination workshop to present study findings and involve various MOH departments and programs as well as other stakeholders in the discussion of the results and formulation of recommendations to guide further improvements of blood donor recruitment efforts.

Copies of the final study report will also be shared with provinces and sites that have participated in the data collection. The report will also be sent to major donor agencies and initiatives in Mozambique, to advocate for greater support for the program, and donor recruitment activities in particular, as to-date the NBTS is supported mainly by state and USG funds.

Planned FY08 Activities:

The study protocol and tools will be submitted for ethical review and approval in the US and in Mozambique in October 2007. It is hoped that approvals will be granted by December 2007, so that preparation for implementation can take place in January/February 2008, data collection from March to May 2008, data entry and analysis in June 2008, and report-writing and dissemination in July 2008.

A team of twelve staff and field researchers will be trained from the NBTS staff. AABB will provide a full-time study coordinator, who will assist with training and supervision for the duration of the study. MOH NBTS, AABB and CDC staff will collaborate for final data analysis, and preparation of the report and dissemination event.

Activity Narrative: Budget Justification:
As mentioned above, no new funds are requested for FY08, and funding provided in FY06/07 will be used for completion of this study.

The budget breakdown for funds provided from previous years will be:

Salaries/fringe benefits: not applicable
Accommodation and per diems for data collectors and supervisors: \$55,000
Equipment (Recorders, computers etc.): \$10,000
Supplies (Stationary, batteries etc.): \$6,500
Reproduction of tools and study report: \$7,000
Training: \$6,000
Travel for study personnel in-country: \$17,000
Travel (incl. return flight from the US), accommodation and per diems for the TA provider: \$30,000
Short-term consultancy contracts for data entry and data analysis: \$16,000
Translations and transcripts: \$9,500
Final dissemination workshop: \$3,000
Other: \$10,175
Total \$170,175

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12933, 12924, 12925

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12933	5142.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$10,000
12925	5154.08	6341	3630.08	Track 1 Blood Safety	Ministry of Health, Mozambique	\$800,000
12924	5144.08	6340	3585.08	Track 1 Blood Safety	American Association of Blood Banks	\$500,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Total Planned Funding for Program Area: \$2,942,993

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Estimates calculated with WHO guidance, indicate on average, 3 medical injections per person, per year are administered in Mozambique. A study conducted by the Ministry of Health (MOH), UNICEF, WHO and John Snow Inc. (JSI), in Mozambique in early 2004, found that approximately 54% of 290 therapeutic injections were administered using correctly sterilized metallic needles and glass syringes. Additionally, 58% of health facilities visited, stocked sterile, single-use injection supplies, however this stock was mostly used for vaccinations and other preventive services.

Injection safety (IS) activities are administered through the National Infection Prevention and Control (IPC) Program of the Ministry of Health (MOH), situated within the National Health Directorate for Medical Assistance, and closely linked to the National Nursing Department. IPC staff coordinates, supervises, and implements all IPC activities throughout the country, including IS.

The National IPC Task Force, chaired by the MOH, provides leadership for IPC activities. Task Force members include MOH staff from immunization, medical assistance, environmental health, training, and nursing departments. Partner agencies include USG, JHPIEGO, JSI, WHO, UNICEF, Médecins Sans Frontières, Project Hope, and others.

US government (USG) funds support two complementary technical assistance (TA) and implementation partners: JHPIEGO and JSI. In summary, JHPIEGO has provided the MOH with broad IPC TA and implementation support at hospital-level, while JSI has focused on IS and waste management support at health facility and peripheral levels, now initiating activities also at community level. Activities are described in more detail for each partner below.

JHPIEGO has provided TA for the MOH through in-country funds since March 2004, and assisted in the establishment of central- and hospital-level comprehensive IPC programs. JSI, supported through Track 1 funding, has supported IS and waste management activities since May 2004. JHPIEGO and JSI produce annual work plans submitted to the MOH and the IPC Task Force for approval; these describe progress to-date and plans for the following year, and allow for coordination of activities. Additionally, JSI and JHPIEGO hold quarterly coordination meetings. Promotion and implementation of universal standard precautions are integrated into the plans and interventions as an essential part of all USG-supported efforts.

The MOH, with TA from JHPIEGO, has been implementing a Standards-Based Management and Recognition approach (SBM-R) to improve IPC practices in hospitals since 2004. A comprehensive set of performance standards were developed covering 9 direct services: sterilization, operating rooms, emergency, tuberculosis, inpatient services, dental department, blood bank, clinical laboratories, and post-mortem care; and 5 support services: administration, health education, kitchen, laundry, and waste management. Using the standards, MOH staff identifies and corrects performance gaps, mobilizing resources for IPC. Motivation was achieved through empowerment and increased job control, clear performance goals, networking, and competition. To further increase visibility and motivation, hospitals designed a logo and slogan, and a recognition system was developed. The program expanded from 6 hospitals in 2004 to 33 (including the Maputo Military Hospital) in 2007. At these sites, IPC committees have been established, hospital staff trained in IPC and SBM-R (192 hospital staff trained between January - August 2007), activities are being implemented, and quarterly self assessments and annual external assessments are being conducted. Compliance with standards among hospitals has improved from 12% - 45% at baseline in 2004, to 52% - 93% in 2007.

In addition, JHPIEGO worked with the MOH and partners in the development and operationalization of a 5-year IPC program strategy as well as the development of IPC training materials for in-service and pre-service trainings.

In early July 2007, with TA and support from JHPIEGO, the MOH hosted the 1st National IPC Meeting in Mozambique. The meeting drew a total of over 120 participants representing the MOH central and provincial directorates, hospitals, and partners. Following the meeting, the hospitals submitted action plans based upon the priorities discussed.

Activities proposed for FY08 include: the expansion of IPC activities to 10 new hospitals (including two military hospitals); development of a system to estimate, order and control IPC materials and supplies at the facility level; training 20 IPC trainers, training of 100 health workers, recognition activities for high performing hospitals in IPC, and development of a simple surveillance system to measure the impact of improved IPC practices.

JSI has worked closely with the MOH, JHPIEGO, and partners since beginning advocacy, procurement, distribution, training, and behavior change communications on IS and waste management norms and standards in 2004.

JSI's advocacy activities with all stakeholders have focused on the reduction of unnecessary injections, transition from glass to single-use and AD (auto-disable) syringes, administrator-level support for general IS, waste management and its regulation, and set-up of appropriate waste and incineration systems. Procurement and distribution of IS and waste management supplies has included AD syringes, safety boxes, injection registers, gloves, eye protectors etc. JSI has also provided district-wide implementation support to the MOH for IS and waste management activities, covering all levels of health facilities down to health centers and posts, reaching approximately 70 health facilities by the end of March 2006 and training a total of 1700 health workers and support staff. Finally, JSI has supported community level behavior change communication (BCC) activities on IS.

For FY08, JSI will focus on strengthening IS activities at existing sites, including full integration into the MOH IPC program at all levels, expansion of IS/waste management activities into 29 new health facilities, training 345 health facility staff, continuation of support for commodity procurement and management, improved and standardized management for sharps disposal, and the initiation of activities with traditional healers.

An important challenge for JSI has been increasing acceptance of IS as a new concept through advocacy, education and relationship-building with the MOH IPC and facilitating IS integration within the overall IPC program activities. Advocacy with hospital and facility directors has also been necessary to ensure high level support for staff implementing IPC measures. Additional challenges are shortages of IPC supplies and frequent transfers of health facility personnel requiring training of new staff.

During FY08, expansion plans will continue to include military and police health facilities that serve both uniformed services and civilian populations. Priority will be given to facilities involved in the provision of USG supported ART and other HIV/AIDS services. USG, JHPIEGO and JSI staff will facilitate and enhance collaboration, particularly between the MOH and the Ministry of Defense, for planning, implementation, and monitoring of the IPC activities.

Funding support provided directly to the MOH IPC program will continue to enable the MOH IPC program staff to roll out activities to health facilities where no external partners are present. This enhances the MOH staff's capacity to utilize training materials developed, and to implement activities on their own, strengthening their confidence and implementation experience in the absence of outside support, which in turn will contribute to long-term sustainability and continuation of program activities. In 2008, the MOH IPC team will intensify activities in the focus provinces, selected by the MOH and USG.

All three USG-funded partners, MOH, JHPIEGO, and JSI, will prioritize activities and expansion in the three PEPFAR focus provinces, Sofala, Zambezia, and Nampula, for the selection of new sites, staff training, and resource allocation (Post-Exposure Prophylaxis roll-out, provision of equipment and supplies, etc).

Other closely linked USG-supported efforts, including guideline development, roll-out of Post-Exposure Prophylaxis (PEP) and workplace safety, are included in other prevention and policy and systems strengthening activities.

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety 2310

Custom Targets:

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 8784.08	Mechanism: N/A
Prime Partner: JHPIEGO	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN	Program Area Code: 04
Activity ID: 5177.08	Planned Funds: \$900,000

Activity System ID: 15775

Activity Narrative: Since 2004, the MOH, with TA from JHPIEGO, has been implementing a Standards-Based Management and Recognition approach (SBM-R) to improve IPC practices in hospitals. A comprehensive set of performance standards were developed covering 9 direct services: sterilization, operating rooms, TB, emergency departments, inpatient services (medical, surgical, and pediatric wards), dental department, blood bank, clinical laboratories, and post-mortem care; and 5 support services: administration, health education, kitchen, laundry and waste management. Using the standards, workers identify and correct performance gaps, mobilizing resources for Infection Prevention and Control (IPC). The program expanded from 6 hospitals in 2004 to 13 in 2005, to 23 in 2006, and to 33 (including the Military Hospital in Maputo) in 2007. Compliance with standards ranged from 12 to 45% at baseline and from 52 to 93% in the latest internal assessments of 2007.

The purpose of activities proposed for 2008 is to continue the support to the MOH for the expansion to a total of 43 hospitals, and institutionalization of the IPC efforts in health facilities throughout the country.

Key objectives of this activity are to (a) strengthen, expand, and institutionalize the IPC initiative in hospitals; (b) create a simple surveillance system to measure the impact of the improved IPC practices; and (c) decrease the risk of medical transmission of HIV/AIDS and of nosocomial TB.

Main activities are to assist the MOH IPC program to:

- (a) Develop a system to estimate, order and control the IPC materials and supplies
- (b) Conduct one Training of Trainers (TOT) in IPC for 20 new IPC trainers for the 10 new facilities
- (c) Conduct three IPC training courses for 100 healthcare workers
- (d) Conduct SBM-R training for 90 healthcare workers already involved in IPC activities
- (e) Support and monitor IPC training activities in 43 hospitals
- (f) Support recognition activities for high performing hospitals in IPC
- (g) Develop a simple surveillance system to measure the impact of the improved IPC practices

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8516

Related Activity: 13190, 14325

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26736	5177.26736.09	HHS/Centers for Disease Control & Prevention	JHPIEGO	10412	8784.09		\$0
8516	5177.07	HHS/Centers for Disease Control & Prevention	JHPIEGO	4870	3566.07	UTAP	\$720,900
5177	5177.06	HHS/Centers for Disease Control & Prevention	JHPIEGO	3566	3566.06	UTAP	\$825,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14325	5259.08	6776	3656.08	Track 1	John Snow, Inc.	\$1,792,993
13190	8582.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$250,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	210	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 3570.08

Prime Partner: Ministry of Health,
Mozambique

Funding Source: GHCS (State)

Budget Code: HMIN

Activity ID: 8582.08

Activity System ID: 13190

Mechanism: Cooperative Agreement

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Medical Transmission/Injection
Safety

Program Area Code: 04

Planned Funds: \$250,000

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

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 training materials developed with assistance from JHPIEGO and JSI, and to implement activities on their own, strengthening their confidence and implementation experience in the absence of outside support, which in turn will contribute to long-term sustainability and continuation of the program activities.

The goal of activities proposed for 2008 is to continue the strengthening the role of the MOH IPC program, in particular the nursing department, in the expansion and institutionalization of the IPC efforts in health facilities throughout the country.

Main activities proposed are to:

- (a) Conduct three IPC training courses for 60 mid and basic level nurses from general and rural hospitals
- (b) Conduct three IPC training courses for 60 ancillary workers from general and rural hospitals
- (c) Conduct three IPC training courses for 60 mid and basic level nurses and other technicians from emergency services from general and rural hospitals
- (d) Support and monitor IPC committees and training activities in general and rural hospitals through supervision visits
- (e) Purchase selected Personal protective equipment (PPE) for 10 hospitals
- (f) Print training materials and job aids to support the implementation of IPC activities

Proposed budget amount can be broken down into funding for each activity as follows:

- (a) IPC Training Activities: \$150,000
- (b) Purchase of PPE: \$50,000
- (c) Supervision Visits: \$30,000
- (d) Printing of Materials and Job Aids: \$20,000

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8582

Related Activity: 15775, 14325

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23786	8582.23786.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	10296	3570.09	Cooperative Agreement	\$1,349,390
8582	8582.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	\$89,821

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15775	5177.08	8784	8784.08		JHPIEGO	\$900,000
14325	5259.08	6776	3656.08	Track 1	John Snow, Inc.	\$1,792,993

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	180	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 3656.08

Prime Partner: John Snow, Inc.

Funding Source: Central GHCS (State)

Budget Code: HMIN

Activity ID: 5259.08

Activity System ID: 14325

Mechanism: Track 1

USG Agency: U.S. Agency for International Development

Program Area: Medical Transmission/Injection Safety

Program Area Code: 04

Planned Funds: \$1,792,993

Activity Narrative: This is a continuing activity under COP08. Under this activity JSI aims to assist the MOH to achieve universal coverage in health facilities with safe injections. Due to delayed start up of activities in FY2006 funding levels for FY2007 were drastically reduced. Funding levels for COP08 are reflective of those from COP06.

The narrative below from FY2007 has not been updated.

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) subcommittee 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8228

Related Activity: 13190, 15775

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8228	5259.07	U.S. Agency for International Development	John Snow, Inc.	4785	3656.07	Track 1	\$236,696
5259	5259.06	U.S. Agency for International Development	John Snow, Inc.	3656	3656.06	Track 1	\$1,792,993

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15775	5177.08	8784	8784.08		JHPIEGO	\$900,000
13190	8582.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$250,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	1,920	False

Indirect Targets

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$9,845,355

Amount of total Other Prevention funding which is used to work with IDUs \$16,500

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Background

The US Government (USG) approach in Mozambique focuses activities around the President's Emergency Plan for AIDS Relief (PEPFAR)-funded treatment expansion to provide prevention activities for discordant couples, family members, family planning clients and sexually transmitted infection (STI), tuberculosis and malaria patients. Some geographic areas are underserved as are most-at-risk populations (MARP) who need services tailored to their needs. As Mozambique is experiencing a generalized epidemic, USG condoms and other prevention (C&OP) programs use a holistic abstinence, be faithful and correct and, as appropriate, consistent use of condoms (ABC) approach complementary to abstinence, be faithful (AB) activities. The USG team and partners in Mozambique have always worked with the Ministry of Health (MOH), National AIDS Council (NAC), other donor organizations, international agencies and local partners to support Mozambique's goal of reducing new infections from 500 per day to 350 per day in 5 years. [National Strategic Plan II for HIV/AIDS 2004-2008].

In January 2007, the Office of the U.S. Global AIDS Coordinator (OGAC) fielded an expert team to Mozambique to provide technical assistance for development of a strategic prevention portfolio. The team included the leaders of the Prevention for General Population and Youth Technical Group; Prevention for Populations Engaging in High Risk Behaviors (MARP) Technical Group; and the Gender Technical Group. The OGAC team identified 6 priorities for programming to prevent sexual transmission: 1) increase perceptions of personal risk and address normative and structural factors placing youth at risk; 2) expand focus on adults and higher-risk populations; 3) coordinate national communication efforts to reduce cross-generational and transactional sex and change male norms and risks associated with concurrent partnerships; 4) promote better understanding of populations at higher risk through behavioral and HIV surveillance and comprehensive programs including prevention messages, condom promotion, counseling and testing (CT) and STI services, if feasible; 5) develop age-appropriate, targeted, balanced ABC programs with increased C&OP funding for partners to expand messages and target populations; 6) address gender norms that define and perpetuate risky behavior by developing a national media campaign.

The team noted potential gaps in the Mozambique prevention program including the need for increased emphasis on fidelity and partner reduction; changing male norms and risky male behavior; targeting high-risk youth; reducing the vulnerability of adolescent girls and young women; decreasing cross-generational and informal transactional sex as well as formal commercial sex; reducing substance use (especially alcohol) and HIV; addressing cross-border, transit corridor and port-related issues; and responding to the prevention needs of HIV+ individuals. The recommendations from the team were accepted and integrated into the fiscal year 2007 (FY07) country operational plan (COP) through reprogramming of activities and incorporation of recommendations into agreements with existing partners.

With FY07 reprogramming and plus-up funding, progress has been made in implementing the OGAC team recommendations:

1. A National Prevention Reference Group, chaired by the NAC, will include all stakeholders and incorporate the Condom Working Group (CWG) and Male Circumcision Working Group (MCG) as subgroups to address these issues.
2. The USG and partners have a solid program of condom social marketing and behavior change directed towards sex workers, workplace employees (e.g. projects with CocaCola and Dunavant Cotton Company in rural Zambezia), migrant laborers along transport corridors and other "hotspots".
3. In FY07, a split program with AB funding started with young military recruits. Military/police activities (e.g., training of peer educators, radio programs, ABC information, education and communication linked with CT and treatment services) continue.

4. Workplace activities expanded and are reaching large numbers of men. A USG partner negotiated an agreement with ECOSIDA (Business Coalition against AIDS). Work with ECOSIDA and the private sector builds linkages with HIV/AIDS services and addresses stigma and discrimination in the workplace and the community.
5. Holistic programs with AB/C&OP split funding have been planned, including Foundation for Community Development, Mozambique (FDC) mass media campaigns; Quick Impact and Public Affairs Office (PAO) activities; World Vision MOZARK added a C&OP component to reach MARP.
6. Expanded large scale communication activities through the mass media and interpersonal communication targeting concurrent partnerships, cross-generational and transactional sex started in FY07, led by Johns Hopkins University/Health Communications Partnership (JHU/HCP) with FDC and PSI. These activities include strategies to reach municipal and community leaders as well as national political leaders and to involve celebrities from the music and sports worlds to promote individual risk assessment, CT and behavior change.
7. The USG made a significant investment in gender through EngenderHealth with Promundo/Brazil. Mozambique was selected for the Vulnerable Girls Initiative (VGI).
8. The USG and partner Academy for Educational Development (AED) began work with the non-governmental organizations Get Jobs, which reaches sex workers, and the National Network against Drugs.
9. Although Prevention with Positives is largely funded through the treatment program area, split funded ABC programs work with Associations of people living with HIV/AIDS (PLWHA) to bring about behavior change for prevention.
10. Norms and behaviors around alcohol use as a factor in HIV transmission are being addressed by various USG partners in behavior change communication activities in community programs, in youth programs and in the workplace.

Statistics

The HIV/AIDS epidemic is generalized in Mozambique with an estimated 16% prevalence rate in adults aged 15-49 years that continues to rise. Young women have twice the prevalence of HIV in the 15-19 age group as their male counterparts, and four times higher in the 20-24 age cohort. [World Bank, Mozambique Profile]. Adult HIV prevalence in the central provinces, along transport corridors, and among mobile groups (e.g., truckers, police, sex workers, miners, vendors and military forces.) is estimated as high as 26 percent. Although adequate data are lacking, some evidence shows prisoners and men who have sex with men (MSM) to be populations at risk in Mozambique. The Behavioral Surveillance Survey data anticipated by July 2008, the AIDS Indicator Survey data planned for September, 2008 and the results of the International Rapid Assessment and Rapid Evaluation assessment will provide needed information about MARP in Mozambique and high risk behaviors in the general population.

Although condoms are widely available, condom use in general and among high risk groups, is among the lowest in Southern Africa. Approximately 33% of males and less than 30% of females age 15-24, say they used a condom the last time they had risky sex. [DHS 2003] Only 20% of men reporting sexual intercourse with a sex worker in the last 12 months reported using a condom [DHS 2003]. The USG remains the main supplier of condoms for free distribution through MOH channels. "Jeito" brand condoms, marketed by PSI, are available nationwide at 5000+ sales outlets.

Services

For COP08, the Mozambique USG PEPFAR prevention portfolio focuses on priorities established with the OGAC TA team. FDC media campaigns will continue to target men, women of reproductive age, migratory labor (including miners), youth; PSI social marketing and "hotspots" interventions reach MARP; integrated workplace programs through the Health Policy Initiative reach men, their families and communities; behavior change communication led by JHU/HCP promote ABC through mass media. These activities are complemented by PAO activities directed toward leaders, youth, and journalists. Peace Corps provides leadership for working with the Ministry of Education addressing cross-generational sex and gender norms in school settings and in communities. AED will expand provision of subgrants to organizations that reach MARP. USG and partner JHPIEGO will work with the MOH to develop new policy, services and prevention messages for male circumcision.

Referrals and Linkages

The MOH has approved several community-based CT pilot activities, providing greater opportunities for linkages between prevention activities and CT at all levels and in a variety of settings. The planned workplace activities will provide additional opportunities, especially for men, to access the full range of HIV services.

Policy

The National Prevention Reference Working Group will take up policy issues on a national level. Within that framework, the Condom Working Group will continue to look for solutions to problems of procurement, forecasting, logistics and distribution policy. The USG works with the Partners Forum (National AIDS Council, donors, NGOs and Associations of PLWHA) to program resources in line with Mozambique government plans and priorities. Workplace policy for HIV/AIDS is an essential element of COP08. Policy related to how male circumcision will be approached and integrated into the HIV prevention strategy in Mozambique will be important in FY08.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	5690
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1412626
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5444

Custom Targets:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3680.08

Mechanism: The Health Communication Partnership

Prime Partner: Johns Hopkins University
Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 8648.08

Planned Funds: \$313,000

Activity System ID: 14520

Activity Narrative: This is a continuing activity. With the addition of \$90,600, JHU/HCP will be able to initiate some activities in Nampula, the third focus province. In its second year of the activity, JHU/HCP, working in partnership with the MOH and the National AIDS Council and other USG partners, will use COP08 funding to continue to address priority adult behaviors including cross-generational sex, multiple, concurrent partnerships, and transactional sex at national and provincial levels.

The FY2007 narrative below has not been updated.

These activities taken together form a major initiative for providing technical assistance to the MOH/RESP (health education unit) and the CNCS (National AIDS Council) and implementation of communication strategies in support of all program areas at national and provincial levels, especially Zambezia and Sofala Provinces. JHU/CCP is also expected to serve as a resource and support to other Ministries such as the Ministry of Defense, Ministry of the Interior, Ministry of Education and Ministry of Women and Children as well as the NGO community and other USG PEPFAR agencies.

This activity is conceptualized as a large scale media activity with local community mobilization components to effect real behavior change and to create a supportive environment for addressing the HIV/AIDS epidemic in Mozambique. While implementation of communication activities is important, attention to building capacity in Mozambique to design, carry out, implement and sustain behavior change is paramount to success in slowing down the HIV/AIDS epidemic. It is anticipated that this activity will focus largely on populations affected in a general epidemic with PSI focusing more on the most at risk populations, and FDC focusing more on traditional and cultural practices affecting HIV transmission.

JHU/HCP has worked with the MOH and the CNCS to finalize a national communication strategy which has now been approved and is being rolled out to the provincial nucleos. This Condoms and Other Prevention activity will provide the necessary expertise for implementation of the strategy and effective use of the media to accelerate change. Components of this activity include:

1. Municipal and local leaders: mobilization of local political leaders to promote and model ABC behaviors and to reduce stigma;
2. Technical assistance to the Health Education Unit of the MOH (RESP) for promotion of free condoms and better distribution. This TA will include a condom assessment with three objectives: a) to engage the MOH in identifying barriers and opportunities for distribution of free condoms in all services, but especially reaching at risk groups (STI, FP, TARV, PMTCT and MCH services, discordant couples); b) to engage the MOH and CNCS in identifying better ways of promoting use of these free condoms and assuring that no opportunity is missed in providing ample supplies with appropriate counseling and education to staff and clients within the health care system; c) to inform the development of condom distribution and promotion policies and procedures within the MOH and planning of condom promotion BCC interventions under the egis of the National Communication strategy.
3. Technical assistance to the CNCS for large scale implementation of the national communication strategy
4. Media campaigns and leadership supporting the presidential initiative: The Ministers of Defense and Interior as well as high rank commanders from both ministries will record (video and audio) appropriate prevention messages to be transmitted in military bases and police squadrons [military \$150,000; police \$50,000]
5. Mozambique appropriate media and community activities directed towards older youth and young couples establishing families, with the purpose of addressing living a healthy life together, either as couple without HIV, a discordant couple or a positive couple.
6. Mozambique appropriate media and community activities reinforcing uptake of all HIV/AIDS services: prevention, care and treatment.
7. 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8648

Related Activity: 14518, 14519, 14521, 14522,
14523, 15845

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24287	8648.24287.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	10418	3680.09	The Health Communication Partnership	\$200,000
8648	8648.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4893	3680.07	The Health Communication Partnership	\$222,400

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14518	9162.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$200,000
14519	5289.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$800,000
15845	15845.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$150,000
14521	12268.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$100,000
14522	9165.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$97,000
14523	5291.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$320,000

Emphasis Areas

Gender

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

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	200	False

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

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Nampula

Sofala

Zambezia

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7238.08

Prime Partner: QED Group, LLC

Funding Source: GHCS (State)

Mechanism: Global Health Technical Assistance Project (GH Tech)

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 15901.08

Planned Funds: \$147,000

Activity System ID: 15901

Activity Narrative: This is a new activity under COP08.

This funding will allow the GH Tech Project of The QED Group to provide technical assistance and general support to the Mission. Tasks may include assessments, evaluations, program design, technical reviews, workshop support, and short/medium term staff assistance.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15895

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15895	15895.08	7238	7238.08	Global Health Technical Assistance Project (GH Tech)	QED Group, LLC	\$236,458

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 6100.08

Mechanism: ACQUIRE

Prime Partner: Engender Health

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 15911.08

Planned Funds: \$100,000

Activity System ID: 15911

Activity Narrative: Reprogramming August08: Funding increase \$100,000. This re-programming will transfer funds for male engagement/MCP to FHI. The EngenderHealth award will end in late FY09. Targets will be transferred to FHI

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15877, 15878, 15858, 14525, 14517, 14312, 14313, 15846, 15847, 15797

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14517	9405.08	6854	6100.08	ACQUIRE	Engender Health	\$400,000
14312	5283.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$1,600,000
14525	9144.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$550,000
14313	9152.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$500,000

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Teachers

Coverage Areas

Nampula

Sofala

Zambezia

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3579.08

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 5231.08

Activity System ID: 14526

Mechanism: USAID-Population Services
International-GHAI-Local

USG Agency: U.S. Agency for International
Development

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$4,800,000

Activity Narrative: Reprogramming August08: Funding decrease \$200,000. These funds have been re-programmed to fund new PPP and RFA activities. They will provide mass media, interpersonal communication and IEC for health/HIV behavior and social change activities.

This is a continuing activity under COP08.

With an increase of approximately \$600,000 over COP07, PSI will expand activities with MARP such as sexworkers, mobile populations and men in the workplace. The emphasis will be on integration and linking with services, including counseling and testing, treatment, and clinical services for STI and special populations. PSI will expand programs in the workplace. The military and police component of this activity will continue, with the following allocation of funding: \$600,000 for military programs; \$150,000 for police; \$100,000 for the radio DJ program; and \$35,000 for supplementary peer education materials.

The FY2007 narrative below has not been changed.

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. PSI will continue workplace BCC programming that seeks to provide holistic ABC programming with linkages and referrals for care and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9150

Related Activity: 14525, 14686

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9150	5231.07	U.S. Agency for International Development	Population Services International	5042	3579.07	USAID-Population Services International-GHAI-Local	\$4,273,500
5231	5231.06	U.S. Agency for International Development	Population Services International	3579	3579.06		\$2,790,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14525	9144.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$550,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	5,500	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	620,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	350	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Business Community

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3686.08

Prime Partner: The Futures Group
International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 9151.08

Activity System ID: 14529

Mechanism: Health Policy Initiative (ex-PDI)

USG Agency: U.S. Agency for International
Development

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$200,000

Activity Narrative: April08 Reprogramming Change: Reduced \$100,000.

This is a continuing activity under COP08. \$100,000 from this activity was shifted to a new HVAB activity through this same mechanism, Health Policy Initiative (HPI), in order to provide split funding for sexual prevention activities with ECOSIDA and workplace partners. The HVAB activity in the workplace will focus on "B" behaviors. Targets are unchanged because the messages will be expanded to a broader ABC, but the "C" component will not be reduced.

The FY2007 narrative below has not been changed.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9151

Related Activity: 15841

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9151	9151.07	U.S. Agency for International Development	The Futures Group International	5044	3686.07	Health Policy Initiative (ex-PDI)	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15841	15841.08	6857	3686.08	Health Policy Initiative (ex-PDI)	The Futures Group International	\$100,000

Emphasis Areas

Gender

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

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	15	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3627.08

Mechanism: USAID-World Vision
International-GHAI-Local

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 12132.08

Planned Funds: \$200,000

Activity System ID: 14543

Activity Narrative: This is a continuing activity under COP08. FY08 funding allows for Year Three of MozARK's activities and sub-granting to one new sub-partner, Association of Trainers and Consultants of Zambezia (AFORZA). AFORZA will support MozARK by facilitating C&OP "correct and consistent condom use" training for Government officials, FBOs, Community Care Coalitions, older youth, and couples. This activity is complemented with MozARK's AB component.

The FY2007 reprogramming narrative below has not been updated.

MozARK will receive 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12132

Related Activity: 15815

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12132	12132.07	U.S. Agency for International Development	World Vision International	5054	3627.07	USAID-World Vision International-GHAI-Local	\$360,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15815	15815.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$1,740,000

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	160,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,600	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Coverage Areas

Tete

Zambezia

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5078.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Mechanism: USAID-Family Health International-GHAI-Local

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 21258.08

Planned Funds: \$100,000

Activity System ID: 21258

Activity Narrative: August08 Reprogramming:

This is a new activity and will replace the male engagement/MCP activities previously under the EngenderHealth activity #15911. The EngenderHealth award will end in late FY09. The change in the N of C&OP reached indicator target reflects EngenderHealth's role in technical assistance, rather than in direct implementation.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3570.08

Mechanism: Cooperative Agreement

Prime Partner: Ministry of Health, Mozambique

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 8578.08

Planned Funds: \$50,000

Activity System ID: 13191

Activity Narrative: Continuing activity - FY08 Narrative: The goal of this activity is to support the Mental Department of the MoH to improve alcohol and other substances abuse interventions. USG is currently supporting the MoH to formally assess alcohol and substance abuse of vulnerable populations in Mozambique, through implementation an I-RARE (International Rapid Assessment, Response and Evaluation) study among drug users and sex workers. It is expected that as a result of I-RARE, awareness will be raised among alcohol and substance abusing populations, increasing the demand for health services for treatment and support. As a starting point for a comprehensive support to MoH in this area, the proposed activities for FY08 are to support the MoH to: (a) develop and disseminate a Mental Health Strategy that includes alcohol and substance abuse; and (b) revise, improve and disseminate the MOH M&E tools and data base for monitoring admissions related alcohol and drug use.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8578

Related Activity: 15799, 14070

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23787	8578.23787.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	10296	3570.09	Cooperative Agreement	\$100,000
8578	8578.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15799	15799.08	6417	3583.08	I-TECH	University of Washington	\$250,000
14070	14070.08	6347	3529.08	GHAJ_CDC_POST	US Centers for Disease Control and Prevention	\$59,420

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3528.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4921.08

Activity System ID: 12957

Mechanism: Peace Corps-Peace Corps-GHAI-Local

USG Agency: Peace Corps

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$300,000

Activity Narrative: Peace Corps is continuing the same activities from the FY '07 COP. The amount from '07 has increased to support the growth in the number of Volunteers in FY 08 and the expanding scope of ABC activities, including the boys and girls club projects, the science and HIV & AIDS awareness fairs and theater competitions, among others. It will also provide Volunteers with the opportunity to apply for Volunteer Activities Support & Training (VAST) grants used to support small-scale, capacity-building projects among CBOs, FBOs, and/or NGOs that work with or provide services to, local communities to fight HIV/AIDS.

This activity relates to Peace Corps activities HVMS 9465, HVAB 9466, HKID 9467, HTXS 9472 and the new HBHC Peace Corps activity.

During FY 2008, approximately 40 Health Volunteers and 90 Education Volunteers will be engaged in a range of C&OP activities with their colleagues, communities and institutions/organizations in all 10 provinces of the country outside of Maputo City. During this time, Peace Corps will be expanding geographically and in Volunteer numbers (2 additional Health Volunteers will be funded with PEPFAR funds under the C&OP programming area and the general numbers of both Education and Health Volunteers in the country will increase), which will allow for greater expansion of C&OP outreach in terms of individuals reached, persons trained, and institutions and communities technically strengthened. During the FY '08 period, 90 Education and 40 Health Peace Corps Volunteers combined will expect to reach 5000 high-risk individuals with Other Prevention messaging, and train 50 trainers in all the provinces of Mozambique. The Education Volunteers, who teach in secondary schools, will target OP messaging for older students who are engaged in high-risk behavior (a significant number of secondary school students are over 20 years old; many have children) and through extra-curricular activities and anti-AIDS groups at schools and in communities. The Health Volunteers will provide technical assistance in OP targeted messaging to organizations who work with high risk populations (commercial sex workers, migrant workers and their spouses, sero-discordant couples, etc.). Both sectors of Volunteers will address traditional gender norms and women's rights as part of the prevention sessions, aim at reducing stigma to encourage HIV testing, and foster linkages with local health facilities. Because of their two-year commitments of living and working with Mozambicans in their communities, Peace Corps Volunteers are uniquely placed to effect real behavior change through the development and provision of culturally appropriate messaging, materials, and personal support in schools and communities.

In the Health-HIV/AIDS project, the FY '08 funding will enable PC/Mozambique to continue its planned strategy of expansion of the Health Volunteers, geographically and numerically. Emphasis will be placed on assignments to the PEPFAR priority provinces of Sofala, Zambezia and Nampula. The Health Volunteers will support Mozambican NGOs, CBOs, FBOs, schools and other organizations in a range of Other Prevention activities and materials development, including design and implementation of school and community projects, activities, trainings and events; peer education and counseling; school/community linkage; special activities for in- and out-of-school youths; local media and theater productions; and organizational capacity-building. In addition to supporting the above, the PEPFAR funds will be used for training and support enhancements so that Volunteers can be placed in less-served areas, and so that they will be more effective in their communities and organizations. The enhancements will also include the provision of housing and necessary security upgrades, where ordinarily communities and organizations could not house Volunteers according to PC's security requirements.

Across both the Health and Education sectors, the FY'08 proposed budget for Other Prevention will fund Volunteer training and materials enhancements to facilitate maximum Volunteer effectiveness in providing quality instruction and support. The budget will cover: technical staff, materials, and training activities for Other Prevention-related pre-service training; costs associated with Other Prevention-related in-service trainings and planning meetings, including language and technical trainers, and support for Volunteers, counterparts and students/community members to participate in and benefit from these training activities; project exchange visits, allowing Volunteers, counterparts, and student leaders to visit each other's schools and projects to share best practices; support for special community and school activities, such as the national Boys and Girls Conferences; boys and girls clubs and school and community projects; science fairs, theater competitions, and other community events and trainings with Other Prevention related components; an all-Volunteer conference on HIV-AIDS; Other Prevention materials development and reproduction, including the development and printing of an organizational development and capacity building toolkit for Health and Education Volunteers and their colleagues, and the continued translation and printing of relevant manuals and materials to Volunteer and counterpart activities in support of Other Prevention; in-field technical support by PC/M staff, including staff and Volunteer travel and associated costs; PC/M staff capacity building through in-service activities, including post exchanges and conferences; and staff and office supplies to facilitate the above initiatives.

The FY '08 Other Prevention funds will be used for training and support enhancements so that all Volunteers will be more effective in their communities and organizations. The enhancements will include Volunteer housing and security upgrades; enhanced pre and in-service trainings to include other prevention knowledge and skills; in-field technical support by PC/M staff; materials development and reproduction; and the financing of organizational exchange visits, allowing Volunteers and their counterparts to visit each other's projects to share best practices and lessons learned. PEPFAR resources will also be used for special school or community events and projects related to Other Prevention.

Per Agency instructions, approximately 15% of the budgeted amount will be directed to PC/HQ to cover overhead costs for supporting PC PEPFAR activities in this program area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9464

Related Activity: 12956, 14346, 12958, 12959,
12960

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21516	4921.21516.09	Peace Corps	US Peace Corps	9341	3528.09	Peace Corps-Peace Corps-GHAI-Local	\$250,000
9464	4921.07	Peace Corps	US Peace Corps	5198	3528.07	Peace Corps-Peace Corps-GHAI-Local	\$182,600
4921	4921.06	Peace Corps	US Peace Corps	3528	3528.06		\$10,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12956	5011.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$620,000
14346	14346.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000
12958	5062.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000
12959	9472.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$550,000
12960	5009.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's legal rights

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons in Prostitution

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Nampula

Sofala

Tete

Zambezia

Cabo Delgado

Niassa

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3692.08

Prime Partner: Academy for Educational
Development

Funding Source: GHCS (State)

Budget Code: HVOP

Mechanism: Capable Partners Program

USG Agency: U.S. Agency for International
Development

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Activity ID: 9154.08

Planned Funds: \$822,600

Activity System ID: 13350

Activity Narrative: This is a continuing activity under COP08.

In FY08, AED will receive additional C&OP funds to issue more sub-grants, with priority on the focus provinces and consideration of expansion in Nampula, in order to facilitate technical meetings and discussions at national, provincial, and district levels.

The FY2007 reprogramming narratives below have not been updated.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9154

Related Activity: 13349, 13351, 13352, 13353, 13354

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24128	9154.24128.09	U.S. Agency for International Development	Academy for Educational Development	10359	3692.09	Capable Partners Program	\$816,456
9154	9154.07	U.S. Agency for International Development	Academy for Educational Development	5037	3692.07	Capable Partners Program	\$480,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13349	5293.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,760,000
13351	9131.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$560,000
13352	5323.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,676,441
13353	5282.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$97,000
13354	9212.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,150,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	426	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3674.08

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

Prime Partner: Foundation for Community
Development, Mozambique

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 9152.08

Planned Funds: \$500,000

Activity System ID: 14313

Activity Narrative: Reprogramming August08: Funding decrease \$200,000. This funding was originally earmarked for FDC mass media activities, a continuation of FY07 funding. The Mission met with FDC to understand the reason for weak progress in their mass media activities through FY07 funds. FDC expressed that mass media was not a strong technical area for them and that they wished to return to family-centered, community-driven interpersonal communication activities for prevention. This re-programming will remove mass media activity funds from FDC and will be re-programmed for mass media/IEC/BCC between a local public-private-partnership (PPP) and an integrated USAID RFA (HIV, health, rural livelihoods). As this affects mass media, targets for this program area will not change.

This is a continuing activity under COP08, with the following update.

Using its signature community development approach, FDC works with community leaders (traditional, political, religious, and civil society) to find local solutions to the transmission of HIV. C&OP funding will continue to support and expand "AloVida", a free hotline which Mozambicans can call to ask questions relating to HIV/AIDS and sexual health. It is the only such service in the country. It should be noted that cell phone coverage in Mozambique is quite good, so this approach reaches many at-risk individuals who could not otherwise be identified or contacted.

C&OP links with FDC programs in home-based care and OVC to provide behavior change communication and counseling activities to clients and families. PROMETRA, a traditional healers association, is an FDC partner working to address prevention through behavior change for healers, appropriate treatment of their clients and leadership in the local communities. Targets have been adjusted to reflect FY07 projections. (FDC did not have C&OP funding in COP06).

The FY2007 narrative below has not been updated.

This activity is linked to AB 9112 to support holistic ABC programming by the Foundation for Community Development (FDC). The FDC is the foremost Mozambican NGO dedicated to protection of the family, improvement of the status of women and prevention of HIV/AIDS. Behavior change activities developed by FDC have been cutting edge, and willing to address controversial issues such as older men having sex with young women and the impact of migratory labor patterns on transmission of HIV. This activity will provide support for broad campaigns addressing these gender issues and supporting comprehensive ABC programming. Additionally, this C&OP funding will permit FDC to take up legal issues that make it hard for women, but especially married women, to protect their families and prevent infection. FDC may implement, but is not limited to, a variety of advocacy activities such as press conferences, issues packets of information; IEC activities complementary to AB activities with youth; specific holistic programming with OVC; work with community leaders.

This activity will focus on priority behaviors for behavior change including multiple concurrent partner , transactional and cross-generational sex. Plus-up funding will allow FDC to increase C and OP activities, or to initiate activities with other at risk populations such as MSM.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9152

Related Activity: 14312, 14314, 14316

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24281	9152.24281.09	U.S. Agency for International Development	Foundation for Community Development, Mozambique	10416	3674.09	USAID-Foundation for Community Development-GHAI-Local	\$0
9152	9152.07	U.S. Agency for International Development	Foundation for Community Development, Mozambique	5040	3674.07	USAID-Foundation for Community Development-GHAI-Local	\$580,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14312	5283.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$1,600,000
14314	5321.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$950,000
14316	5320.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$1,448,430

Emphasis Areas

Gender

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

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	569,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Sofala

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7237.08

Prime Partner: Aid for Development People to People, Mozambique

Funding Source: Central GHCS (State)

Budget Code: HVOP

Activity ID: 15848.08

Activity System ID: 15848

Mechanism: New Partners Initiative USAID

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$0

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

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

Household Person-to-Person BCC CAMPAIGNS and Community Events

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

EDUCATION and OUTREACH with IN-SERVICE and PRE-SERIVCE TEACHERS

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15891, 15795

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15891	15891.08	7237	7237.08	New Partners Initiative USAID	Aid for Development People to People, Mozambique	\$0
15795	15795.08	7237	7237.08	New Partners Initiative USAID	Aid for Development People to People, Mozambique	\$0

Emphasis Areas

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	150	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,589	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Teachers

Coverage Areas

Cabo Delgado

Manica

Maputo

Nampula

Sofala

Zambezia

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8784.08

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 15736.08

Activity System ID: 15736

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$380,000

Activity Narrative: This program area is comprised of two separate components: (a) Condom use as part of a Male Circumcision (MC) intervention package, and (b) workplace safety and health including Post-Exposure Prophylaxis (PEP) for occupational HIV exposures

Proposed funding amount for condom use as part of the MC intervention package: \$180,000

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

In addition to the surgical procedure, other essential elements of MC services that must be taken into account include informed consent, post-operative care and risk reduction counseling including the promotion of abstinence, partner reduction being faithful, and a minimum package of other male reproductive health services, such as sexually transmitted infections (STI) treatment, condom distribution and use, and HIV counseling and testing. The promotion of condom use is particularly important to be emphasized for men that are known to be at higher risk for HIV such as men with multiple partners, men who have sex with men, military populations, truck drivers, miners, etc.

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

This component will build upon the current work and the results of the situational assessment. It is linked with MC activities described under A&B, CT, OPSS, and SI parts of the COP08. The purpose is to provide technical assistance to the MOH, NAC, and stakeholders to identify and work with men at higher risk to contract HIV and design effective prevention strategies to address it.

Objectives are to, as part of a comprehensive package of MC interventions: (a) Identify men at higher risk of contracting HIV; (b) design a strategy to promote condom use among the identified population and MC among non-infected men; and (c) develop educational materials to promote condom use and MC.

Main activities will include to: (a) Develop, field-test and finalize educational materials for individual and group counseling for use in consultation rooms, waiting rooms and at the community level; (b) train 25 counselors on how to use the educational package within intervention targeting men with risk behaviors and promoting condom use and MC; (c) support implementation in up to 4 selected sites, reaching an estimated 10,000 clients/individuals counseled in condom use as a complementary strategy for MC; and (d) monitor the implementation of the activities at the 4 selected sites.

Proposed funding for the second component of this activity is ongoing- Workplace Safety and Health including Post-Exposure Prophylaxis (PEP) for Occupational HIV Exposures: \$200,000

The rapid expansion of the provision of ART and other HIV-related health services is creating a severe strain on the health human resources situation of Mozambique. The Ministry of Health is trying to cope with this situation by quickly increasing the production of some critical cadres of health personnel. Additional support will be needed, however, to ensure: that these new workers acquire the necessary competencies to perform upon graduation; that they are properly deployed and incorporated in the health system; and that retention and support strategies, including the protection of the health workforce, are in place to enable their effective and sustained performance.

The purpose of this component is to support the MOH to continue the implementation of workplace safety guidelines including the PEP for occupational injuries as a prevention measure for healthcare workers.

Key activity under this component will be to provide training and support for the implementation of the workplace safety and health guidelines, including PEP, in up to 13 sites in order to achieve gradual implementation of the workplace safety and health guidelines, including HIV post-exposure prophylaxis in all central and provincial hospitals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15684, 15775, 13207, 13210,
13211

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15684	15684.08	8784	8784.08		JHPIEGO	\$370,000
15775	5177.08	8784	8784.08		JHPIEGO	\$900,000
13207	8568.08	8784	8784.08		JHPIEGO	\$1,405,000
13210	10211.08	6347	3529.08	GHAJ_CDC_POST	US Centers for Disease Control and Prevention	\$1,350,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25	False

Target Populations

General population

Ages 15-24

Men

Adults (25 and over)

Men

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Military Populations

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4978.08

Mechanism: PAO

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 12133.08

Planned Funds: \$33,334

Activity System ID: 15734

Activity Narrative: Continuing FY07 activity with updated narrative, targets, target population, and coverage area.

This C&OP activity complements the community based AB activity (isupported by Peace Corps volunteers) to provide an age appropriate, holistic sexual prevention program to youth.

The supported events, 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 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 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.

It could also support activities targeted at risky behaviours by teachers (e.g. sexual favors for grades).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12133

Related Activity: 15732

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12133	12133.07	Department of State / African Affairs	US Department of State	4978	4978.07	PAO	\$16,667

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15732	9185.08	7240	4978.08	PAO	US Department of State	\$366,665

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Nampula

Sofala

Tete

Zambezia

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 4978.08

Mechanism: PAO

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 15813.08

Planned Funds: \$50,001

Activity System ID: 15813

Activity Narrative: Reprogramming August08: Narrative Update - The activity should be changed from funding the STV Fama show to funding the Nationwide radio Mozambique program "Ola Vida" that entails a monthly themed completion incur aging local Community youth groups to actively engage in the HIV/AIDS ABC Prevention campaign. The program is to be aired on a daily basis between 18:00 - 18:15 and on Saturdays between 13:30 - 14:00.

This new activity contains two separate HVOP program activities for the Public Affairs Office at the Embassy.

Activity #1: This C&OP activity complements the AB activity to provide an age appropriate, holistic sexual prevention program to youth and adults.

This activity will integrate ABC prevention messages and training in the widely watched and extremely popular "FAMA Show" reality TV program (the Mozambican version of American Idol) on Soico Television (STV - a local TV channel). This can include but is not limited to ABC promotion for the participants (aired during the week), song contests related to HIV/AIDS and a World AIDS Day show. \$33,334

Activity #2: This C&OP activity complements the AB activity (8505.07) to provide an age appropriate, holistic sexual prevention mass media programs to youth

The Embassy Public Affairs Office will continue to provide grants for developing radio (especially community radio), television, print media and/or film products targeting young people nationally with messages promoting and supporting abstinence, being faithful and correct and consistent condom use. Radio is especially important in Mozambique as it is the means of mass communication able to reach the largest portion of the population due to isolation, illiteracy, lack of electricity, etc. Reinforcing the ideals of abstinence and faithfulness in this medium nationally with locally produced messages youth can relate to has a great potential to effect normative as well as individual behavior change. Reaching youth and adults with information about correct and consistent condom use, especially in rural areas is especially important as well as there are still many myths and misconceptions regarding condoms and their use. TV is also an increasingly important medium in Mozambique with new television channels starting up and expanding to the north and is a great way to reach more urban and often populations that are at greater risk. \$16,667

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15732

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15732	9185.08	7240	4978.08	PAO	US Department of State	\$366,665

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	55	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3583.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 15799.08

Activity System ID: 15799

Mechanism: I-TECH

USG Agency: HHS/Health Resources Services Administration

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$250,000

Activity Narrative: This activity sheet describes support for two components:

The first component is proposed for funding (\$100,000) for the following activities: Health workers in every country play an important role. In developing countries such as Mozambique, this role takes on an even greater magnitude as this segment of the population is critical to the entire nation's fight against HIV/AIDS. For this reason the Mozambican MoH has declared that reducing the impact of HIV/AIDS among health workers (including support and administrative staff in addition to students currently enrolled in health institutes) is one of their highest priorities. In addition to A/B-related information, post-exposure prophylaxis (PEP) and condom use behaviors are very central to prevention within this population. Condom use is an important tool in prevention in a situation such as Mozambique where health workers are frequently rotated to positions away from their homes. FY 08 funds are being requested to support the University of Washington and its partner Global Health Communications (GHC) with experience in the successful development and evaluation of Behavior Change Communication (BCC) interventions in the African context. Activities that this partner will support in Mozambique include:

(a) Using the findings of quantitative and qualitative studies to identify informational and educational gaps that might be quickly and efficiently addressed by identifying existing PEP and condom-use promotional and educational materials. Many of these may be print-based, but there may be radio PSAs that can be identified and adapted to the Mozambican context. The partner will be encouraged to identify materials from other countries in the region that may be translated into Portuguese and other local idioms as well as materials from other lusophone countries (e.g., Angola, Brazil, Cabo Verde, Guinea Bissau) that may be modified to address the Mozambican context;

(b) Creating new PEP, condom marketing, and other prevention materials where existing regional or lusophone materials do not exist;

(c) Designing and facilitating a local stakeholder meeting at which study findings related to issues of condom use, PEP and other prevention measures will be disseminated. Attendees will be members of the MoH working group, and NGO/CBO communities working in the area of HIV prevention. Participants will develop recommendations based on the findings, and identify opportunities for collaboration among stakeholders;

(d) Developing and piloting C&OP behavioral and educational interventions (including training local implementing partners), and;

(f) Assisting the MoH in the evaluation of C&OP pilot interventions to assess their effectiveness both in the workplace as well as in workers' personal lives.

The second component is proposed for funding (\$150,000) is: Mozambique's International Rapid Assessment Response and Evaluation (I-RARE) has been designed to better understand, assess, and make recommendations for how to respond to rapidly changing sexual risk and drug using patterns that increase vulnerability to HIV infection among sex workers and drug users in three cities in Mozambique, Maputo, Beira, and Nacala Porto, Mozambique. The assessment explores the presence of drug and alcohol use and high risk sexual behavior in sex workers and injection (IDU) and non-injection drug users (NIDU), including drug use among sex workers, and sexual risk behavior among drug users. The potential for overlapping risk behaviors, sexual mixing among these populations, and bridging to the general population exists, and may be contributing to the rapid spread of HIV in the country. The possibility of increased HIV risk creates the need for targeted prevention programming and improved access to services for these populations. I-RARE supported through funding from FY06/07 will provide recommendations for introducing and scaling up sustainable interventions designed to reach sex workers and drug users. Findings will be analyzed and used in FY08 to develop recommendations for targeted approaches and feasible public health interventions in these populations. FY08 funds are being requested to support the development, implementation, and evaluation of prevention activities relating to at risk populations. Activities will include:

(a) Developing and piloting outreach activities for sex workers and drug users, and enhancing the capacity of NGOs to introduce and or strengthen outreach to sex workers (this may entail adapting processes and procedures developed in South Africa following the rapid assessment and designed for their FY07 COP submission).

(d) Facilitating a workshop to adapt an outreach manual focusing on condom promotion and HIV prevention among sex workers and drug users, with the NGOs/CBOs to ensure that outreach activities are based on data from the rapid assessment and best practices. The training workshop will include components of the community-based outreach such as risk reduction counseling. The NGOs will then in turn train potential outreach workers both from their organizations and other members of local consortia to access hidden populations and provide risk reduction strategies related to injecting and non-injecting drug use and sexual practices.

(e) Developing venue-based interventions that deliver HIV prevention information, in particular information, education, and/or skills based training on sexual risk reduction, especially as related to HIV risk in the context of drinking alcohol. Distribute condoms in formal and informal drinking venues; refer patrons to alcohol treatment and/or social services as appropriate. Refer patrons to HIV/AIDS care and treatment, and provide information on prevention for positives and, specifically, information on the relationship between alcohol and adherence to ARVs;

(f) Identifying monitoring and evaluation forms previously used in countries such as Vietnam, Thailand and Kenya will be adapted for use in Mozambique.; and

(g) Facilitating on-going technical assistance in collaboration with to CDC to provide training on how to monitor and evaluate outreach activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:**Related Activity:** 15798, 13191, 13206, 13207, 13208**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15798	15798.08	6417	3583.08	I-TECH	University of Washington	\$300,000
13191	8578.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$50,000
13206	8570.08	8784	8784.08		JHPIEGO	\$100,000
13207	8568.08	8784	8784.08		JHPIEGO	\$1,405,000
13208	8547.08	8784	8784.08		JHPIEGO	\$1,047,000

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,200	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	80	False

Target Populations**Special populations**

Most at risk populations

Injecting drug users

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.05: Activities by Funding Mechanism**Mechanism ID:** 3837.08**Prime Partner:** US Department of State**Funding Source:** GHCS (State)**Mechanism:** Quick Impact Program**USG Agency:** Department of State / African Affairs**Program Area:** Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 4891.08

Planned Funds: \$40,000

Activity System ID: 15193

Activity Narrative: Continuing FY07 activity with updated Target population, Targets, and Coverage area.

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

Projects will target areas of northern and central Mozambique where USG-supported 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8771

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23026	4891.23026.09	Department of State / African Affairs	US Department of State	9876	3837.09	Quick Impact Program	\$100,000
8771	4891.07	Department of State / African Affairs	US Department of State	4931	3837.07	Quick Impact Program	\$40,000
4891	4891.06	Department of State / African Affairs	US Department of State	3648	3648.06	State	\$40,000

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	0	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	150	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3529.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 14070.08

Activity System ID: 14070

Activity Narrative: This activity contributes to a portion of the salary and benefits package for two CDC technical staff:

(1) The CDC HIV Prevention Specialist, who oversees, coordinates MOH and partners, provides technical inputs, and monitors C&OP activities targeting health workers at MOH health facilities, and students at MOH training institutes.

Activities include: (a) Development of new C&OP informational/educational materials for health workers and students; (b) technical assistance in applying health worker quantitative and qualitative assessment findings to the task of BCC intervention design in the areas of C&OP; and (c) development and piloting behavioral and educational interventions focused on issues of condom use and other prevention activities at MOH health facilities and training institutes.

(2) The STI / Vulnerable Populations Technical Advisor, who oversees, coordinates MOH and other partners, provides technical inputs, and monitors C&OP activities targeting Most-At-Risk Populations (MARPS).

Activities include the development or adaptation of a comprehensive intervention package for MARPS, including C&OP materials and interventions, which are made available to implementing partners working with MARPS in Mozambique. The Advisor will also lead organization and facilitation of training for staff from MOH and partner agencies working with MARPS.

In addition some funding under this activity will support in-country travel for both staff for supervision and training activities, as well as their participation in regional/international continuing education events or study tours to other projects.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14064, 15799, 13191

Mechanism: GHAI_CDC_POST

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$59,420

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14064	14064.08	6347	3529.08	GHAJ_CDC_POST	US Centers for Disease Control and Prevention	\$12,343
13191	8578.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$50,000
15799	15799.08	6417	3583.08	I-TECH	University of Washington	\$250,000

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$15,836,467

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

The goal of palliative care is to provide services based on client and family needs in five areas including: clinical/medical care; psycho-social care; spiritual care; preventive care; and social care. These services are delivered through clinic and home and community-based settings. In FY08, the USG will continue to work with the MOH and relevant stakeholders to improve the access and quality of palliative care services. Focus will be in the following areas: 1) increase access to cotrimoxazole (CTX) for people living with HIV/AIDS (PLWHA) including both children and adults; 2) improve monitoring of community-based palliative care services defined minimally as clinical + one other service; 3) address supervision of home/community-based care including caring for caregivers; 4) concentrate efforts to provide pediatric palliative care; 5) advocate for policy discussions on pain management, in particular prescribing and using opioids; and 6) strengthen linkages among PEPFAR partners as well as PMI, the Global Fund, and other USG and non-USG efforts.

Statistics

According to UNAIDS data, there are approximately 1.8 million people living with HIV/AIDS (PLWHA) in Mozambique. The estimated number of adults and children requiring palliative care services in 2007 is 192,473 and 203,266 in 2008. In calendar year 2007, the government target for treatment is 96,148. Clinical guidelines for CTX use among HIV-infected clients exist, but policy and operational guidelines, including M&E and surveillance systems for providing data, need further development. In addition, systems are not in place to accurately monitor the number of clients receiving adequate pain management at the clinical level. In the area of nutritional support, 18,684 home-based palliative care clients were reached in calendar year 2006 in collaboration with the World Food Program. In FY07, mid-year reports under PEPFAR demonstrate that about 125,081 PLWHA were receiving clinic-based palliative care and 27,030 PLWHA were receiving home-based palliative care. In FY08, 424,724 PLWHA will receive palliative care and a total of 5,379 people will be trained to provide direct services and manage the delivery of palliative care.

Prior Year Services

In FY07, the USG moved forward in facility and community-level palliative care programming. Focus was given to building capacity in prevention, diagnosis, treatment and management of opportunistic infections (OI) and sexually transmitted infections (STIs) as well as ensuring that clinical and community-services were better linked to ensure comprehensive programming. Facility-based partners have been active in connecting clinical services to ensure a well-integrated therapeutic journey through the health system.

The development of a pre-service curriculum for mid-level practitioners based on existing materials which use WHO IMAI

(Integrated Management of Adult and Adolescent Illness) approach began. These materials will form the basis for OI in-service training materials for those involved in triage and clinical services in FY08. OI drugs in FY07 have been purchased mainly through treatment partners; in FY08 OI drugs will be procured through SCMS with treatment partners only purchasing buffer stock.

A PEPFAR-funded local partner will be trained to provide OI training to home-based care (HBC) supervisors in FY08 to improve the quality of OI management and referral at the community level. A cost analysis of home-based care training and accreditation of trainers of volunteers will provide information for strategic planning. Finally, the results of an evaluation of community level service provision, including eligibility criteria, referral systems, and community OI management, will be completed in FY07, and will inform the development of policy, tools and materials to improve quality and coordination of community and clinical services in FY08, as well as the development of a NGO/CBO evaluation tool.

STI syndromic training was rolled-out at the central/regional level and is now moving to the provincial and district levels and specifically includes counseling and testing for HIV and treatment of HIV-infected clients. The STI register is being revised, updated and piloted in FY07 for implementation at the national level in FY08.

Revised HBC training materials include: added emphasis on adherence support and defaulter tracing, an improved Prevention with Positives (PwP) module which incorporates key concepts from the PwP pilot sites, added material on care of infected infants and children, nutrition, end-of-life care and a new module on gender-based violence.

Focus Areas for FY08

The USG will work with the MOH to produce a National Policy Document on provision of minimum palliative care services in clinical and community settings. The USG will also assist the MOH in the development of adequate policy and operational guidelines, supervision, surveillance and M&E tools and referral systems for OIs, prioritizing CTX. The MOH will begin to implement integrated supervision of the Treatment and Care components, including OIs and community level activities, for a more comprehensive and coordinated approach.

The success and further progress of community level palliative care will depend on securing a strong supervisory model. The USG will support MOH and Ministry of Women and Social Action efforts to work together to improve the linkages with social support programming for both adults and children receiving palliative care. This includes developing an integrated supervision model at the district level to improve coordination, data collection and referral mechanisms for adherence support (prioritizing ART, TB medications and CTX), defaulter tracing and clinical follow-up. USG will support the development of tools to effectively guide this supervision and strongly recommend that treatment partners develop memoranda of understanding with community care partners in their areas of operation to model how joint governmental supervision will be undertaken.

In order to enhance medication management and adult and pediatric adherence to OI medications and ART, an electronic tracking system will be piloted, which will then be brought to scale, similar to how the HIV Qual project will be scaled as an ongoing quality improvement program. This will produce reliable information on CTX use.

The USG will move toward providing more pediatric palliative care, in coordination with the MCH, treatment, PMTCT, HBC and OVC programs, and documenting both need and coverage in delivering this care. The USG will engage technically with the MOH to update policy and training materials to include more focus on pediatric palliative care needs such as pain regimens for children, age-appropriate counseling and social and cultural aspects for child and adolescent development.

Advocacy for policy discussions around pain management, in particular the prescription of opioids, will continue in 2008. Engagement of the MOH will include evidence-based materials and success stories from other countries in implementing sound and practical programming in pain management.

Through additional funds, resources will also be focused on introducing performance-based incentives and coverage models that will encourage caregivers to continue providing care and reduce burnout of paid staff and volunteers. Caring for Caregivers will also be addressed through a Twinning activity with Brazil.

Linkages

In the arena of food and nutrition, the USG program will work towards creating viable and locally-available solutions for food supplementation needs. Until an assessment is undertaken, the USG has created a collaborative relationship with Title II and Public Law 480 (PL 480) resources, which will be leveraged to provide approximately three million dollars of food support for people on ART, pregnant and lactating women, and OVCs in the provinces of Nampula and Zambezia. PEPFAR will support similar initiatives in the remaining nine provinces, with special emphasis on Sofala, the lone PEPFAR focus province not included in the Title II/PL 480 strategy. PEPFAR-supported nutritional supplementation will be provided on the basis of clinical assessment and closely monitored.

PEPFAR and the President's Malaria Initiative (PMI) are working together to ensure that those most affected by HIV/AIDS benefit from a standard package of services, including long lasting insecticide treated nets (LLIN). A mapping exercise, started in FY07, will be continued to ensure the strategic use of multiple donor funds and in-kind products across partners and geographic areas as well as increased coverage among pregnant women, OVCs and PLWHA.

Peace Corps Volunteers placed with PEPFAR-funded treatment partners and community associations will provide support to PLWHAs. Volunteers will work in the following areas: 1) HIV-specific nutritional training; 2) training on home garden food production to support ART adherence; 3) psychosocial support for PLWHAs and their families; and 4) training of trainers on the above.

The Vulnerable Girls Initiative will address issues that are pertinent to the Care Program Area in addition to specifically addressing the prevention of HIV among 13 to 19 year old girls. Female young adults are often charged with the majority of care activities for PLWHA, which only further exacerbates their social vulnerability. Attention will be focused on the identification of households where young girls are responsible for care activities and link them with prevention programming connected to ABY and PMTCT

and OVC services.

Finally, an assessment will be conducted to determine availability, suitability and coverage of local programs to which victims of gender-based violence can be referred, and to determine culturally appropriate and relevant interventions and messages to address gender issues (in Maputo City, Zambezia and Sofala provinces).

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	209
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	424724
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	5379

Custom Targets:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 6782.08

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

Prime Partner: Save the Children US

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 9211.08

Planned Funds: \$435,000

Activity System ID: 14335

Activity Narrative: Reprogramming August08: Funding decrease \$100,000. Funds reprogrammed to support Mission RFA (RFA funded across 3 SOs to ensure an integrated package of services, leveraging each SO's strengths.

This is a continuing activity under COP08 with the same targets and budget as FY2007.

Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners including PSI, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

The activity is related to HKID 9213.

COP07 will be the first year that SAVE will support home-based care activities, which they requested to supplement their OVC activities. With the Track 1 OVC activity ending in February 2007, USG has added SAVE as a "new" partner and decided to broaden their program with an HBC component. The HBC program will be implemented through community committees and local NGO partners. Community volunteers will be trained based on the MOH guidelines and the HBC manual. Identification of HBC clients will be done at both community level with the involvement of local leaders, traditional healers and faith based groups. Other clients will be identified at health center and VCT sites ensuring a two way referral system is established right from the outset. Family centered Positive Living will be promoted using peers from amongst persons who are themselves living positively and also identifying 'buddies' within the community to provide support and encouragement which will also include observing taking of ART or TB drugs. Wrap around HBC activities will include food security, malaria and diarrhea prevention and psychosocial support to the client and family members.

In COP07, it is expected that 4,260 clients will receive home-based palliative care and 426 people will be trained in HBC.

Under COP07, mechanisms will be put in place to improve the community to clinic linkages. Although, NGOs were encouraged to liaise with local clinics, many volunteers were comfortable working at the community level only. In FY07, volunteers will be required to work along with clinics in caring for PLWHA on ART, with TB patients, patients with OI, STI and other conditions. At least 50% of all HBC clients will need to have a clinic record. Treatment adherence also will be supported by a related USG activity to ensure TB and HIV patients are taking their medicines and not experiencing any overt reactions. In addition, 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

Activity Narrative: 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 Zambia, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9211

Related Activity: 14336, 14535, 14528

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24339	9211.24339.09	U.S. Agency for International Development	Save the Children US	10429	6782.09	USAID-Save the Children U.S.-GHAI-Local	\$350,000
9211	9211.07	U.S. Agency for International Development	Save the Children US	5089	5089.07	USAID-Save the Children U.S.-GHAI-Local	\$553,800

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14336	14336.08	6782	6782.08	USAID-Save the Children U.S.-GHAI-Local	Save the Children US	\$1,684,219
14535	6441.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$707,000
14528	9166.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,309,500

Emphasis Areas

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,260	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	426	False

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

- Gaza
- Manica
- Maputo
- Sofala
- Zambezia

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3529.08	Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 15696.08	Planned Funds: \$0
Activity System ID: 15696	

Activity Narrative: Title: Integration of Sexually Transmitted Infection (STI) Prevention, Diagnosis, and Treatment into Routine HIV Outpatient Clinical Care in Mozambique

Time and money: Project implementation started in FY06 with the development of study protocol and coordination with the various stakeholders; in FY07 the study protocol was finalized, submitted for appropriate approvals, and data and sample collection started; in FY08 data and sample collection will continue and it is expected to complete the activity by June 2008. FY08 is therefore year 3 of this activity. The funding provided for this activity in FY06/07 (\$250,000) will suffice for completion of the activity and no additional funds will be requested for FY08.

Local Principal Investigators:

Felisbela Gaspar – STI Program Coordinator, Ministry of Health, Maputo, Mozambique

Rui Bastos – Head of Department of Dermatology and Venereology, Maputo Central Hospital, Maputo, Mozambique

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Project Description:

This is a proposal to reduce HIV and STI transmission through integration of STI prevention, diagnosis, treatment into routine HIV outpatient clinical care at anti-retroviral treatment sites in Mozambique. The project will assess prevalence of STIs in HIV-infected individuals (syphilis, genital HSV, chancroid, gonorrhea, trichomonas, and chlamydia for all, genital candidiasis and BV for women) upon entry into HIV clinical care. Findings will be used to determine if STI syndromic guidelines should be modified for HIV care settings. Through review of practices and standards of care, investigators will identify other opportunities for improvement of STI diagnosis and care in this population.

Evaluation Question:

To reduce HIV and STI transmission through the integration of STI prevention, diagnosis, treatment, and partner services into routine HIV outpatient clinical care.

Specifically to,

1. Assess training needs for HIV outpatient clinical providers in the use of STI syndromic algorithms tailored to HIV-positive individuals and on the critical importance of early identification of these STIs.
2. Determine patterns of disease in symptomatic HIV-infected individuals for STIs upon entry into HIV clinical care (syphilis, genital HSV, chancroid, gonorrhea, trichomonas, and chlamydia for all, genital candidiasis and BV for women)
3. Link STI laboratory data with clinical and behavioral data to understand (1) the burden of STI in HIV-infected individuals (prevalent infection), (2) the proportion of STI in HIV-infected individuals that is symptomatic vs. asymptomatic, and (3) provider ability to identify GUD, and vaginal and urethral discharge in HIV-infected individuals.
4. Determine possible barriers to partner management of HIV positive patients with STIs.
5. Evaluate the need for HIV-infected individuals receiving ongoing HIV care to be periodically assessed for incident STI.

Study Design and Methodology:

This is a multi-center cross-sectional survey of the prevalence of STIs among individuals utilizing two selected ART treatment sites in Mozambique. All new patients being registered at the two Day Hospitals will be invited to participate in the assessment. One ART site (Mavalane General Hospital) will be located in the city of Maputo and the other will be in the province of Gaza (Xai-Xai Provincial Hospital). The country of Mozambique has a population of 20 million people, of whom an estimated 16.2 percent are thought to be HIV positive (1.8 million). We used estimates of the prevalence of the least common STI of interest (gonorrhea, approximately 4.2%) from a previous study of the prevalence of STIs among females, ages 14 – 49 years, using family planning services. We estimate a need to enroll a total of 500 individuals, 95% CI (250 from each site). This estimate allows for a 10 percent margin for exclusions due to incomplete surveys and lost or not quantifiable specimens. We expect that it will take approximately 3 to 4 months to meet target enrollment at each of the sites, an additional 2 months for laboratory testing, and 4 months for data analysis report writing.

Planned Use of Findings:

Results from this evaluation will be used to provide the Mozambique Ministry of Health (MOH) with data that can be used to:

1. Adapt existing national syndromic STI management approaches used for HIV-infected patients;
2. Develop screening guidelines for asymptomatic STIs among HIV-infected patients;
3. Identify and enhance partner management services of partners of HIV-positive patients, by assessing STI diagnosis, and treatment results in improving HIV testing among partners;
4. Identify gaps in STI management-training for HIV care providers.

Status of the Study:

A study working group has been formed to discuss the various aspects of integrating STI diagnosis, prevention, and treatment into an HIV care setting. The working group consists of individuals from the MOH ART treatment and STI programs, clinical and National Health Institute laboratories, Maputo Central Hospital Senior Clinical Advisors and CDC prevention, treatment and M&E staff.

A study protocol was developed, submitted for appropriate ethical reviews in the US and the Bioethics Committee in Mozambique. Both boards have approved the protocol and, the Mozambique Ministry of Health also provided administrative authorization for study implementation.

Needs assessment visits were conducted to clinical and laboratory sites at Mavalane and Xai-Xai study sites. During the visits, orientation meetings were conducted with local health authorities and study site staff to explain project objectives and methodologies, and to coordinate logistics of implementation.

A technical assistance team from the CDC Atlanta STI division is assisting the country with training for study staff conducted in September 2007, as well as during the first weeks of data and sample collection in September/October 2007. Senior staff from the MoH, the Faculty of Medicine, and the National Institute of Health has facilitated the training and are now supervising study implementation.

Activity Narrative:**Lessons Learned:**

It has been valuable to have commitment and involvement from high level MOH staff to appropriately develop, share and present draft assessment protocol and tools. While participation from the various agencies may make this process lengthy, it enhances MOH ownership and contributes to highly relevant and appropriate tools being developed.

In addition, discussions with key MOH stakeholders and staff in preparation for the assessment protocol have already assisted in raising awareness about the importance of systematic and improved STI diagnosis and treatment for HIV-positive patients as well as helped to identify major errors in reporting of STI data at treatment sites that will be worked upon while further preparations for the assessment are ongoing.

Dissemination Plan:

After data collection and analysis, expected to be completed by May 2008, a workshop for dissemination of study results will be conducted in Maputo city, chaired by the MoH, Medical Faculty, National Institute of Health investigators, with support from CDC, and participation of stakeholders involved in implementation of HIV/STI programs in Mozambique. The study report will be widely distributed in country. Additionally, abstracts and papers will be produced for submission for presentation at regional/international conferences and peer reviewed journals.

Planned FY08 activities:

The activities for FY08 include the completion of data and sample collection, completion of laboratory tests including quality control conducted in the US, data entry and analysis, report writing and performance of the workshop for dissemination of study results.

Budget justification for FY08 monies:

Completion of project will be done using funds from FY06/07; no additional funding is being requested for FY08. A breakdown of the initial budget is provided below. Some of the expenditures will already have occurred as supplies have been procured, training has been conducted, and the study is currently ongoing.

Travel & per diem for MOH supervisors: \$35,000
 Laboratory supplies & equipment: \$125,000
 Transport of equipment & supplies: \$10,000
 Training of personnel at study sites: \$10,000
 Data analysis and feedback meeting: \$50,000
 Printing and dissemination of the report: \$20,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13192, 15781

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15781	15781.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$75,000
13192	8587.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$818,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support**Public Private Partnership**

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Gaza

Maputo

Tete

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3837.08

Mechanism: Quick Impact Program

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 15708.08

Planned Funds: \$25,000

Activity System ID: 15708

Activity Narrative: The Quick Impact Program will enable new partner organizations at grassroots level to implement modest, targeted palliative care projects. Small grants will be provided to help NGOs/CBOs/FBOs implement innovative projects, particularly to train individuals and communities to deliver HIV-related palliative care in accordance with national guidelines. The Quick Impact Program also will operate in the Emergency Plan program areas of OVC, AB, and Other Prevention. Projects will target areas of northern and central Mozambique where start-up of USG-supported HIV/AIDS care and ART services is planned for 2005-6. Monitoring of the projects by DOS staff will identify particularly successful projects and organizations that offer an opportunity to replicate approaches or strengthen new partners elsewhere. Grant opportunities will be published in the press, and grantees will be selected based on ability to contribute to Emergency Plan's 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	4	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	500	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3629.08

Prime Partner: Health Alliance International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5146.08

Mechanism: USAID-Health Alliance International-GHAI-Local

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$3,150,000

Activity Narrative: This is a continuing activity under COP08.

HAI will continue to invest in the improvement of the quality of HBC services and community mobilization activities by strengthening the capacity of community based organizations (CBOs) and other relevant community structures as well as strengthening individual and social palliative care services and the linkages between the community and the health system, home-based care activities totalling approximately \$2,000,000 administered through sub-grants to national and international NGOs. By more pro-actively engaging the community and clinical staff and structures, community participation will be strengthened, which should improve the linkages within the health system and facilitate the development of prevention strategies and the promotion of available services at both the community and clinical level. HAI will work towards strengthening the monitoring and evaluation capacities of the system, as well as improve the capacity of the program to adapt to the needs of the population. HAI will also expand to a few sites in Tete province where they will be expanding their treatment activities as well.

Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners including PSI, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

Per 07/07 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9133

Related Activity: 15865, 15867, 15868, 14535, 15869, 14528

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24053	5146.24053.09	U.S. Agency for International Development	Health Alliance International	10337	3629.09	USAID-Health Alliance International-GHAI-Local	\$0
24052	5146.24052.09	U.S. Agency for International Development	Health Alliance International	10337	3629.09	USAID-Health Alliance International-GHAI-Local	\$0
9133	5146.07	U.S. Agency for International Development	Health Alliance International	5041	3629.07	USAID-Health Alliance International-GHAI-Local	\$1,399,816
5146	5146.06	U.S. Agency for International Development	Health Alliance International	3629	3629.06		\$1,070,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15865	5352.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$3,782,361
15867	6442.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$1,473,748
15868	5235.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$2,750,000
15869	5229.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$18,311,184
14535	6441.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$707,000
14528	9166.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,309,500

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	70	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	170,926	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	920	False

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Manica

Sofala

Tete

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5078.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 9209.08

Activity System ID: 15861

Mechanism: USAID-Family Health
International-GHAI-Local

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$1,525,000

Activity Narrative: Reprogramming August08: Funding decrease \$400,000. Funds reprogrammed to support Mission RFA (RFA funded across 3 SOs to ensure an integrated package of services, leveraging each SO's strengths.

This is a continuing activity under COP08.

FHI will expand to an additional three sites in Zambezia; FHI will also add six sites in Niassa province and offer a comprehensive package of services including counselling and testing, PMTCT, palliative care, TB/HIV, and ART treatment. FHI will continue to provide technical assistance and support to the HBC provincial program in Zambezia and initiate support of the HBC program in Niassa while also strengthening the integration of HBC and OVC programs.

Quality assurance in the delivery of home-based care is of particular importance and FHI will be actively assessing how to monitor and improve its clinical and community services. The issue of quality is of shared concern of all palliative care partners; all of whom will participate in technical meetings and roundtables to ensure a cohesive, singular, and quality approach in the future.

Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners including PSI, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

Per 07/07 reprogramming; Family Health International will reach an additional 1,000 people with home-based health care services and train an additional 40 activists to provide care within communities. The additional resources will also allow FHI more staff to properly oversee home-based care activities and strategically improve the quality of care clients receive from FHI's partners.

This activity is related to HVCT 9111, HVTB 9206, and MTCT 9223.

FHI is currently providing HBC services to clients in Zambezia Province (Quelimane, Nicoadala, Mocuba, Ile, Inhassunge) and Inhambane (Zavala and Inharrime). They have started an innovative program with the police by delivering palliative care to 1000 HBC clients. FHI trained 100 police family members and community care workers for this effort. FHI provides technical assistance to the national level MOH STI and HIV/AIDS programs for improved linkages and integration including 1) establishment of integrated HIV-STI service models at 18 sites (16 in Zambezia, 2 in Inhambane); 2) support for courses on STI diagnosis and treatment for HIV/AIDS service providers in Zambezia and Inhambane; 3) assistance in syphilis prevalence among pregnant women accessing PMTCT services at ANC/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 person in institutional capacity. One of FHI 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 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:

Activity Narrative: 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 Zambesia, 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9209

Related Activity: 15860, 15862, 15880, 15863, 14535, 14528

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24294	9209.24294.09	U.S. Agency for International Development	Family Health International	10419	10419.09	USAID-Family Health International-GHAI-Local	\$0
9209	9209.07	U.S. Agency for International Development	Family Health International	5078	5078.07	USAID-Family Health International-GHAI-Local	\$1,679,735

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15860	5269.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$3,249,270
15862	9206.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,062,135
15880	15880.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$630,000
15863	6429.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,300,000
14535	6441.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$707,000
14528	9166.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,309,500

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	24	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,150	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	60	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Zambezia

Niassa

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 6124.08

Prime Partner: CARE International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 15786.08

Activity System ID: 15786

Mechanism: CDC CARE INTL

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$265,000

Activity Narrative: To improve the diagnosis and management of opportunistic infections, the project will build staff competencies through in- service training in clinical care of commonly occurring opportunistic infections in Northern Inhambane. Additional on- the- job skills building will be taking place during monthly case reviews with support from an external clinician with experience in managing OIs who would be engaged to hold short clinical seminars based on actual cases as well as providing new clinical information to regularly update staff. Documentation of the cases reviewed during the clinical seminars will be compiled and used as reference material in caring for similar cases in future.

The project will facilitate provision of essential supplies and equipment to facilitate service delivery. OI treatment literacy information materials will be developed /adapted for health care workers to use in educating clients at both the health facility and community level.

Palliative care will also be provided through home based care activities by working with volunteers and also supporting the formation and strengthening of community groups providing psychosocial support and for networking among PLWHAs. HBC volunteers will facilitate discussions with PLWHAs for experience sharing on how to cope with the challenges of life, fears, how to pursue healthy living and for moral support.

The project will carry out training for HBC volunteers on OI management to equip them with essential knowledge and enable them to counsel and provide advice to patients. Monthly meetings will be held with activists (HBC volunteers) to supervise and follow -up HIV+ clients with OIs to appraise whether the community based case management is responsive to clients needs and as well as for on- site skills building based on feedback from volunteers concerning challenges they face when caring for clients with OIs.

Adherence Support: Through working with HBC volunteers the project will provide patient education and counseling to ensure that patients understand the purpose, dosage and frequency of medication administration, how the patient should respond in the event of rashes, diarrhea, and other complications and the importance of good adherence.

HIV prevention, nutrition and personal hygiene education will also be provided to reduce the chances of exposing themselves to infections.

Clients will be encouraged and supported to join groups of PLWHAs for networking and to receive psychosocial support. Women of reproductive age will receive education about family planning and the importance of mentioning that they are on OI medication when seeking health care, including family planning services.

Palliative care project staff working with counselors at treatment sites will discuss with their clients various options for treatment adherence including home based care. Clients will be supported to link up with HBC volunteer case managers or other individuals they trust to assist them to continue treatment. HBC volunteer case managers will support clients on OI treatment directly or indirectly through client treatment supporters. HBC volunteer case managers will be linked to CBOs and will act as information resources at the community level. HBC volunteer case managers will provide regular progress updates and will report OI defaulters or clients facing difficulties to the Palliative care project staff and clinical focal point person for the project. The project will facilitate discussions with clinical staff to share achievements, challenges and ideas for improving treatment adherence and care for clients on OI treatment and their families.

To reduce the burden placed on health services, the project will work in coordination with the ART, PMTCT, TB/HIV and community based counseling and testing interventions. The HIV care project will train HBC volunteers who are the closest contact persons to families caring for PLWHAs to implement a basic care package for adults and children who are HIV positive and for children who have been exposed to HIV. Components of a preventive care package will be agreed upon by the technical work group and include but not be limited to the following elements:

1. Voluntary counseling and testing services will be offered to family members of people living with HIV in the home. This would empower people, and particularly couples, to make plans to take special care of their health after knowing their sero- status. In most cases when one member is HIV-infected, other family members usually have not had an opportunity to know their HIV status. Expectant couples who have not received C&T at the PMTCT clinic, or cases where male partners have resisted testing at the health facility, may especially benefit from community based C&T services in the privacy of their homes. It is anticipated that this service would also promote better support for women to continue seeking for treatment and improve gender relations at the household level.
2. Cotrimoxazole prophylaxis has been proven to prevent infections and prolong life in children and adults, therefore adherence will be promoted at community level.
3. Malaria prevention education and long-lasting insecticide-treated bed nets (LLITN) to prevent malaria will be promoted and provided to HIV+ pregnant and breastfeeding mothers who did not receive them during the antenatal period.
4. HBC volunteers will be trained using a protocol developed in collaboration with clinical staff to help them with basic screening for opportunistic infections and illnesses like tuberculosis, malaria, pneumonia, diarrhea, for early detection and referral of cases at the community level.
5. HIV positive pregnant women will be encouraged and supported to take HIV exposed infants for health assessments regularly and HBC volunteers will be trained on growth monitoring and equipped to weigh infants from HIV+ women during scheduled monthly home visits.
6. The project will promote safe drinking water and provide nutritional education for PLWHAs and their families.

An M&E plan will be developed to gather essential data to assess and measure progress against performance based indicators as well as assure the monthly collection and reporting of accurate HBC data to the appropriate district and provincial health authorities. .

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 16283, 13214, 12964, 15784**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12964	8595.08	6352	3574.08	Track 1 ARV Moz Supplement	Elizabeth Glaser Pediatric AIDS Foundation	\$350,000
16283	5198.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$640,000
13214	12265.08	6415	6127.08	CDC-Vanderbilt CoAg	Vanderbilt University	\$894,920
15784	15784.08	6414	6124.08	CDC CARE INTL	CARE International	\$663,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Child Survival Activities

* Malaria (PMI)

* TB

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	3	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,200	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	75	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Inhambane

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 6128.08

Prime Partner: Federal University of Rio De Janeiro

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 15781.08

Activity System ID: 15781

Mechanism: FURJ

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$75,000

Activity Narrative: This activity will support technical assistance (TA) provided to the Ministry of Health (MOH) STI/HIV program by a Brazilian specialist for finalization of sexual abuse algorithms and facilitation of a dissemination workshop; review of STI training materials and algorithms for Anti-Retroviral Treatment (ART) settings as well as Prevention of Mother-To-Child (PMTCT)/Antenatal Care (ANC) services.

This activity is aimed at supporting TA from a Brazilian expert to the MOH STI/HIV program for:

(a) Finalization of the development of an algorithm on sexual abuse in children, and performance of a dissemination and advocacy workshop. Sexual abuse of children is an important problem among families, where family members, friends, teachers, and others are often identified as the abuse perpetrators therefore creating an environment facilitating repeated abuse and psychosocial problems for the victims. To -date the MOH STI/HIV program has developed an algorithm addressing sexual abuse in adults. Funding under this activity will support the finalization and dissemination of an algorithm for sexual abuse in children. Existing algorithms for sexual abuse tend to mainly address clinical management of victims and lack other aspects such as reference to and management of psychosocial and other aspects arising from the abuse.

TA from a Brazilian specialist will assist the MOH and its stakeholders to develop a more comprehensive algorithm addressing all needs of abused children. The specialist will also assist with facilitation of a workshop that will serve to disseminate the algorithm and advocate with different stakeholders, including staff from other line ministries on the need for a comprehensive approach and services for victims of sexual abuse.

(b) Revision and adaptation of guidelines, training materials, and job aids on management of STIs for HIV-infected patients and their partners, attending ART and ANC/PMTCT services: This activity will build on the results of the assessment of STI diagnosis and treatment in ART settings supported by USG FY06/07 funds. The assessment provides information on the prevalence of STIs in HIV-infected patients followed at ART service sites and integration of STI prevention, diagnosis, and treatment in routine outpatient HIV care and treatment settings.

TA from the Brazilian specialist, with experience in the development of clinical guidelines and training materials for Mozambique, will assist the MOH STI/HIV program staff to develop and pilot technically sound materials.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13192, 15696

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15696	15696.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$0
13192	8587.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$818,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3680.08

Mechanism: The Health Communication Partnership

Prime Partner: Johns Hopkins University
Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 15845.08

Planned Funds: \$150,000

Activity System ID: 15845

Activity Narrative: This is a new activity in COP 08. Linked closely with the JHU HTXS activity this activity is intended to support the partners, provincial medical department and provincial "nucleos" (provincial level organization of the National AIDS Council) in the focus provinces (Nampula, Sofala, Zambezia) in implementation of the communication strategy related to home-based care. Funding in HBC allows for integrated and effective behavior change communication activities targeted to PLWHA and caregivers, their families and friends and the community at large. Reduction of stigma as well as identifying and addressing communication needs of HBC clients and their families is an important component of this program. Because this is a behavior change communication activity, HBC targets are not applicable and have not been set.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14518, 14519, 14520, 14521,
14522, 14523

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14518	9162.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$200,000
14519	5289.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$800,000
14520	8648.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$313,000
14521	12268.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$100,000
14522	9165.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$97,000
14523	5291.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$320,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Coverage Areas

Nampula

Sofala

Zambezia

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3583.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 15804.08

Planned Funds: \$75,000

Activity System ID: 15804

Activity Narrative: According to a WHO working paper (Key Elements in HIV/AIDS Care and Support,2002) major barriers to implementing the key components of palliative care and treatment often stem from systemic, organizational or policy shortcomings. These include: Low priority of HIV care within national health budgets; lack of investments in building infrastructure; insufficient remuneration and support for care professionals; loss of staff due to high HIV-related mortality and morbidity; shortages of relevant HIV information and HIV training opportunities; irregular and inadequate supplies of drugs, reagents, and equipment; and lack of essential drug lists and drug procurement not adapted to needs of people with HIV/AIDS.

USG policy suggests that addressing the needs of the infected-including treatment of sexually transmitted infections and opportunistic infections-should be a fully integrated component in any care system that emphasizes patients' quality of life by ensuring symptom control and supportive therapies combined, when possible, with disease-specific therapies. (Foley, Aulino, & Stjernsward, 2003).

Yet there are many barriers to providing sex workers and drug users with needed diagnosis and treatment of STIs and other opportunistic infections. These barriers range from serious financial limitations of both the government and of families to stigma and social barriers associated with HIV/AIDS and the behaviors of these populations. Since treating STIs and opportunistic infections are a crucial component of every comprehensive AIDS strategy, results from a qualitative assessment (I-RARE) supported by USG FY06/07 funds, will be used to determine how at-risk or infected sex workers and drug users access to services providing HIV and STI screening and treatment can be improved.

FY08 funds are being requested to support the University of Washington and its partner Global Health Communications (GHC) to work with local civil and governmental stakeholders to consider Mozambique's capacity to provide STI and HIV screening, early diagnosis and treatment to sex workers and drug users. Activities proposed for support in Mozambique include:

- (a) Directing the analysis of I-RARE data to address STI and OI needs among sex workers and drug users;
- (b) Supplementing I-RARE findings with other government and NGO/CBO information about referral to, and access and uptake of, screening and treatment services within Mozambique's sex worker and drug using populations;
- (c) Coordinating a review of successful practices in other countries in the region that have dealt with the particular challenges specific to hard-to-reach populations such as sex workers and drug users in creating and sustaining access to STI and OI testing and treatment; and
- (d) Organizing and facilitating a workshop in which Ministry of Health (MOH), other Mozambican stakeholders and technical assistance from USG and elsewhere develop recommendations, guidance, and activities that promote the referral, screening and treatment of STIs and OI among sex workers and drug users.

JHPIEGO: Sub grant to GHC: ; Support for design and piloting of interventions to increase and improve HIV and STI screening and services for vulnerable populations (\$75,000)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15799, 13192, 13191

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15799	15799.08	6417	3583.08	I-TECH	University of Washington	\$250,000
13191	8578.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$50,000
13192	8587.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$818,000

Target Populations

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3674.08

Prime Partner: Foundation for Community Development, Mozambique

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5321.08

Activity System ID: 14314

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

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$950,000

Activity Narrative: This is a continuing activity under COP08 with the same targets and a slightly lower budget than in FY2007.

Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners including PSI, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

This activity is related to HVAB 9112, C&OP 9152, HVTB 9127 and HBHC 9131.

In this activity, the Foundation for Community Development (FDC), through local CBO/FBO sub-grantees, will continue to provide 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 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 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 USG 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9132

Related Activity: 14312, 13349, 14313, 14315, 14316, 14535, 14528

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24282	5321.24282.09	U.S. Agency for International Development	Foundation for Community Development, Mozambique	10416	3674.09	USAID-Foundation for Community Development-GHAI-Local	\$0
9132	5321.07	U.S. Agency for International Development	Foundation for Community Development, Mozambique	5040	3674.07	USAID-Foundation for Community Development-GHAI-Local	\$1,000,000
5321	5321.06	U.S. Agency for International Development	Foundation for Community Development, Mozambique	3674	3674.06		\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14312	5283.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$1,600,000
13349	5293.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,760,000
14313	9152.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$500,000
14316	5320.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$1,448,430
14535	6441.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$707,000
14528	9166.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,309,500

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	12,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	1,200	False

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Gaza

Inhambane

Maputo

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3692.08

Prime Partner: Academy for Educational Development

Mechanism: Capable Partners Program

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 9131.08

Planned Funds: \$560,000

Activity System ID: 13351

Activity Narrative: Reprogramming August08: Funding decrease \$300,000. Funds reprogrammed to support Mission RFA (RFA funded across 3 SOs to ensure an integrated package of services, leveraging each SO's strengths.

This is a continuing activity under COP08.

AED will continue to work with Mozambican organizations to strengthen their technical and administrative capacity in palliative care with a special emphasis on engaging faith-based organizations. The additional funds will be used to allow AED to expand to Nampula province, a new focal province, which represents a new set of challenges in building up the capacity of civil society organizations and a coordinated response. AED will use its unique positioning within the community to strengthen its ties with Muslim and Christian organizations, which should enable them to be key leaders in community-based care for HIV infected and affected populations.

The FY2007 narrative below has not been updated.

This activity is related to HKID 9147, HVAB 9135, HXTS 9109, and C&OP 9154.

All AED activities interlink with each other for the overall purpose of building capacity of local NGO/CBO/FBO to stand on their own and for grants management under the Capable Partners Program (CAP); some activities have specific components assigned to it. In COP07, AED has responsibilities for several components which represent a major scale-up of AED current program in NGO capacity building and grants management. AED will continue to work with Mozambican networks and organizations that provide services to OVC, home based care clients, PLWHA groups and association members which together have national reach. (see below for further details) FY07 represents year 2 of a planned 3 year activity that began with FY 06 funding. Special activities will be focused in Sofala and Zambezia Provinces.

Through this palliative care activity, AED will continue to work with Mozambican networks and organizations that provide home based 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-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 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9131

Related Activity: 13349, 13350, 13352, 13353, 13354

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24129	9131.24129.09	U.S. Agency for International Development	Academy for Educational Development	10359	3692.09	Capable Partners Program	\$350,000
9131	9131.07	U.S. Agency for International Development	Academy for Educational Development	5037	3692.07	Capable Partners Program	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13349	5293.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,760,000
13350	9154.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$822,600
13352	5323.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,676,441
13353	5282.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$97,000
13354	9212.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	700	False

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS
 Religious Leaders

Coverage Areas

Maputo
 Nampula
 Sofala
 Zambezia

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3569.08	Mechanism: Cooperative Agreement
Prime Partner: Ministry of Women and Social Action, Mozambique	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 5199.08	Planned Funds: \$100,000
Activity System ID: 13199	

Activity Narrative: Continuing with FY07 activities, the Ministry of Women and Social Action (MMAS) will be provided with ongoing technical assistance to develop Integrated Care and Support networks in Tete, Sofala and Zambezia provinces.

As part of this activity specifically, MMAS will coordinate with other sectoral partners (MoH, Ministry of Interior, Ministry of Agriculture) to provide a comprehensive response to the medical and broader social needs of individuals and families made vulnerable by HIV/AIDS. Taking advantage of community led committees being revitalized with the support of the government, MMAS will train community volunteers (who can be characterized as "para social workers" as we "task shift" to compensate for the lack of Human Resources in the Social Welfare sector) to carry out social evaluations and referrals, and will provide psycho-social support to orphans, vulnerable children and families affected by HIV. Referrals may include links to the formal sector (e.g., MMAS cash grants), the informal sector (such as World Food Program nutritional supplements and local NGO services and activities), and Home Based Care programs, who, in turn refer to Health clinics as needed. It also includes standardizing and coordinating Income Generation Activities most appropriate for this target group.

This activity will also benefit from the support of USAID, UNICEF, the World Bank, FAO and local NGOs who will provide capacity building and other support such as financing cash grants in response to the higher demand for services that will occur. It will result in policy changes, monitoring and evaluation, supervision and training materials that improve access to the broad array of services needed by this target group.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8590

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23799	5199.23799.09	HHS/Centers for Disease Control & Prevention	Ministry of Women and Social Action, Mozambique	10297	3569.09	Cooperative Agreement	\$37,200
8590	5199.07	HHS/Centers for Disease Control & Prevention	Ministry of Women and Social Action, Mozambique	4877	3569.07	Cooperative Agreement	\$400,000
5199	5199.06	HHS/Centers for Disease Control & Prevention	Ministry of Women and Social Action, Mozambique	3569	3569.06	Cooperative Agreement	\$350,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Human Capacity Development

- * Task-shifting

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Sofala

Tete

Zambezia

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 6127.08

Prime Partner: Vanderbilt University

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 12265.08

Activity System ID: 13214

Mechanism: CDC-Vanderbilt CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$894,920

Activity Narrative: Reprogramming August08: Funding increase \$200,000. Additional activities around Caring for Carers will be added to the Vanderbilt's activities. In a plan developed through dialogue with the Ministry of Health, this could involve an exchange experience with Brazil who have developed an accessible "Community Therapy" model of support to caregivers, as well as the development and piloting of a caring for caregivers training module, establishing functional support groups for caregivers, training organizational staff on how to provide training and support for caregivers, and reinforcing links between community organizations and clinical facilities.

Friends in Global Health - FGH (Vanderbilt University) activities for Palliative Care: Basic health care and support, including direct implementation activities in Zambézia Province and systems strengthening at the Central, Provincial and District levels.

Implementation activities in Zambezia Province:

Vanderbilt U./Friends in Global Health is currently providing adult and pediatric HIV care and ART treatment services in 4 districts in Zambézia Province (Alto Molocue, Ile, Namacurra, Inhassunge), with expansion planned in 2 more districts (Gile, Lugela). Treatment site expansion will continue to support on-going work in 7 currently supported sites (Alto Molocue, Nauela, Ile, Mogulama, Namacurra, Macuze, Inhassunge) within 4 districts and expand to include 4 sites in each district (24 sites in 6 districts) plus the addition of 4 mobile clinics total in 4 districts. This district-wide expansion will result in a total of 28 points of service in the six districts supported by FGH/VU.

- Support implementation and maintenance of information system to monitor HIV-related palliative care activities
- Support project data collection by the National AIDS Council (CNCS) for accurate and updated mapping of NGO activities
- Support SDSAS (District Health and Social Service Department) to coordinate HBC activities in each district
- Designate and support a focal point in each FGH-supported health facility to coordinate with health (including HBC), social, legal, and other services available to PLWHA
- Support the formation and functioning of PLWHA groups
- Support ANSA (Food Security and Nutrition Association) to train PLWHA and their families on best nutritional practices using locally available products
- Support coordination with WFP and UNICEF in distribution of nutritional supplements for eligible PLWHA including children
- Support Medical Service Corporation International (MSCI) and/or local community organization to start HBC and HIV-related palliative care services in localities where such services are not yet available
- Support the implementation of a minimum package of services provincially, to include the distribution of ITBN (Insecticide Treated Bednets) in coordination with PMI and the distribution of certeza
- Support pilot activities in two districts for PLWHA transportation systems to reach points of service

Targets:

As a result of these activities, the following targets will be achieved:

Number of service outlets providing HIV-related palliative care: 28*

Number of individuals provided with HIV-related palliative care: 6250*

Number of individuals trained to coordinate HIV-related palliative care based in Health Facilities: 56

* (clinical + community based)

Systems Strengthening activities:

VU/FGH will provide technical support to the MOH, MMAS, and CNCS in systems strengthening (coordination and referral systems, materials development, M&E, supervision tools, policy development, etc), including support of the National Mozambican Women's Organization (OMM) for their care, support and training activities. Activities include:

- OMM – Care, support and Training Center in Gaza Province
- Twinning support with South African multi-service centers and the OMM in: changing cultural norms, gender-based violence, economic support (income generating activities such as soap making and others)
- Support MOH in the development and revision of HBC materials and ensure the incorporation of palliative care concepts in the new Community Health Worker materials
- Provide MOH with technical support on Palliative care and Food policy
- Provide initial and ongoing technical support to MMAS in the development of psycho-social support and other materials related to the implementation of Integrated Care and support systems
- Provide support to MMAS for supervision, M&E, and QA of HIV-related social support activities
- Develop an M&E framework for an Urban HBC model to measure quality and inform policy development in this area
- Provide technical support to CNCS to develop a plan to strengthen coordination with the MOH in the selection of HBC/OVC proposals to roll-out with ART
- Support the development and implementation of standard tools for mapping health and social services including HBC, legal services, and other services available to PLWHA

To implement these HIV-related palliative care and HBC activities, VU/FGH will recruit the following technical staff:

- Palliative Care/HBC Technical Advisor
- Palliative Care/HBC Coordinator
- Integrated Care and Support Supervisor

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12265

Related Activity: 16283, 15786, 12964

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23620	12265.23620.09	HHS/Centers for Disease Control & Prevention	Vanderbilt University	10249	6127.09	CDC-Vanderbilt CoAg	\$97,151
23619	12265.23619.09	HHS/Centers for Disease Control & Prevention	Vanderbilt University	10249	6127.09	CDC-Vanderbilt CoAg	\$315,259
12265	12265.07	HHS/Centers for Disease Control & Prevention	Vanderbilt University	6127	6127.07		\$915,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15786	15786.08	6414	6124.08	CDC CARE INTL	CARE International	\$265,000
12964	8595.08	6352	3574.08	Track 1 ARV Moz Supplement	Elizabeth Glaser Pediatric AIDS Foundation	\$350,000
16283	5198.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$640,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

- * Malaria (PMI)

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	28	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	6,250	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	56	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Maputo

Zambezia

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 8784.08

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8570.08

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$100,000

Activity System ID: 13206

Activity Narrative: Continuing Activity:

Various activities related to technical support of MISAU, MMAS and CNCS in systems strengthening (coordination and referral systems, materials development, M&E, supervision tools, policy development etc). Includes support of OMM care, support and training

This is a new activity.

Gender-based violence (GBV) is an urgent public health problem worldwide, particularly in the context of the HIV/AIDS epidemic. WHO (2002) reports that between 10 and 69% of women experience physical abuse at the hands of a male partner at least once in their lives. When combined with a woman's increased vulnerability to sexually-transmitted diseases including HIV in any given heterosexual encounter, violence and other gender-related norms guiding male and female behavior greatly exacerbate the situation.

Since 2006, JHPIEGO has been providing technical assistance to the MOH to update and disseminate PEP guidelines for HIV occupational exposures; and it is now expanding these guidelines to other vulnerable groups such as victims of gender-based violence. Particularly in countries such as Mozambique, with an estimated HIV prevalence of 16.2% and with the main mode of transmission being heterosexual intercourse, and where women suffer a generally lower status of development than men, gender-based violence and gender norms that influence women's vulnerability to HIV must be incorporated into the context of existing HIV programs.

The purpose of this activity is to support the MOH to rapidly address the needs of gender-based violence clients within the health care service delivery system and to ensure linkages between different levels of interventions.

Objectives:

1. Provide support to the MOH to expand the concept of gender "mainstreaming" into health care service delivery, through integration of gender-based violence components into existing HIV programs and strengthening linkages to services for victims of gender-based violence

Measurable Outcomes:

- Assessment conducted of availability, suitability and coverage of local programs to which victims of gender-based violence can be referred
- Findings of assessment and corresponding recommendations for strengthening of programs for victims of gender-based violence disseminated

Main Activities:

- Conduct assessment to determine availability, suitability and coverage of local programs to which victims of gender-based violence can be referred, and to determine culturally appropriate and relevant interventions and messages to address gender issues (in Maputo City, Zambezia and Sofala provinces)

This activity sheet is also linked to activity sheets 8587, 8631 and 8637.

This activity is a continuation of South-to-South collaboration with Brazilian experts to support and provide short-term technical assistance (TA) to the Mozambican National STI (Sexually Transmitted Infections) and HIV/AIDS Program.

A technical expert for HIV/STI training from Brazil will provide short-term technical assistance for the validation of the STI training roll-out to HIV/AIDS treatment service sites. In addition, the Brazilian expert will assist the Ministry of Health (MoH) STI/HIV/AIDS program staff and staff from the MoH training institutes to review of HIV/STI pre-service training materials, to ensure that HIV counseling and testing, partner notification and STI treatment for HIV-positive clients are incorporated in pre-service training curricula.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8570

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23832	8570.23832.09	HHS/Centers for Disease Control & Prevention	JHPIEGO	10412	8784.09		\$0

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Other

Pregnant women

Coverage Areas

Maputo

Sofala

Zambezia

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3570.08

Prime Partner: Ministry of Health,
Mozambique

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8587.08

Activity System ID: 13192

Mechanism: Cooperative Agreement

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$818,000

Activity Narrative: This activity sheet describes funding and support to the Mozambique Ministry of Health (MOH) for three components divided into Home-Based Care (HBC), Sexually Transmitted Infections (STI)/HIV, and Opportunistic Infections (OIs) prevention and control.

Continue USG support for MOH Home Based Care and Traditional Medicine Program program activities (\$250,000) as described below:

HBC Program

1. Refresher training for the Provincial HBC Focal Points in conjunction with ANEMO (Mozambican Nurses Association).
2. Monitoring and Evaluation: Creation of materials and supervision to improve quality and assure integration with the MOH Health Information System Database. This includes a workshop with implementing NGO partners to orient them to the MOH electronic database for direct integration to improve quality and timely collection of information.
3. Update and revision of guidelines, training materials and job aids to include integration with treatment sites and other changes as needed.
4. Routine supervision of the provinces by the 3 technical staff in the MOH to improve the quality of HBC and M&E activities and assure integration of community HBC with Treatment sites. At the Central level, HBC supervision will be integrated with Treatment supervision during this period.

Traditional Medicine Program

This will support activities already in progress based in the National Institute of Health and as start-up monies for the Institute of Traditional Medicine planned to start in 2008. It will encompass such as activities as:

1. Training of Trainers at the Provincial level addressing: referrals to the National Health System through raising awareness in both Traditional Medical Practitioners and Health Personnel about the importance of their positive interaction, the modification of harmful beliefs and practices in the areas of health, legal issues such as inheritance rights, gender based violence and others which Traditional Medical Practitioners have substantial influence over in the community.
2. Integration of effective approaches to traditional practices in other areas, such as: pre-service training and continuing education for doctors, nurses and the planned Community Health Worker program, various existing MOH programs such as STI, TB/leprosy, nutrition for adults and children, malaria and chronic diseases, OMM (Organization of Mozambican Women) activities, Integrated Care and Support Systems activities with MMAS (Ministry of Social Action) providing social support for those with chronic diseases and affected family members such as orphans and vulnerable children (OVC).
3. Supervision of provincial activities

Continue USG support for MOH STI/HIV program activities (\$368,000) as described below:

1. Integration of STI screening and treatment in clinical and Anti-Retroviral Treatment (ART) settings as well as Prevention of Mother-To-Child (PMTCT)/Antenatal Care (ANC) services (\$310,000). This activity will build on the results of the assessment of STI diagnosis and treatment in ART settings supported by USG FY06/07 funds. The assessment provides information on the prevalence of STIs in HIV-infected patients followed at ART service sites and integration of STI prevention, diagnosis, and treatment in routine outpatient HIV care and treatment settings. The proposed activities for FY08 include:
 - (a) Revision and adaptation of current guidelines, training materials and development of job aids on management of STIs for HIV-infected patients and their partners, attending ART services;
 - (b) Development of guidelines, revision of training materials and job aids, to address the specific context of pregnancy, to ensure that pregnant women and their partners, attending ANC/PMTCT services are routinely screened and correctly treated for STIs in accordance with their status;
 - (c) Reproduction and dissemination of integrated STI/HIV tools for ART and ANC/PMTCT service sites, including outpatient and Mother and Child Health Care (MCH) settings;
 - (d) Performance of refresher trainings for health workers from both ART and PMTCT service sites (one course per province, therefore a total of 11 refresher trainings for approximately 275 health workers to be re-trained);
 - (e) Supervision visits for monitoring of implementation of the above described activities (at least one central level visit per province per year).
2. Finalization of the development of an algorithm on sexual abuse in children, and performance of a dissemination and advocacy workshop (\$50,000). Sexual abuse of children is an important problem among families, where family members, friends, teachers, and others are often identified as the abuse perpetrators therefore creating an environment facilitating repeated abuse and psychosocial problems for the victims. To-date the MOH STI/HIV program has developed an algorithm addressing sexual abuse in adults. Funding under this activity will support the finalization and dissemination of an algorithm for sexual abuse in children. Existing algorithms for sexual abuse tend to mainly address clinical management of victims and lack other aspects such as reference to and management of psychosocial and other aspects arising from the abuse. The advocacy workshop will facilitate dissemination of the algorithms and at the same time assist the MOH to work with other line ministries and stakeholders in developing a plan for improved referral mechanisms and linkages.
3. As in previous years, USG proposes to continue general STI/HIV office and program support (\$8,000) for routine program functions (office supplies, communication expenses, etc).

Continue USG support for MOH OI program activities (\$200,000) as described below:

Improvement of diagnosis and management of OIs. The main activities are: policy development and revision, training of various cadres of health workers, acquisition of equipment and supplies, strengthening M&E, and joint supervisions. This year's activities will also include the implementation of OI surveillance.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8587

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23788	8587.23788.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	10296	3570.09	Cooperative Agreement	\$315,000
8587	8587.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	\$767,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15781	15781.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$75,000
12944	8637.08	6347	3529.08	GHAJ_CDC_POST	US Centers for Disease Control and Prevention	\$219,920

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

This activity supports the MOH calendar year 2008 target of 143,776 people in Home Based Care programs, linked with 250 health centers, in terms of providing technical support and costs of supervision, policy revision, monitoring and evaluation.

This activity also supports the MOH calendar year 2008 target of 114,965 for Treatment and Chemoprophylaxis of Opportunistic Infections (OIs) through providing the standard OI training for various levels of medical practitioners, although systems for accurately monitoring OI treatment and prophylaxis are still in the process of being developed.

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

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3574.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8595.08

Activity System ID: 12964

Mechanism: Track 1 ARV Moz Supplement

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$350,000

Activity Narrative: In EGPAFs care and treatment program, palliative care includes the provision of patient and family centered care throughout the continuum of illness. Providing a comprehensive care package includes the prevention, diagnosis and treatment of opportunistic infections, pain management, linkage with home-based care and other community support services, psychosocial and adherence support for the patients and his/her family. In addition, it considers nutritional issues as they interact with health status and treatment success for the patient as well as food insecurity for the whole family as a result of disease.

EGPAF wants to address these components by:

- building capacity in the health facility to prevent, diagnose and treat opportunistic infections and provide comprehensive chronic HIV care, including the management of pain
- building capacity in the health facility to provide counseling and psychosocial support throughout the continuum of illness
- collaborating with community-based organizations implementing HIV prevention activities and providing additional psychosocial support services (individual and family counseling, support groups), home-based care, nutritional support, and active tracing of patients lost to follow up (subgrants to cover part of these activities)
- establish linkages with other (international) organizations providing support services to ensure provision of bednets, clean water supplies, nutritional supplementation where feasible

Capacity building of health staff on palliative HIV care: In the health facilities, EGPAFs Clinical Advisors will conduct training and on the job mentoring on OI management for health facility staff including physicians, medical technicians, nurses, laboratory and pharmacy staff. Involvement of DPS and DDS staff in regular supervision and mentoring will help build their capacity to develop formative supervision skills and provide staff with necessary technical support. EGPAF will implement the QI and supervision tools that have been developed during PY04 for the supervision of chronic HIV care.

In so far as some essential drugs for the treatment of OIs have not been available or with long stock ruptures, EGPAF will procure and manage a buffer stock of essential drugs for the management of OIs.

Counseling and psychosocial support: In the health facilities additional counseling will primarily be provided by lay counselors and peer educators. In addition, they will also, together with volunteers from CBOs, provide counseling in the community and in support groups meetings. Training of lay counselors and peer educators will focus on essential HIV knowledge, HIV care and treatment related knowledge including treatment preparation, prevention with positives, nutrition, positive living with HIV as well as couple/family counseling. Lay counselors and peer educators will work within the health facility but provide an important linkage with the community and community-based services.

Community-based support: since 2006, EGPAF has provided small subgrants to an increasing number of CBOs. Activities of these CBOs initially focused on HIV education, community mobilization for PMTCT and psychosocial support for pregnant women in the PMTCT program. Since 2007, activities have expanded to include community education on ART, treatment literacy, active tracing of HIV exposed infants and linking them with ART services as well as active tracing of patients on treatment lost to follow up. CBOs have also established support groups for people on treatment. EGPAF will continue to provide relevant training and technical assistance to the CBOs, as well as support for coordination and exchange with other CBOs, monitoring and evaluation and the documentation of lessons learned. In COP08 the number of CBOs with which EGPAF will have a subgrant will increase. The goal is to have one CBO in the catchment area of each treatment site to provide these additional support services. In each of the new districts, new CBOs will be identified through a process of mapping and capacity assessment. In district where no capable community-based organization exists, EGPAF will work with health facility staff and motivated beneficiaries to establish support groups for PLHA. In some districts EGPAF has established MOUs with other organizations providing home-based care, psychosocial support and support for OVC. EGPAF will expand this and work to increase collaboration with other USG and other partners to increasingly provide a comprehensive package of services. As EGPAF is not directly providing bednets, safe water supplies and nutritional support, this support will only be provided through partnerships. Currently this includes the provision of Plump'Nut to several malnourished infants and children. EGPAF will explore the possibility to include several malnourished adults in this program as well as explore other possibilities to provide nutritional support to patients on treatment.

To support both the counseling activities in the health facilities as well as HIV education and counseling activities implemented by CBOs, EGPAF will reproduce and disseminate existing IEC/BCC materials.

The patient tracking system EGPAF has implemented in each of the care and treatment sites facilitates the monitoring of quality of care provided to patients in care. As currently many patients enrolled but not yet in need of treatment are lost to follow up, EGPAF in collaboration with the CBOs will work to recuperate these patients and ensure that they receive clinical follow up care and are linked with support services.

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 OIs 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

Activity Narrative:

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8595

Related Activity: 13214, 16283, 15786, 12965, 12966

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23760	8595.23760.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10291	3574.09	Track 1 ARV Moz Supplement	\$251,005
23759	8595.23759.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10291	3574.09	Track 1 ARV Moz Supplement	\$262,128
8595	8595.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4869	3574.07	Track 1 ARV Moz Supplement	\$1,004,591

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15786	15786.08	6414	6124.08	CDC CARE INTL	CARE International	\$265,000
16283	5198.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$640,000
13214	12265.08	6415	6127.08	CDC-Vanderbilt CoAg	Vanderbilt University	\$894,920
12965	8594.08	6352	3574.08	Track 1 ARV Moz Supplement	Elizabeth Glaser Pediatric AIDS Foundation	\$450,000
12966	5182.08	6352	3574.08	Track 1 ARV Moz Supplement	Elizabeth Glaser Pediatric AIDS Foundation	\$7,250,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Malaria (PMI)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	30	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	34,418	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	240	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Cabo Delgado

Gaza

Maputo

Nampula

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3526.08

Prime Partner: US Centers for Disease
Control and Prevention

Mechanism: GHAI_CDC_HQ

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 5200.08

Planned Funds: \$233,115

Activity System ID: 12934

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 contributes to partial salary and benefits for the CDC Medical Epidemiologist and the full salary and benefit support for the CDC Home-based Care Technical Advisor.

The Medical Epidemiologist will provide leadership in activities related to Opportunistic Infections and TB/HIV program management, participate in MOH, Inter-Agency, and TB/HIV Task Force meetings, supervise TB/OI and Home-based care activities (including supervising 3 staff who work closely with MOH on these issues), supervise cooperative agreement with Mozambique's Ministry of Women and Social Action and lead the development and implementation of public health evaluation activities related to care and treatment.

The Home-based Care Technical Advisor oversees and coordinates Home-based Care activities in the MOH, Integrated Care and Support activities with MMAS and provides technical inputs to ANEMO's (Mozambican Nurses Association) palliative care related activities and related public health evaluations and systems development activities being carried out by various partners.

This activity sheet is also linked to activity sheets 8587, 8570 and 8637.

This FY07 funding request will support technical assistance visits from CDC for final analysis and presentation of findings from 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8631

Related Activity: 13192

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24431	5200.24431.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10462	3526.09	GHA1_CDC_HQ	\$0
8631	5200.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHA1_CDC_HQ	\$666,387
5200	5200.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHA1_CDC_HQ	\$513,292

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13192	8587.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$818,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3529.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 8637.08

Activity System ID: 12944

Mechanism: GHAI_CDC_POST

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$219,920

Activity Narrative: This activity sheet describes funding for external support to the Mozambique Ministry of Health (MOH) for three components divided into Home-Based Care (HBC), Sexually Transmitted Infections (STI)/HIV, and Opportunistic Infections (OIs) prevention and control.

Home Based Care (HBC): This provides a small amount of flexible external funding for back-up support to the Ministry of Social Action and the Ministry of Health for possible needs that may arise related to materials development, consultancies for technical support and exchange visits, regional meetings or conferences.

Additionally, these funds will support the salary benefits for the Community Care assistant who works closely with the Ministry of Health and Ministry of Women and Social Action as well as the USG partners in developing community based HIV care and support programs.

Sexually Transmitted Infections (STI)/HIV: This activity contributes to salary and benefits for the CDC STI / Vulnerable Populations Technical Advisor, who oversees, coordinates MOH and other partners, provides technical inputs, and monitors STI/HIV activities targeting the general population as well as Most-At-Risk Populations (MARPS).

Activities include support to: (a) Development of interventions, and revision and adaptation of STI guidelines, training materials and job aids for integration of STI screening and treatment for HIV-infected patients attending ART and PMTCT service settings; (b) Coordination of training, and procurement and distribution of equipment to improve STI etiologic diagnosis at central level and provincial laboratories at major hospital ART sites; and (c) Design and piloting of interventions to increase and improve HIV and STI screening and services for MARPS.

In addition some funding under this activity will support in-country travel for supervision and training activities, as well as participation in regional/international continuing education events or study tours to other projects.

Opportunistic Infections (OIs) prevention and control: This activity contributes to the salary and benefits for the CDC OI Technical Advisor who oversees and coordinates OI related activities with the MOH and implementing partners. It also provides a small amount of flexible external funding for back-up support to the MOH related to OI training and M&E activities.

Finally, included are the partial salary and benefits of the Care M&E officer who works within the CDC Care team to support palliative care (home based and clinic based) related program monitoring activities including: evaluating progress in program implementation, compiling, maintaining and reporting on data records related to partner reports and proposal submissions; data compilation needed for routine program monitoring, COP preparation and semi-annual and annual reports.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8637

Related Activity: 13192

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24446	8637.24446.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10464	3529.09	GHA1_CDC_PO ST	\$600,946
8637	8637.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4867	3529.07	GHA1_CDC_PO ST	\$430,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13192	8587.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$818,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 9310.08

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

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 21427.08

Planned Funds: \$322,512

Activity System ID: 21427

Activity Narrative: Reprogramming August08: Funding increase \$322,512. Centrally awarded to AED. Activity currently listed as TBD because competition for the FANTA award was in process at the time the COP was submitted.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3568.08

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 18880.08

Planned Funds: \$60,000

Activity System ID: 18880

Activity Narrative: Per guidance sent by CDC/GAP, this activity represents approximately 1/12 of the funding originally allocated to Columbia University for this program area under activity 5198.08. Funding is provided to pay for that activity from February 23 - April 1, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16283

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16283	5198.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$640,000

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3574.08

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 18883.08

Planned Funds: \$33,000

Activity System ID: 18883

Activity Narrative: Per guidance sent by CDC/GAP, this activity represents approximately 1/12 of the funding originally allocated to EGPAF for this program area under activity 8595.08. Funding is provided to pay for that activity from February 23 - April 1, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12964

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12964	8595.08	6352	3574.08	Track 1 ARV Moz Supplement	Elizabeth Glaser Pediatric AIDS Foundation	\$350,000

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3627.08

Prime Partner: World Vision International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5137.08

Activity System ID: 14544

Mechanism: USAID-World Vision International-GHAI-Local

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$650,000

Activity Narrative: Reprogramming August08: Funding increase \$50,000. Reprogramming to support proposed PPP in Gorongosa Park (activity to be implemented through WV sub ADPP).

This is a continuing activity under COP08 with the same targets and a slightly lower budget than in FY2007.

Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

This activity is related to MTCT 9143, HKID 9155, HTXS 9168 and HVCT 9157.

World Vision implements their palliative care program in close collaboration with their OVC program. The Community Care Coalitions (CCC) and their selected caregivers called Home Visitors (HV) as well as the Home Based Care Activists (HBCAs) will continue to work to identify chronically ill persons in their respective communities and provide palliative care through home-based care (HBC). This work will be conducted in close coordination with district and provincial offices of the Ministry of Health (MOH). Caregivers will be charged with making home visits to these ill people (PLWHA stages 1&2 – as defined by the World Health Organization), providing them with material, psychosocial and spiritual support, and appropriate nutritional advice and emotional counseling. HBCA will work with the CCCs to help arrange, as needed, higher levels of palliative care for those clients (PLWHA stages 3&4) who are clearly suffering from ailments caused by AIDS, including treatment of OI, pain management, referrals to ART, malaria prevention, etc. In each district a HBC Nurse Supervisor will oversee the HBCAs and provide direct support to the clients when needed. When possible, legal services to help dying patients prepare wills and burial arrangements will be arranged by the HV. These activities are being carried out by the HVs as part of their routine work with PLWHA and OVC which also includes protecting the rights of children and promoting the creation of a memory book as a coping mechanism for the client and family members. The project will provide psychosocial support for the bereaved family.

Overall, World Vision will be seeking to improve the quality and scope of PLWHA palliative care. One element in providing for PLWHA support is the sustainability of the community-based organizations (CBOs) leading the effort. Key to World Vision's sustainability strategy is ensuring that the FBOs, CBOs/CCCs and their member have the capacity to carry out their important PLWHA care and support activities in the long term. To this end, World Vision has developed an Organizational Capacity Building (OCB) Guide focused on strengthening the general organizational capacities (as opposed to solely HIV/AIDS-specific technical skills) of CBOs/CCCs. The iterative three stage OCB process begins with organizational self-assessment, followed by selected training based on the results of the assessment, and supplemented with additional follow-up support. World Vision will apply this new strategy to strengthen 2 local organizations and 40 CCCs.

Under COP07, mechanisms will be put in place to improve the community to clinic linkages. Although, NGOs were encouraged to liaise with local clinics, many volunteers were comfortable working at the community level only. In FY07, volunteers will be required to work along with clinics in caring for PLWHA on ART, with TB patients, patients with OI, STI and other conditions. At least 50% of all HBC clients will need to have a clinic record. Treatment adherence also will be supported by a related USG activity to ensure TB and HIV patients are taking their medicines and not experiencing any overt reactions. In addition, volunteers will be trained to further recognize OIs and to refer clients to the clinic for proper follow-up. Coupons for transport or use of bicycle ambulances will be used to ensure clients attendance. Further training will be held to ensure that HBC supervisors, and volunteers have the necessary skills to handle these new activities.

Under COP07, capacity building of local CBO/FBO will continue with fervor. With a UGS funded AED program, tools and materials will be available for NGOs to use with their nascent CBO in provide quality services and assess and manage outside funding. AED will also provide training on several general topics (on functional organizations, strengthened management, leadership, advocacy, financial management, etc.) which will be open to all NGOs and their partners.

Through this activity, 5,020 PLWHA will receive HIV-related palliative care and 502 per will be trained to deliver HIV-related palliative care.

General Information about HBC in Mozambique:

Home-based Palliative Care is heavily regulated by MOH policy, guidelines and directives. USG has supported the MOH Home-Based Palliative Care program since 2004 and will continue with the same basic program structure including continued attempts of strengthening quality of services to chronically ill clients affected by HIV/AIDS. In FY02, the MOH developed standards for home based care and a training curriculum which includes a practicum session. Trainers/supervisors receive this 12 day training and are then certified as trainers during their first 12 day training of volunteers. A Master Trainer monitors this first training and provides advice and assistance to improve the trainers' skills and certifies the trainer when skill level is at an approved level. All volunteers that work in HBC must have this initial 12 training by a certified 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9126

Related Activity: 14542, 14545, 14546, 14547, 14535, 14528

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24367	5137.24367.09	U.S. Agency for International Development	World Vision International	10439	3627.09	USAID-World Vision International-GHAI-Local	\$0
5137	5137.06	U.S. Agency for International Development	World Vision International	3627	3627.06		\$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14542	5279.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$250,000
14546	5139.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$2,877,756
14547	5264.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$300,000
14535	6441.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$707,000
14528	9166.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,309,500

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,020	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	502	False

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Sofala

Zambezia

Manica

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3650.08

Prime Partner: Partnership for Supply Chain Management

Mechanism: Supply Chain Management System

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 9136.08

Planned Funds: \$2,500,000

Activity System ID: 14555

Activity Narrative: This is a continuing activity under COP08 with the following updates.

SCMS Mozambique staff will work with the MOH programs, CMAM, and PEPFAR partners to identify priority OI and STI drugs for which there is a need and a political commitment to achieve a "full supply". For this list of priority drugs, SCMS will provide the MOH and PEPFAR partners with technical assistance in preparing an annual forecast of need, conducting a central and provincial stock status assessment, developing a national supply plan, integrating all sources of financing, and identifying any gaps in financing that prevent the drug from being managed as a "full supply" commodity. As these priority drugs are managed through the Via Classica system, SCMS will continue to provide technical assistance to CMAM and Provinces in the strengthening of that system. The supply plan will be monitored and updated on six-month intervals. SCMS will help CMAM to facilitate the communication of information on availability of these priorities OI and STI drugs between the Central and Provincial levels of the MOH, relevant MOH programs, and PEPFAR. SCMS will procure priority OI and STI drugs in the supply plan valued at \$2 million.

SCMS Mozambique staff will collaborate with programs that use HIV tests, CMAM, CHAI, and any other sources of financing and procurement of rapid HIV tests for the MOH by providing technical assistance in the monitoring and management of the incoming HIV test kit pipeline and their distribution in country. SCMS will facilitate annual HIV test forecasts and quarterly updates to the national supply plan of HIV tests, enabling timely identification and response to any inbound supply constraints that may arise. SCMS will assist CMAM and the Laboratory Section of MOH to facilitate the communication of Rapid HIV test kit availability among MOH Program managers that depend on Rapid HIV Test Kits and PEPFAR. SCMS will procure \$300 million in HIV test kits, approximately 80 % of national needs for rapid HIV tests required to care program goals of the MOH (CT, CD and YAFS).

Technical assistance will be provided to the MOH in monitoring and supervision of the Redesigned Logistics System for Rapid Tests (August, 2007). SCMS will collaborate with the MOH and PEPFAR partners to integrate Lab Logistics training modules into the Pre-Service Training Curriculum.

The FY2007 narrative below has not been updated.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9136

Related Activity: 14554, 15796, 14556, 14557, 14558

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24305	9136.24305.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10421	3650.09	Supply Chain Management System	\$1,600,000
9136	9136.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5045	3650.07	Supply Chain Management System	\$1,129,015

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14554	9142.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$600,855
15796	15796.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$0
14557	5232.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$21,017,161
14558	9254.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,530,000

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7923.08

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

Prime Partner: Catholic University of Mozambique

USG Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 18063.08

Planned Funds: \$0

Activity System ID: 18063

Activity Narrative: This is a New Partner Initiative Project and at the time of submitting this activity sheet for FY 08, the workplan, budget and targets were not finalized. In October, the HRSA project officer will be traveling to Mozambique in October and along with CDC -Mozambique staff and the AED consultant assigned to prepare a detailed capacity building plan for the NPI projects in Mozambique, will meet with Catholic University in order to finalize the workplan and set targets. Below is the project executive summary for this NPI.

The Catholic University of Mozambique (UCM), in partnership with a local organization of the civil society, COMUSANAS, the Provincia Directorate of Health (DPS de Sofala) and an international partner, the University of Pittsburgh, proposes an innovative, communitywide effort to stop the HIV epidemic in the Chibabava District in the southern region of the Sofala province and to mitigate the impact of the disease on those already infected. The geographic focus area of this project, the central region, is the hardest hit, and although the official rate in this region is 26.5%, the seroprevalence in Beira is 34% (Surveillance Data, MOZ MoH, 2004).

Due to the gravity of the AIDS epidemic in the central region of Mozambique, an approach that combines sound prevention methods with the identification and care of infected individuals is necessary. This proposal, called C.A.R.E. (Community Aware, Resolve Enhanced against HIV/AIDS), is designed to strengthen the relationship between care and prevention. The proposed model enhances the community component of an already established care and treatment program, through a network of volunteers, animators and supervisors, following the CARE GROUP (CG) model, widely used in USAID child survival programs. This already proven model for managing a large number of volunteers will allow us to reach remote populations, to deliver prevention message on an interpersonal basis, monitor clinical and medication adherence and will scale up a community-based program for patients and their families. This proposed activity addresses PEPFAR objectives "7-10", i.e. prevention and care and also is in accordance with the National Strategic Plan to Fight HIV/AIDS in Mozambique, called Plano Estratégico Nacional de Combate ao HIV/SIDA (P.E.N) of the Government of Mozambique.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Sofala

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3626.08

Prime Partner: World Relief Corporation

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 5136.08

Activity System ID: 14537

Mechanism: USAID-World Relief Corporation-GHAI-Local

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$450,000

Activity Narrative: Reprogramming August08: Funding decrease \$50,000. Reprogramming to support proposed PPP in Gorongosa Park (activity to be implemented through WV sub ADPP).

This is a continuing activity under COP08 with the same targets and a slightly lower budget than in FY2007.

Under COP08 the program will create new, and utilize existing, community to clinic and clinic to community referral systems to ensure that PLWHA are accessing treatment and other necessary services, particularly food, to improve their health status. WFP, in conjunction with PEPFAR treatment partners including PSI, will work to improve provision of food and nutrition to PLWHA registered at treatment sites based on clinical and nutritional assessments. This model helps ensure that individuals are accessing health care and receiving services along with food supplementation. The standard for determining malnutrition will be based on adult non-preg/lact women patients with a BMI <18.5 at entry into the program. The food supplement consists of short-term emergency food support. Please refer to the treatment activity sheet for WFP for funding levels and targets.

The FY2007 narrative below has not been updated.

World Relief will continue to deliver quality care for the chronically ill through its existing cadre of trained care provider volunteers totaling 240 through FY06 increasing the number to 400 in FY07. World Relief works through pastor networks to gather information about the communities and identify the services needed by the PLWHA. World Relief Provincial Coordinators and some supervisors receive Ministry of Health accredited training in home-based care and extend this knowledge to the care provider volunteers. Targeted communities in the highly HIV/AIDS-affected southern provinces are selected based on the performance of the pastor networks and volunteers in identifying and serving their neighbors in need. Coordinators, supervisors and volunteers establish relationships with health facilities in their areas to ensure that PLWHA are referred to the services they need and that they are monitored as advised by the clinical service providers. These home-based care activities are complementary to the USG-funded OVC activities implemented by World Relief in the same communities.

In COP07, World Relief will strengthen 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9139

Related Activity: 14536, 14538, 14539, 14535, 14528

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24364	5136.24364.09	U.S. Agency for International Development	World Relief Corporation	10438	3626.09	USAID-World Relief Corporation-GHAI-Local	\$0
5136	5136.06	U.S. Agency for International Development	World Relief Corporation	3626	3626.06		\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14536	5284.08	6859	3675.08	Track 1	World Relief Corporation	\$400,854
14539	5135.08	6860	3626.08	USAID-World Relief Corporation-GHAI-Local	World Relief Corporation	\$1,183,200
14535	6441.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$707,000
14528	9166.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,309,500

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	400	False

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Gaza

Inhambane

Maputo

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3568.08

Prime Partner: Columbia University

Mechanism: Track 1 ARV Moz Supplement

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 5198.08

Planned Funds: \$640,000

Activity System ID: 16283

Activity Narrative: Columbia University works in 7 provinces in Mozambique (Maputo, Gaza, Inhambane, Nampula, Zambezia, Maputo City, and Tete province where Columbia works with the military to provide services. In all these sites, support is provided for the implementation of HIV care and treatment programs that include staff training and mentoring, infrastructure improvements, procurement of materials and supplies needed at facility level, hiring of staff to support service provision and program monitoring and evaluation, as well as technical and clinical advisors. These activities are also described in other parts of this document. During FY08 Columbia University-ICAP will continue to support and expand HIV related care activities at these sites with a view of decentralising services to remote facilities while improving patient follow up, referral and initiation of ART services. The following activities will be implemented:

1. Strengthen the management OI drugs at supported Care and treatment facilities through: training of pharmacy staff in OI management including how to monitor adherence; implementation of drug management systems (computer and paper based), support provincial warehouse to strengthen referral systems, logistics systems and staff training in drug management; Procurement of OI medication for treatment of adults, infants and children in case of stock outs at CU supported sites: additionally CU will continue to work with the MOH and SCMS in ensuring that sites implement recommended drug management procedures to strengthen the current logistics system and Implement logistic systems to help ensure continuous supply of medications (in coordination with CMAM/SCMS);
2. Support the diagnosis and treatment of Opportunistic Infections: Implement syndromic approach for treatment of STIs and screening for HPV/cervical cancer through training and procurement of equipment and supplies; Implement case-finding, prevention and treatment of Malaria through training and in collaboration with PMI and the PSI programs, procurement of bed nets and other supplies; Support improvement and expansion in the detection and treatment of Kaposi's Sarcoma through training health staff in chemotherapeutic agents preparation/KS treatment, renovation and outfitting of treatment areas, and implementation of an M&E system to track incidence and prevalence of KS; Implement patient follow up for patients not yet initiating ART ensuring that they receive cotrimoxazole, have access to nutrition programs (World Food Program) are followed up regularly and initiated on ART once they are eligible for treatment
3. Improve links with community HIV care programs through development of Memoranda of understanding, sub-agreements, with Community based organizations and PLWHA support groups.

Support diagnosis, treatment and prevention of opportunistic infections: Implement syndromic approach for treatment of STIs and screening for HPV/cervical cancer; Provide training, lab testing, and procurement of equipment and supplies for diagnosis and treatment
Strengthening OI management by providing training to pharmacists, implementation of software, monitoring of adherence, continued education for health staff, supervision and M & E and procurement of essential OI drugs

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8566

Related Activity: 13214, 15786, 12964, 13948

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23680	5198.23680.09	HHS/Centers for Disease Control & Prevention	Columbia University	10264	3568.09	Track 1 ARV Moz Supplement	\$259,104
23679	5198.23679.09	HHS/Centers for Disease Control & Prevention	Columbia University	10264	3568.09	Track 1 ARV Moz Supplement	\$177,585
8566	5198.07	HHS/Centers for Disease Control & Prevention	Columbia University	4859	3567.07	UTAP	\$680,000
5198	5198.06	HHS/Centers for Disease Control & Prevention	Columbia University	3567	3567.06	UTAP	\$380,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15786	15786.08	6414	6124.08	CDC CARE INTL	CARE International	\$265,000
12964	8595.08	6352	3574.08	Track 1 ARV Moz Supplement	Elizabeth Glaser Pediatric AIDS Foundation	\$350,000
13214	12265.08	6415	6127.08	CDC-Vanderbilt CoAg	Vanderbilt University	\$894,920
13948	5181.08	6665	3580.08	Track 1 ARV	Columbia University	\$4,125,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Malaria (PMI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of individuals trained to monitor and evaluate home-based and community-based palliative care services.	N/A	True
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	40	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	181,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	200	False

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Gaza
Inhambane
Maputo
Nampula
Tete
Zambezia

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3528.08

Mechanism: Peace Corps-Peace Corps-GHAI-Local

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 14346.08

Planned Funds: \$100,000

Activity System ID: 14346

Activity Narrative: This is a new program area for Peace Corps in FY '08. It was not included in the FY '07 COP, but has been included in previous years.

PC/Mozambique is unable to report targets in this program area because the Ministry of Health requires specific palliative care training for those organizations reporting under this area.

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

The COP '08 proposed budget for palliative care will allow PC/M to continue its planned strategy of expansion of the Volunteers, geographically and numerically, focusing on less-served areas, and providing enhancements to their training and support to ensure improved output. The budget will be used for materials development and reproduction; pre-service and in-service training enhancements for improved skills and knowledge; accommodation rentals and security enhancements for the Volunteers so that they can be placed with organizations that, otherwise, could not afford to house them; organizational exchange visits, allowing Health Volunteers and their counterparts to visit each other's projects to share best practices; PC/M staff office supplies, communications and travel enhancements for efficient and effective support of the Health Volunteers; and PC/M staff capacity building in PEPFAR and HIV/AIDS through post exchanges and conferences. PEPFAR resources will also be used for special school or community events and projects and activities related to palliative care and support.

Per Agency instructions, approximately 15% of the budgeted amount will be directed to PC/HQ to cover overhead costs for supporting PC PEPFAR activities in this program area.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12956, 12957, 12958, 12959, 12960

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12956	5011.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$620,000
12957	4921.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$300,000
12958	5062.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000
12959	9472.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$550,000
12960	5009.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Education
- * Food Security

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Cabo Delgado

Gaza

Inhambane

Manica

Maputo

Nampula

Niassa

Sofala

Tete

Zambezia

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 3579.08

Mechanism: USAID-Population Services
International-GHAI-Local

Prime Partner: Population Services
International

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 16436.08

Planned Funds: \$180,000

Activity System ID: 16436

Activity Narrative: This is a new activity in COP08.

The military and their families are an important population to reach both in terms of universal coverage of long life insecticide treated nets (LLIN) and prevention of co-infection with HIV and malaria. PEPFAR Mozambique will target malaria prevention and reduction of co-infection at military bases identified as both high prevalence for HIV and for malaria. Data will be used from the Mozambique Armed Forces and Defense (FADM) HIV prevalence survey and from malaria statistics collected by the FADM in their health surveillance system. Distribution of the LLIN will be included as a component of the ongoing PEPFAR program with the military which includes prevention of sexual transmission of HIV, counseling and testing, treatment and prevention with positives. Behavior change communication activities will add a unit on co-infection of HIV and malaria, and IEC materials will be developed for all program components related to malaria and HIV. LLIN will be provided based on participation in any component of the HIV programs rather than on serostatus. Since military personnel have common sleeping quarters, distribution based on serostatus alone could lead to stigma. The details of what participation is required in order to be given a bednet will be worked out in implementation. Although the military is not currently included in the Mozambique PMI program, discussions between PMI and PEPFAR are ongoing to determine the best way to reach this population along with their families.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14524, 15881, 14528

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14524	5280.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,714,000
15881	5134.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$925,000
14528	9166.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,309,500

Emphasis Areas

Wraparound Programs (Health-related)

* Malaria (PMI)

Food Support

Public Private Partnership

Target Populations

Special populations

Most at risk populations

Military Populations

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5078.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 16381.08

Activity System ID: 16381

Mechanism: USAID-Family Health International-GHAI-Local

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$0

Activity Narrative: This is a continuing activity under COP08, linked to the FY07 activity # 9209.07.

This study concerns the assessment of partner notification after introduction of HIV and syphilis rapid testing at Antenatal Care/Prevention of Mother-to-Child (ANC/PMTCT) service sites with/without 1-minute reinforced counseling.

Title: Rapid Syphilis Testing and Counseling

Time and Money Summary: This study is currently being reviewed for reprogramming given ongoing concerns about utility of results.

Local Co-Investigator: Elisabeth Inglesi, FHI

Project Description:

Study Question: What are the best practices in the integration of syphilis screening and treatment within ANC/PMTCT services?

Study Design:

1. All pregnant women visiting ANC/PMTCT services in selected sites; 1)Quelimane City/17 de Setembro; 2)Nicoadala Sede and 3) Mocuba Sede will be checked for STI symptoms and signs.
2. All pregnant women will be screened for syphilis with the use of rapid non treponemic tests.
3. All pregnant women identified with an STI or reactive to syphilis testing will be treated according to National Protocols for syndromic approach.
4. Reactive samples will be confirmed with a TPHA test. A number of randomly selected negative samples also will be tested for quality control purposes.
5. A code will be written in the ANC cards and STIs registration book available at the selected sites.

Importance of Study: The Mozambican Ministry of Health launched its National PMTCT program in July 2004. UNICEF states that many newborns have died after completion of PMTCT due to congenital syphilis. 720,000 infants were born with HIV worldwide in 2001. Large sums of donor funds are rightly being made available for PMTCT programs, yet many of the infants in whom HIV is prevented may die of syphilis. Between 10% and 15% of pregnant women have syphilis in Zambezia Province and infant death from congenital syphilis can be prevented by linking ANC/PMTCT services and syphilis diagnosis and treatment. Syphilis in pregnancy causes stillbirth, spontaneous abortion, intrauterine growth retardation, or preterm delivery in up to 50% of cases. In sub-Saharan Africa, syphilis is responsible for 20–30% of perinatal deaths.

Planned Use of Findings: The findings of this study will be useful in formulating efficient policies with the GRM regarding the identification, care and treatment of syphilis among ANC attendees.

Status of Study: Protocols are currently being established with the Ministry of Health and a decision should be made soon as to whether this PHE should be pursued further.

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

Information Dissemination Plan: The results will be publicly announced at both provincial and federal levels.

Planned FY08 Activities: If it goes forward, the study will be completed and the results will be disseminated by the beginning of FY08.

Budget Justification for FY08: There is no FY08 funding.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15860, 15861, 15862, 15880,
15863, 16310, 16294

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15860	5269.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$3,249,270
15861	9209.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,525,000
15862	9206.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,062,135
15880	15880.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$630,000
15863	6429.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,300,000
16310	16310.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$925,000
16294	16294.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$110,000

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

Other

Discordant Couples

Coverage Areas

Zambezia

HVTB - Palliative Care: TB/HIV

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Total Planned Funding for Program Area: \$5,885,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Mozambique has a high TB burden and in the 2007 Global TB Report (WHO, 2007), was ranked 18th in terms of high burden countries with an estimated incidence of 447 cases/100,000 population. In 2005, Mozambique reported 33,231 TB cases, and estimated that 50% 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 only an estimated 40% of the population has access to DOTS services (defined as a health facility within 10 km of a patient's residence). TB case detection was 36% in 2005, well below the global target of 70%. For the 2003 cohort, treatment outcomes remained inadequate, with an 80% successful treatment completion rate (global target 85%). Case finding relies on smear microscopy, but laboratory infrastructure for TB diagnosis is limited and patient referral systems are inadequate. At present, there is only one national lab (in Maputo) capable of performing mycobacterial culture and first-line drug susceptibility testing. Second-line drug testing, when performed, must be sent to South Africa or other supranational reference facilities.

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 September 2007, \$7.2 million have been disbursed, and there has been no disbursement for more than one year. Delays in disbursement of Global Fund money are creating severe problems for the National TB Program. Key goals for 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 did not succeed in the 6th round, but recently completed an application for additional TB funding to Round 7 of the Global Fund.

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). In February 2007, the NTP initiated a new national drug resistance survey in collaboration with the supra-national reference laboratory in Milan and the World Health Organization and USG, and we expect to have the results soon.

Since Mozambique has a more recent (and still growing) HIV epidemic, it is estimated that the proportion of TB patients who are HIV-infected will continue to rise. The National TB Program (NTP) recognizes the importance of expanding TB/HIV services in Mozambique and progress in implementing these activities have been improving. The Ministry of Health (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: voluntary counseling and testing (VCT), home-based care, and HIV day hospitals. Several partners with MOH endorsement are scaling up antiretroviral (ART) initiation in TB facilities. To date, TB/HIV policies, training materials, and new reporting formats have been developed and implemented in most provinces. Implementation on a national scale is planned in the coming months.

The National Strategic Plan for TB (2008-2012) was finalized in July 2007 and focuses on increasing the detection rate, strengthening the laboratory network, improving case-management and patient support, tackling the emerging MDR/XDR problem and further expanding TB/HIV collaborative activities as well as implementing a quality monitoring and evaluation system to allow impact measurement of program activities. An important component of the plan is aimed at extending and strengthening the DOTS strategy. In order to improve the case detection rate, the plan focuses on increasing the suspicion of TB among health workers working in the different components of the health care system.

US government (USG) efforts are consistent with the MOH Strategic Plan and WHO TB/HIV Framework which highlights the need for integrated programming, decreasing the burden of TB among PLWHA and increasing the HIV care available for TB patients. USG agencies collaborate with the National TB Program, international donors and other key partners. The emphasis of USG support is to provide HIV counseling and testing to all TB patients, to ensure that all TB-HIV+ patients are offered cotrimoxazole, and referral to other HIV-related services, including ART, and to link all HIV-infected persons in care to TB diagnosis and DOTS therapy.

In FY07, USG funds (through PEPFAR and USAID TB-CAP resources) were used to provide technical assistance to MOH in the following areas: (1) hiring a TB/Opportunistic Infections (TB/OI) Advisor for CDC to work closely with the National TB and AIDS Programs, USG, donors and partners; (2) Supporting efforts to improve TB drug resistance surveillance and support systems to improve treatment of drug resistance cases; (3) strengthening TB laboratory services including support for 2 new regional TB labs to be able to perform culture and drug susceptibility testing, and through strengthening of the National TB Reference Laboratory in Maputo; (4) in-service training of laboratory staff; (5) expansion of community DOTS; (6) technical assistance with development of a treatment plan for MDR TB (through assistance with an application to the Green Light Committee); (7) monitoring and evaluation (M&E); (8) infection control; and (9) supporting monitoring and evaluation of TB/HIV activities through assistance in proper use of new recording and reporting formats, contracting a M&E advisor to work at the MOH and planning and implementation of the Electronic TB Register. Many of these activities were developed with Plus-Up funding and so are only now just getting underway.

The USG meets regularly to coordinate planning, oversee program implementation and ensure rational use of resources related to TB/HIV interagency activities. Additionally, PEPFAR and US Agency for International Development (USAID) have representatives

in the National TB/HIV Task Force.

For FY08, USG funds (PEPFAR and USAID) will be used to continue and expand the activities initiated in 2006/2007 namely: strengthening HIV counseling and testing in TB patients through support to the MOH CT component to expand the “CT in Health” program (CTH, which has replaced the VCT model in Mozambique), training of counselors/health providers, reproduction of guidelines, manuals and IEC materials, review and integration of CT in pre-service curricula, TB screening for HIV-infected patients, infection control in health setting and prisons, and strengthening of the referral mechanisms. Additionally, to scale up Counseling and Testing for HIV in TB clinical settings, a Counseling and Testing Advisor will be contracted to work in MOH for the National TB program.

The USG funds are used to provide assistance at the national level and all PEPFAR USG-funded treatment partners—Columbia/ICAP, CARE International, Health Alliance International (HAI), Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Vanderbilt University, and Family Health International (FHI)—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. USG in FY 2008 will be concentrating its efforts in the northern region, in the three focus provinces (Zambezia, Sofala and Nampula) of the country where the TB case detection rate is low. This will include close collaboration with the Provincial Health Directorates. Treatment partners working in these provinces (HAI in Sofala, Columbia and Vanderbilt University in Zambezia and Columbia and EGPAF in Nampula) will work to scale up TB/HIV activities, and to develop innovative best practices, including ART roll-out in TB clinical settings, Isoniazid Preventive Therapy and improved diagnosis of smear-negative TB. Additionally a TB/HIV advisor will be hired to work closely with the provincial directorate in Zambezia.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	182
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	19868
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	1182
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	19381

Custom Targets:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3680.08	Mechanism: The Health Communication Partnership
Prime Partner: Johns Hopkins University Center for Communication Programs	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 12268.08	Planned Funds: \$100,000
Activity System ID: 14521	
Activity Narrative: This is a continuing activity in COP08.	

It is expected that the main development and testing of IEC materials for TB/HIV activities will take place with FY07 funding. Additional funding at a reduced level is provided in COP08 in order to complete the behavior change communication package for TB/HIV services, with partners providing TB/HIV services in addition to those providing HBHC and with relevant community organizations such as faith based organizations and groups of PLWHA. No emphasis areas or target populations have been selected because this activity is intended to develop materials and behavior change strategies for use in TB/HIV programs in facilities and in the community.

The narrative below from FY2007 has not been updated. These activities taken together form a major initiative for providing technical assistance to the MOH/RESP (health education unit) and the CNCS (National AIDS Council) and implementation of communication strategies in support of all program areas at national and provincial levels, especially Zambezia and Sofala Provinces. JHU/CCP is also expected to serve as a resource and support to other Ministries such as the Ministry of Defense, Ministry of the Interior, Ministry of Education and Ministry of Women and Children as well as the NGO community and other USG PEPFAR agencies. With regards to HTXS, JHU will work with the MOH, CNCS and other partners to standardize, develop and produce according to the identified needs, IEC materials for TB/HIV activities such as TB education for PLWHAs, support for HIV testing of TB patients, need for TB treatment adherence. Because this activity is focused on IEC materials, targets are not applicable.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12268

Related Activity: 14522, 14518, 14519, 14520,
15845, 14523

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24289	12268.2428 9.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	10418	3680.09	The Health Communication Partnership	\$0
12268	12268.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4893	3680.07	The Health Communication Partnership	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14518	9162.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$200,000
14519	5289.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$800,000
14520	8648.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$313,000
15845	15845.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$150,000
14522	9165.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$97,000
14523	5291.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$320,000

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3568.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 5201.08

Activity System ID: 16282

Mechanism: Track 1 ARV Moz Supplement

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$875,000

Activity Narrative: Funds for this activity will be used to continue TB/HIV activities initiated in FY07:

The key interventions include:

1. Continue to support HIV counseling and testing for TB patients at the TB clinics linked to ART clinics; Implement referral systems of TB/HIV co-infected patients to ART clinics for care, treatment, follow up and support
2. Support infrastructure development at ART clinical and related TB sites to include ensuring adherence to standard infection control measures, supplies and equipment for provision of quality TB/HIV services
3. Implement TB screening for all HIV positive patients who are reviewed at the ART supported sites using a standard screening tool. In addition to TB screening for pregnant women enrolled in PMTCT programs.
4. Develop health workers skills in the diagnosis and management of TB and HIV through implementation of the following activities at provincial and site level:
-Train clinical staff, including clinical officers (“técnicos de medicina”) and nurses, in prevention, diagnosis and management of TB, TB/HIV, drug resistant TB, TB in children; uses of INH prophylaxis among HIV patients
5. Implement TB/HIV M&E systems and patient medical records to be able to better monitor important program indicators for TB/HIV program management the. This includes working with the National TB Program (NTP) to revise and update data collecting tools, training staff, providing computers for sites with high patient loads, and hiring data management staff.
6. Support the NTP in the implementation of electronic patient tracking systems for TB; Provide technical support, equipment and supplies to develop and implement TB electronic patient tracking system (TB E-PTS) that directly links to HIV E-PTS already in use at large volume ICAP -supported facilities

Additionally, Columbia University through the TB technical advisor will continue to work closely with the NTP through participation in the TB/HIV task force, TBCAP coordination meetings as well as assist in training and site supervision.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8565

Related Activity: 12945, 12965, 13193, 15777

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23681	5201.23681.09	HHS/Centers for Disease Control & Prevention	Columbia University	10264	3568.09	Track 1 ARV Moz Supplement	\$785,792
8565	5201.07	HHS/Centers for Disease Control & Prevention	Columbia University	4878	3568.07	Track 1 ARV Moz Supplement	\$1,100,000
5201	5201.06	HHS/Centers for Disease Control & Prevention	Columbia University	3567	3567.06	UTAP	\$563,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12965	8594.08	6352	3574.08	Track 1 ARV Moz Supplement	Elizabeth Glaser Pediatric AIDS Foundation	\$450,000
12945	8636.08	6347	3529.08	GHA1_CDC_POST	US Centers for Disease Control and Prevention	\$228,772
13193	12267.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$350,000
15777	15777.08	6415	6127.08	CDC-Vanderbilt CoAg	Vanderbilt University	\$450,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	32	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	7,200	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	240	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	7,200	False

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Zambezia

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3568.08

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 18882.08

Planned Funds: \$80,000

Activity System ID: 18882

Activity Narrative: Per guidance sent by CDC/GAP, this activity represents approximately 1/12 of the funding originally allocated to Columbia University for this program area under activity 16282.08. Funding is provided to pay for that activity from February 23 - April 1, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16282

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16282	5201.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$875,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3574.08

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 18821.08

Planned Funds: \$45,000

Activity System ID: 18821

Activity Narrative: Per guidance sent by CDC/GAP, this activity represents approximately 1/12 of the funding originally allocated to EGPAF for this program area under activity 8594.08. Funding is provided to pay for that activity from February 23 - April 1, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12965

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12965	8594.08	6352	3574.08	Track 1 ARV Moz Supplement	Elizabeth Glaser Pediatric AIDS Foundation	\$450,000

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3529.08

Mechanism: GHAI_CDC_POST

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 8636.08

Planned Funds: \$228,772

Activity System ID: 12945

Activity Narrative: This activity will support continuation of technical assistance provided to the Ministry of health during FY07 for implementation of TB and HIV collaborative activities. Funds will be used to update national guidelines and/or develop new ones in accordance with international standards for TB/HIV, X-MDR-TB management and infection control. Further, the existing policy documents and guidelines will be printed and distributed within the country. The new reporting system for drug resisnta TB will be implemented to all provinces and to strengthen coordination between NTP and partners, coordination meeting will take place in all 3 regions and at the national level.

Additionally the requested funds will be used to support partially or in full, 4 CDC staff positions involved in the TB/HIV program implementation and monitoring as follows:

Pediatric treatment specialist, who serves as the technical officer responsible for planning, organizing and monitoring pediatric HIV care and treatment projects in order to scale up and improve the provision of HIV care and treatment for children. In this capacity, provides technical guidance for all CDC-Mozambique supported pediatric care and treatment activities in the context of both the Ministry of Health (MOH) and overall CDC-Mozambique strategic programs that aim to expand and improve prevention, follow-up, care and Antiretroviral treatment (ART) services for children infected with HIV.

Care M&E officer: :Works within the CDC Care team to support palliative care (home based and clinic based) related program monitoring activities including: evaluating progress in program implementation, compiling, maintaining and reporting on data records related to partner reports and proposal submissions; data compilation needed for routine program monitoring, COP preparation and semi-annual and annual reports

OI Advisor: Works within the CDC care team and serves as the lead technical officer with the overall responsibility for planning, organizing and monitoring HIV related Opportunistic Infections (OI) projects in order to scale up and improve the management of OI's. In this capacity provides technical guidance for all CDC-Mozambique supported OI management activities in the context of MOH and the Emergency Plan overall strategic programs that aim to expand and improve prevention, follow-up and care services for PLWHA.

TB/HIV specialist: serves as the lead technical officer for CDC with the overall responsibility for planning, organizing and monitoring TB/HIV activities. The advisor provides technical guidance to the MOH, CDC-Mozambique, the Emergency Plan interagency group and implementing partners on TB/HIV collaborative activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8636

Related Activity: 13193

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24448	8636.24448.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10464	3529.09	GHAI_CDC_PO ST	\$244,629
8636	8636.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4867	3529.07	GHAI_CDC_PO ST	\$572,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13193	12267.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$350,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 3526.08

Mechanism: GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 5226.08

Planned Funds: \$35,345

Activity System ID: 12935

Activity Narrative: Funding in this activity will support the partial salary for the CDC Medical Epidemiologist who will provide leadership in activities related to Opportunistic Infections and TB/HIV program management, participate in MOH, Inter-Agency, and TB/HIV Task Force meetings, supervise TB/OI and Home-based care activities (including supervising 3 staff who work closely with MOH on these issues), supervise cooperative agreement with Mozambique's Ministry of Women and Social Action and lead the development and implementation of public health evaluation activities related to care and treatment.

In addition, this activity will provide partial salary and benefits packages for the Paediatric Treatment Specialist, the Care M&E Officer, and the (OI) TB/HIV Specialist. Finally, the full salary and benefits package for the OI Advisor will be paid through this activity.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8629

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24432	5226.24432.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10462	3526.09	GHA1_CDC_HQ	\$35,345
8629	5226.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHA1_CDC_HQ	\$160,305
5226	5226.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHA1_CDC_HQ	\$200,000

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3574.08

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 8594.08

Activity System ID: 12965

Mechanism: Track 1 ARV Moz Supplement

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$450,000

Activity Narrative: Expanding access to tuberculosis treatment, combined with introducing HIV testing and anti-retroviral (ARV) delivery into TB programs, is essential to ensure the survival of HIV-positive people. Since up to half of people living with HIV/AIDS (PLWHA) develop tuberculosis, and tuberculosis has an adverse effect on HIV progression, EGPAF will work to ensure that tuberculosis care and prevention is a priority in its HIV care and treatment program, and that HIV/AIDS prevention and care will be a priority in the TB program.

Mozambique is ranked 18th for TB incidence (447/100,000 pop./Y) worldwide and faces many serious constraints in addressing the TB epidemic. TB notification related to case identification (Notification Rate: 168/100,000 pop./Y) and TB management translated into cure, treatment completion and death rates (124/100,000 pop./Y) remain very poor. Within MOH, coordination between TB and HIV departments, essential to develop an effective approach to address this associated HIV/TB epidemic (Source: WHO report 2007).

MOH faces major challenges in improving access to and quality of care for TB and T/HIV co-infected patients, including a lack of qualified staff, a lack of support to staff through supervision and on the job training, poor diagnostic capacity, and weak linkages between TB and HIV care and treatment services. With the expansion of C&TS, the MOH together with partners has worked to improve TB management and to link and integrate TB and HIV care and treatment services.

During FY08 these funds are requested to implement a range of activities that include: integration of TB and HIV care and treatment services, and improve the quality of services provided to TB/HIV co-infected patients. EGPAFs general objectives focusing on improving access to and quality of service, ensuring access to psychosocial and other support services, building institutional capacity within MOH to manage the programs and ensuring monitoring and evaluation of services, will consider TB/HIV services as an integral part of the program. Activities are aimed at 1) preventing HIV infection in TB patients, 2) preventing occurrence of TB disease in HIV patients, 3) providing comprehensive care for co-infected with TB and HIV

Under each of the 5 objectives, EGPAF will support specific activities:

Objective 1: Improve and reinforce care and treatment for adults and children co-infected with TB/HIV through;

i) Training of staff in the following; TB prevention and case detection in HIV patients, HIV counselling and testing and clinical management of co-infection, both for adults and children (new sites) ii) continuous training, supervision and clinical mentoring .iii) Ensure continued implementation of TB screening at all ART facilities as well as assure for treatment those infected with TB through referral to TB programs iv) Support to coordination and planning meetings to help establish effective linkages between and integration of TB and HIV care and treatment services.

EGPAF target is to offer counselling and testing services to 4,571 TB patients, test 3,672 patient and to enrol 1,836 TB/HIV co-infected patients into C&TS; additional to ensure treatment of TB for 1,836 HIV infected patients.

Objective 2: Build capacity of health staff and communities to provide psychosocial, nutritional and adherence support to PLWHA and their family members and to sensitize the population on TB/HIV/AIDS. This will be achieved through i) collaboration with CBOs to develop programs for psychosocial, literacy promoting and adherence support activities to reach TB/HIV co-infected patients and improve the linkages between community and health centre services. ii) train and organise sensitization campaigns targeting lay counsellors, peer educators, community leaders and CBO members to increase community awareness about the inter-relationships between TB and HIV and where to obtain care and treatment. ii) Provide counselling training for health staff, lay counsellors, peer educators and CBO volunteers which includes TB to ensure that TB is addressed within support groups and patients are well educated about TB case detection.

Objective 3: Build institutional capacity of the MOH to plan, monitor and manage TB services In addition, activities focusing on increasing DPS and DDS capacity to manage HIV care and treatment programs that will benefit the TB program will be undertaken. these include, support pharmacy management in relation to TB drugs and ensure joint supervision of TB/HIV services, implementation of supervision tools and support DPS & DDS planning and coordination and in TB taskforce meetings and national ART technical meetings provide technical inputs regarding TB/HIV management. Additionally, EGPAF will within laboratory and clinical space rehabilitations ensure availability of a safe environment for laboratory function and clinical management of PLWHA with a view of infection control.

Objective 4: Improve monitoring and evaluation systems and implement quality assurance mechanisms to enhance TB within C&TS

EGPAF support to monitoring and evaluation of HIV care and treatment program will also encompass TB/HIV treatment services. EGPAF will ensure systematic monitoring of TB screening among HIV patients within care and treatment and antenatal services sites, as well as monitor HIV screening among TB patients. The Patient tracking system (PTS) implemented at ART facilities includes a TB component which facilitates monitoring of TB care provided to HIV patients. The PTS (computer based) will be rolled out to other sites with implementation of a paper based system at lower volume care and treatment sites. EGPAF participates in the HIVQUAL program whose implementation for the care and treatment program will address quality of services as it relates to the screening for and management of TB/HIV co-infection in adults and children.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8594

Related Activity: 15785, 16282, 15777

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23761	8594.23761.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10291	3574.09	Track 1 ARV Moz Supplement	\$761,236
8594	8594.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4869	3574.07	Track 1 ARV Moz Supplement	\$145,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15785	15785.08	6414	6124.08	CDC CARE INTL	CARE International	\$185,000
16282	5201.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$875,000
15777	15777.08	6415	6127.08	CDC-Vanderbilt CoAg	Vanderbilt University	\$450,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	23	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,836	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	69	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	4,591	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Cabo Delgado

Gaza

Maputo

Nampula

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3570.08 **Mechanism:** Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 12267.08 **Planned Funds:** \$350,000

Activity System ID: 13193

Activity Narrative: The first component of this activity (\$200,000) complements and continues TB/HIV activities that were funded during FY07. Funds for this activity will be used to scale up collaborative TB/HIV activities with the main objective to 1) decrease the burden of HIV/AIDS in tuberculosis patients and 2) decrease the burden of TB in people living with HIV/AIDS through key interventions that include: scaling up TB screening for all HIV patients at the different sites offering HIV services, and HIV testing in all TB patients and suspects.

In addition the national TB program will be funded to coordinate and take the lead in the following activities:

- 1) Strengthening the provision of cotrimoxazole prophylaxis for TB/HIV co-infected patients
- 2) Intensified case finding and provision of INH for adults HIV+ patients and under 5 children with household contact after ruling out Tb active disease.
- 3) Expansion and strengthening of the implementation of infection control measures in health facilities by education of patients and health workers, training of personnel and provision of equipment and establishment of appropriate infrastructure guided by international standards.
- 4) Support the improvement of the diagnosis of Pulmonary TB (smear positive and smear negative) and Extra Pulmonary TB by training and setting up a referral path for further evaluation and treatment
- 5) Provide Initial and refresher training to TB supervisors and provincial coordinator on MDR-TB management as well as adapt training modules for "técnicos de medicina" (physicians assistants) and nurses who follow TB patients MDR-TB.
- 6) Expansion and strengthening of M & E including activities related to MDR-TB, including expansion of the electronic TB register (ETR) to additional provinces and districts, and support supervisory visits.

A complementary activity is the secondment of an M& E Specialist using resources from the Global Fund to support efforts for program monitoring.

The second component of this activity (\$150,000) is a new addition and will fund the salary and benefits package for a full-time MOH CT trainer/supervisor position in the MOH TB/HIV program that will provide significant support to the Counseling and Testing program. The trainer will assist with planning and supervising of CT training roll-out for TB providers as well as accompany activities that look at improved screening for TB at CT service sites and successful referral mechanisms. This person will participate in monitoring and evaluation activities to assess and monitor linkages between CT and TB program activities.

Funding will be provided to the Mozambique National TB program of the Ministry of health (MOH) to support the following specific activities 1) Strengthen infection control at health facilities to prevent nosocomial transmission of TB and drug-resistant (MDR, XDR) TB through the procurement of equipment (respirators, fans, etc.) 2) Strengthen monitoring and evaluation of TB/HIV activities through the rolled out implementation of the Electronic Tuberculosis Register (ETR) including supervision and training activities. and 3) Support renovation of the National TB reference laboratory, establishment of supervised quality assurance programs and specialised TB training for 4 biologist in the area of TB laboratory management

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12267

Related Activity: 12936, 13207, 13194

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23789	12267.23789.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	10296	3570.09	Cooperative Agreement	\$125,000
12267	12267.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13207	8568.08	8784	8784.08		JHPIEGO	\$1,405,000
12936	5210.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$205,410
13194	8579.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$550,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 6127.08

Prime Partner: Vanderbilt University

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 15777.08

Activity System ID: 15777

Mechanism: CDC-Vanderbilt CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$450,000

Activity Narrative: Scale up TB/HIV collaborative activities; (a) implementation of TB infection control measures in health facilities; (b) training; (c) M & E and supervision; (d) Support the secondment of a provincial TB/HIV technical advisor; (e) Strengthen the referral system. Vanderbilt U./Friends in Global Health (VU/FGH) is currently providing adult and pediatric HIV Care and ART treatment services in 4 districts in Zambezia Province with expansion planned in 3 more districts. Treatment site expansion will continue to support on-going work in 6 currently supported sites within 4 districts and expand to include 4 sites in each district (24 sites in 6 districts) plus the addition of 4 mobile clinics (1 each in 4 districts).

As part of the comprehensive HIV care and treatment services VU/FGH will implement the following activities:

- 1) Prioritize and create linkages between existing TB program activities and VU supported adult/pediatric ART treatment activities, including HIV testing programs (i.e. VCT, PMTCT, and antenatal clinics).
- 2) Establish appropriate screening, diagnosis, referral for treatment and follow-up for TB within all ART treatment programs including PMTCT.
- 3) Establish linkages with existing TB programs and support HIV testing for TB patients.
- 4) Support relevant TB laboratory and diagnostic service capacity
- 5) Implement Isoniazid preventive therapy (when active TB has been ruled out among HIV+ patients) in VU/FGH supported health facilities.
- 6) Implement TB infection control measures in all VU/FGH supported health facilities.

VU/FGH will provide support for infrastructure development, staffing, clinical supervision and mentoring, training, adherence and psychosocial support, monitoring and evaluation, and TB/HIV community outreach activities.

Finally, for policy and technical support, these funds will be used to support the secondment of a provincial TB/HIV technical advisor who will work with the provincial Coordinator for TB/HIV/malaria on TB/HIV program management in Zambezia province (provincial focus).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12965, 15785, 13193, 16282

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15785	15785.08	6414	6124.08	CDC CARE INTL	CARE International	\$185,000
12965	8594.08	6352	3574.08	Track 1 ARV Moz Supplement	Elizabeth Glaser Pediatric AIDS Foundation	\$450,000
13193	12267.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$350,000
16282	5201.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$875,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	28	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	56	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	800	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Zambezia

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 6124.08

Prime Partner: CARE International

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 15785.08

Activity System ID: 15785

Mechanism: CDC CARE INTL

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$185,000

Activity Narrative: CARE will work with the MoH in Northern Inhambane to implement practices that promote integration of TB and HIV diagnosis, care and treatment in two districts: Vilankulos and Inhassoro and with limited activities in a 3rd district, Mabote. The project will introduce TB and HIV integration activities to the technical work group at each district level health facility. Capacity assessments will be done for all TB clinics at Vilankulos, Inhassoro and Mabote to identify clinical capacity gaps as well as physical space to actualize the integration activities for counseling and testing and provide essential supplies and equipment found to be lacking.

TB unit clinical staff or lay counselors will be recruited and trained on HIV Counseling and testing using MoH curriculum and then they would be facilitated to get essential materials and supplies for example, Rapid test kits to establish and deliver counseling and testing services at TB health units.

The project will conduct an in-service training for MoH staff to build skills on case management of co-infected clients to ensure early diagnosis, treatment and care of HIV for TB clients at Vilankulos and Inhassoro.

Teaching aids for clinical staff will be made available and clinical staff will be facilitated to adapt the protocols for early diagnosis, treatment and care of HIV for TB clients at 2 targeted sites

The project will enhance MoH staff skills on preventive treatment with Cotrimoxazole (PTC) for reducing the risk of opportunistic infections in patients with HIV and make it available in the TB health units and support staff to ensure that Isoniazid treatment for the prevention of TB is offered to healthy HIV patients based on MoH treatment protocol and TB/HIV integration policy

The project will facilitate knowledge dissemination on TB and HIV correlation at community level in collaboration with Health care workers, community leaders and HBC Activists. The project will also support community campaigns and through the media working with a local radio station to further and widely disseminate messages developed.

To build capacity for continuum of care at the community level, the project will support HBC volunteer workers with education materials to carry out targeted health education talks to provide information that would sensitize people on the importance of supporting those diagnosed with TB or suspected cases to seek for clinical care, HIV C&T services and adhere to clinical care. HIV and TB co-infected clients will also be provided with regular counseling by HBC volunteers to encourage them to adhere to regimen prescribed, reduce default rate and clients advised to join support group for social networking for encouragement and to make connections to available palliative care services in the community.

The project will work with health workers at the clinical sites ensure that routine health education sessions at TB clinics are held to pre-counsel clients on the relationship of TB to HIV and advantages for early detection of HIV for TB clients and vice versa and provide IEC materials for further reference while at home.

The project will support and facilitate TB clinical staff to develop a protocol in collaboration HIV Health care providers in order to establish a standard approach for early detection of TB clients, follow-up of defaulters and use the protocol to train HBC volunteer activists for field work.

The MoH faces serious shortage of clinical staff and to strengthen the TB clinic teams the project will recruit, train and deploy and support three lay counselors to be stationed at 2 TB units for C&T services in Vilankulos and Inhassoro.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12965, 16282, 15777

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12965	8594.08	6352	3574.08	Track 1 ARV Moz Supplement	Elizabeth Glaser Pediatric AIDS Foundation	\$450,000
16282	5201.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$875,000
15777	15777.08	6415	6127.08	CDC-Vanderbilt CoAg	Vanderbilt University	\$450,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	3	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	200	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	30	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	250	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Inhambane

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5078.08 **Mechanism:** USAID-Family Health International-GHAI-Local
Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 9206.08 **Planned Funds:** \$1,062,135

Activity System ID: 15862

Activity Narrative: This is a continuing activity under COP08.

FHI will leverage TB-CAP funds to advance the integration of TB and HIV services, with special focus on CT for HIV in TB patients and linkages/referrals to ART services. Trainings on TB infection and control will take place across staffing in clinics and hospitals to include training on TB detection within HIV-related services. FHI will continue to collaborate closely with community-based organizations to enhance TB/HIV follow-up and adherence as well as assist in the strengthening of the monitoring and evaluation and supervision of the integration of TB/HIV services. In selected sites in Nampula, Zambezia, Sofala, and Gaza FHI will fortify community-based linkages between palliative care services and TB DOTS, including sub-agreements with Mozambican NGOs. Finally, FHI, again leveraging TB CAP funds, will finalize the rehabilitation of the Beira reference laboratory as well the Maputo central laboratory; FHI will also rehabilitate and equip one counseling and testing sites at the TB clinics in each province.

The narrative below from FY2007 has not been updated.

A new activity, which will be initiated during FY07 addresses the need for a more collaborative processes between clinic based and community based palliative care, especially in relationship to treatment adherence for TB and ARV. Although this has been the focus of community based care since the beginning, improvements can be made in the areas of collaboration and communication with NGO partners that are working in both clinic and community sites. Small amounts of funding will be provided to five partners who offer palliative care under the home-based care (HBC) model. HBC volunteers and their supervisors will receive training on treatment adherence for ARV and TB. Columbia University will develop training materials for ARV adherence under a separate USG supported activity and provide hands-on training to HBC volunteers so that they can assist their HBC clients to adhere to treatment drugs and determine if there is some reaction to the treatment regime. In addition, collaboration will occur with the MOH's TB program to ensure that HBC volunteers are correctly trained concerning the DOTS model and the MOH's vision for improving case detection and treatment success rates.

This activity was designed in collaboration with the emphasis in COP07 on improving TB/HIV programming. The activity is deemed important because of the recent information of mutated strains of TB found in neighboring countries that can easily cross the 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9206

Related Activity: 14315, 15867, 14538, 14545, 15785, 16282, 15860, 15861, 15880, 15863

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24296	9206.24296.09	U.S. Agency for International Development	Family Health International	10419	10419.09	USAID-Family Health International-GHAI-Local	\$0
9206	9206.07	U.S. Agency for International Development	Family Health International	5078	5078.07	USAID-Family Health International-GHAI-Local	\$6,509

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15860	5269.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$3,249,270
15861	9209.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,525,000
15785	15785.08	6414	6124.08	CDC CARE INTL	CARE International	\$185,000
15867	6442.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$1,473,748
16282	5201.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$875,000
15880	15880.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$630,000
15863	6429.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,300,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	11	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	3,150	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	210	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	1,740	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3629.08

Prime Partner: Health Alliance International

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 6442.08

Activity System ID: 15867

Mechanism: USAID-Health Alliance
International-GHAI-Local

USG Agency: U.S. Agency for International
Development

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$1,473,748

Activity Narrative: This is a continuing activity under COP08.

HAI will work with the Provincial and District Health Directors, expanding activities into the Tete Province, to improve the functional integration of TB/HIV services through ongoing onsite training for TB diagnostic and treatment staff and joint supervision visits to sites, especially those situated in the periphery. HAI will undertake trainings to address quality control of smear microscopy and promote the de-centralization of smear fixation. Increasing laboratory and x-ray capacity for TB diagnosis is crucial in improving TB/HIV services; both of which HAI will actively pursue. Finally, HAI will work with community-based partners to expand DOTS services to the community.

The activity narrative below from FY2007 has not been updated.

07/07; HAI will utilize these funds to add the cotrimaxazol purchased for tuberculosis and HIV-infected clients.

This activity is related to activities HXTS 9164; HBHC 9133; MTCT 9140; HVCT 9113.

Identifying clients co-infected with TB and HIV is a crucial aspect of the integrated network for HIV services in Mozambique. During FY05 and FY06, HAI, working with Sofala and Manica DPSs and the National TB-Control Program, developed and applied a successful algorithm to expand HIV testing to TB sites and strengthen referral of co-infected TB-HIV clients identified through TB clinics. Clients were referred to appropriate HIV care and treatment services which has helped 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9128

Related Activity: 15865, 15866, 15868, 15869

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24054	6442.24054.09	U.S. Agency for International Development	Health Alliance International	10337	3629.09	USAID-Health Alliance International-GHAI-Local	\$0
9128	6442.07	U.S. Agency for International Development	Health Alliance International	5041	3629.07	USAID-Health Alliance International-GHAI-Local	\$365,625
6442	6442.06	U.S. Agency for International Development	Health Alliance International	3629	3629.06		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15865	5352.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$3,782,361
15866	5146.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$3,150,000
15868	5235.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$2,750,000
15869	5229.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$18,311,184

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	75	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	5,982	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	460	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	4,800	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Manica

Sofala

Tete

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 8784.08

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 15774.08

Activity System ID: 15774

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$450,000

Activity Narrative: According to WHO, about a third of the people living with HIV/AIDS (PLWHA) worldwide at the end of 2001 are co-infected with TB. The majority of these people are in low-resources countries such as Mozambique. Because up to half of PLWHA develop tuberculosis and tuberculosis is known to have an adverse effect on HIV progression, tuberculosis care and prevention should be priority concerns of HIV/AIDS programs; and HIV/AIDS prevention and care should likewise be priority concerns of TB programs. Prevention and care interventions should be integrated to tackle tuberculosis among HIV-infected people. Joint TB/HIV interventions seek to 1) prevent HIV infection, 2) prevent TB, 3) provide care for PLWHA and 4) provide care for people with TB.

The purpose of these activities is to strengthen and expand interventions for HIV care, such as treatment of other opportunistic infections, and ART for TB patients co-infected with HIV in hospital settings, and increase the capacity of hospital staff to provide comprehensive care for TB patients. All activities will be coordinated with the Counseling and Testing efforts supported by the Ministry of Health, and linkages within the appropriate CT referral systems will be emphasized.

These activities are new and are directly linked to JHPIEGO's Infection Prevention and Control activities.

Objectives:

1. Improve access to HIV treatment for TB patients
2. Improve management of HIV/TB patients in in-patient wards in 10 hospitals
3. Minimize nosocomial TB infection among HIV+ patients and healthcare workers

Measurable Outcomes:

- WHO Manual on Tuberculosis Care with TB-HIV Co-Management, Integrated Management of Adolescent and Adult Illness (IMAI) translated and adapted for Mozambique
- Training materials for HIV/TB management in in-patient wards developed based on the IMAI WHO Manual
- 20 TB supervisors trained as trainers in HIV/TB management using the materials developed
- 50 healthcare workers updated in HIV/TB management using the materials developed
- WHO Operational Manual translated and adapted for Mozambique
- Training materials developed based on the WHO Operational Manual
- 20 TB supervisors trained using the materials developed
- TB respirators selected and purchased for up to 10 sites (pending funding availability)
- Training on use of TB respirators conducted for supervisors and providers (pending funding availability)

Main Activities:

- Translate and adapt the WHO Manual on Tuberculosis Care with TB-HIV Co-Management, Integrated Management of Adolescent and Adult Illness (IMAI)
- Develop training materials for HIV/TB management in in-patient wards based on the WHO manual
- Train 20 TB supervisors in HIV/TB management
- Train 50 healthcare workers from 10 hospitals in HIV/TB management
- Translate and adapt the WHO Operational Manual
- Develop training materials based on the WHO manual
- Train 20 TB supervisors using the materials developed
- Select and purchase TB respirators for up to 10 sites (pending funding availability)
- Train supervisors and providers to use the respirators (pending funding availability)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13193

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13193	12267.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$350,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	75	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 3720.08

Mechanism: Twinning

Prime Partner: American International Health Alliance

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 15809.08

Planned Funds: \$100,000

Activity System ID: 15809

Activity Narrative: The AIHA Twinning Center proposes to create, manage, evaluate, and provide technical assistance to a partnership between a TBD partner from Brazil and one or more Mozambican organizations to increase TB literacy at the community level.

Currently in Mozambique, there is a lack of information on tuberculosis at all levels of the healthcare system. Healthcare workers are beginning to receive information and training from the Ministry of Health, but little effort has been done to educate community and home-based care providers. Brazilian organizations have considerable experience in community education on tuberculosis, including educating those infected with HIV and or TB to provide outreach to others.

The Twinning Center will work with key US government supported organizations in Mozambique and Brazil to identify the appropriate partners from each country. The Brazilian partner will likely be a local or international organization currently supported by the US government, whereas the Mozambican partner will likely be a local organization. This partnership will focus on the development and dissemination of materials to educate the community about TB/HIV co-infection and educate community care providers on recognition of signs and symptoms of TB in PLWHAs.

Project Management

The Twinning Center will work with the association partnership to develop a workplan including goals and objectives, partnership communication plan, and monitoring and evaluation plan. Both partners will identify partnership coordinators who work with Twinning Center staff to monitor the partnerships' progress and to help identify areas where technical assistance might be required. The Twinning Center will also be responsible for day-to-day project administration including program implementation, budget monitoring, and logistical support. The Twinning Center can also provide training to the individual organizations on financial administration and subgrant management.

For the multitask counselor assessment, the Twinning Center will identify appropriate individuals to provide the technical assistance to the Ministry of Health. It will ensure close coordination with stakeholders at all times and collaboration to create a scope of work and defined responsibilities which are reasonable and accepted by the Ministry of Health.

Monitoring and Evaluation

AIHA Twinning Center staff will assist partners to develop and implement a monitoring and evaluation system for the partnership. In collaboration with USG stakeholders, AIHA and partners will select the appropriate PEPFAR indicators and other relevant indicators based on planned activities in the workplan. AIHA will assist partners to develop the appropriate tools and systems necessary to collect and report relevant data and provide technical assistance when necessary. AIHA will report this data to USG teams quarterly and will further evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the workplan period.

Twinning Partnership Philosophy

In keeping with its mission to advance global health through partnerships that mobilize professionals, institutions, and communities to better address delivery and quality of health care, the American International Health Alliance established the Twinning Centre to help integrate and improve HIV/AIDS prevention, care and treatment in the countries most affected by the global AIDS pandemic. Operating under a cooperative agreement with the Health Resources and Services Administration (HRSA), and in collaboration with the various USG agencies coordinating the President's Emergency Plan for AIDS Relief (PEPFAR), the Twinning Centre establishes and manages both north-south and south-south partnerships which focus on strengthening institutional capacity to create a sustainable response to the HIV pandemic. The partnerships focus on a peer-peer methodology and leverage resources through volunteerism and in-kind contributions. Most twinning partnerships are able to leverage substantial resources to greatly increase the value of the partnership.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13193

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13193	12267.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$350,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	250	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Through strengthening literacy on TB/HIV coinfection, this partnership will provide materials and information to community service providers across Mozambique. Through this effort, a greater number of TB/HIV co-infected individuals will be identified, diagnosed, and treated.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$19,631,740

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$150,000
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

The US government (USG) continues to support and expand programs in Mozambique that serve the needs of orphans and other vulnerable children affected by HIV/AIDS in collaboration with the United National Children's Fund (UNICEF), the Ministry of

Women and Social Action (MMAS), and other donors. All programs are consistent with technical guidance 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 United Nations General Assembly Special Session (UNGASS) goals and recommendations from the Rapid Assessment, Analysis and Action Planning (RAAAP) process. Lessons learned from other national OVC programs and reports from UNICEF, The Joint United Nations Program on HIV/AIDS (UNAIDS) and others inform and guide program implementation. The USG Five-Year Strategic Plan for Orphans and Vulnerable Children (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 antiretroviral (ARV) treatment is included under the ARV treatment services (HTXS) program area.

Statistics:

According to 2006 estimates, approximately 5.3 million children (50% of all children) are highly vulnerable. Of these children, 1.9 million are orphaned, with an estimated 20% (372,000) orphaned due to the effects of HIV/AIDS. In 2006, it was estimated that 80,000 children under the age of five were living with HIV or AIDS; this is becoming a major factor in under-five mortality. In 2007, it is estimated that there are approximately 105,500 children under 15 living with HIV/AIDS, and this number is projected to reach 111,600 in 2008. Mid-year 2007 progress reports shows that the USG has reached just over 135,000 OVC. In fiscal year (FY08), the USG aims to reach 220,000 orphans and vulnerable children.

Prior Year Services

Mozambique's approach to OVC programming is to provide children with the six essential services: 1) safety and security, 2) education, 3) health, 4) food and nutrition, 5) psychosocial support and mental health, 6) civil rights and responsibilities. In FY07, this was accomplished primarily through direct collaboration between PEPFAR-funded NGOs and local communities. The Project HOPE model is based on establishing formal relationships with key partners and collaboration with existing local government structures, MMAS, and community leaders to ensure that OVC receive the basic six essential services from multiple sources with appropriate expertise. This costs on average \$58 per child per year, exclusive of food costs.

As USG strives to meet the needs of the ever-growing number of OVC, Mozambique's limited human and institutional capacity and quality assurance measures continue to pose major challenges for scaling up OVC programming. In addition, with an estimated 69% of Mozambicans living in rural areas with limited resources, issues of cost-effectiveness and sustainability underscore the crisis further. In FY08, the USG and partners will focus on interventions that will address these concerns.

Emphasis Areas for 2008

Focus on scale-up: In addition to the FY07 focus provinces (Sofala and Zambezia) increased attention will be directed to Nampula, where coverage is low yet the opportunity for linkages with scale-up in other program areas—prevention of mother-to-child transmission (PMTCT), palliative care, treatment, abstinence, be faithful (AB) programming, etc.—is encouraging. There is a strong need and desire for OVC services, and provincial and district level leadership open to working with USG. Nampula is also a province where the Millennium Challenge Corporation (MCC) will develop public-private partnerships in water and sanitation, so there is great potential to leverage resources and new interventions that will complement PEPFAR-supported OVC services.

Improve quality: An important focus this year is to improve and ensure the quality of USG-supported services for OVC. An overall program assessment is planned this year to determine the strengths and weaknesses of the six essential services approach used by USG supported partners. In addition to working with partners, the USG Mozambique team will organize a meeting with the direct beneficiaries themselves—the children—an approach that has never been carried out before in Mozambique. This meeting, modeled after the work done in the Namibia OVC program, will provide the USG and Mozambique with a deeper understanding of how the interventions are working. Also, Population Services International (PSI) will receive increased funding to continue efforts to promote clean water and sanitation among OVC and their caregivers. Finally in FY08, the USG program will work directly with the FANTA follow-on to provide technical assistance and establish monitoring tools that will strengthen linkages among partners and the World Food Program (WFP) that can improve provision of food and nutrition as one of the essential OVC services. Further, the PL 480 Title II program and PEPFAR will collaborate in providing wrap-around support so that PL 480 covers OVCs in the provinces of Zambezia and Nampula, and PEPFAR covers the provinces of Sofala, Manica, Tete, and Niassa.

Build knowledge: Lessons learned through the planned programmatic assessment will be widely shared across all partners providing OVC services in Mozambique. Additionally, the USG will maintain ongoing sector meetings with NGO partners to improve quality of services and develop comprehensive strategies that all implementing partners will use (i.e. sharing and reaching consensus on universal instruments for measuring success of services). Furthermore, the new AIDSTAR mechanism will be used to identify and share technical resources and emerging best practices so that implementing partners can apply innovative and practical ideas for supporting the needs of orphans and vulnerable children and their caregivers.

Coordinate care: OVC care will be enhanced through coordinated wrap-around with other programs such as the President's Malaria Initiative (PMI). PEPFAR partners such as PSI will continue to distribute long-lasting insecticide treated bed nets to orphans and vulnerable children five years and older, while with PMI will continue to focus its resources on its target group of children under five. This coordination will also include UNICEF and will lead to improved bed net coverage and malaria prevention.

Reach especially vulnerable children: Recognizing the importance of gender, and the particular vulnerability of female OVC, funding has been set aside for the Vulnerable Girls Initiative to target female OVC heads of household and older OVC (aged 15 years and older). This activity is being funded across a variety of program areas and will enhance considerably OVC services for girls who feel economic pressure to engage in high-risk behavior in order to provide for younger siblings or a sick parent. Particular attention will be paid to sustainable income generating activities.

Strengthen capacity: In FY2008, USAID prime partners will continue to bolster the institutional and programmatic capacity of local sub-partners to provide OVC services. Through the AED Capable Partners Program, Mozambican CBOs and FBOs will receive sub-grants and training in organizational development to strengthen their project implementation and monitoring capacity. This

support will help to prepare local organizations 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. In addition, the MEASURE Evaluation follow-on will continue to provide a local resident advisor to MMAS to build the Ministry's capacity for monitoring and evaluation at the national and provincial levels.

Referrals and Linkages

A concerted effort will be made in FY 2008 to increase linkages between OVC, AB, palliative care and PMTCT programs. The Nampula RFA and expansion of USG OVC activities by World Vision in Tete and by FHI in Niassa are specific examples that will model the importance of linkages in delivering comprehensive care, given that Tete and Niassa are recent additions to the treatment portfolio.

Policy

The USG continues to support MMAS in its development and implementation of policies and strategic approaches to strengthen OVC interventions. In the SI program area, UNICEF will provide TA to MMAS to strengthen the planning and supervision capacity of MMAS in Sofala province, improving coordination systems at the district and community levels.

The USG works closely with UNICEF, MMAS, and other partners through monthly Technical Working Group (TWG) meetings hosted by MMAS. This TWG discusses interventions related to the National Plan of Action for OVC and other priority issues. The TWG also receives reports from the USG and World Bank-funded advisors who support policy development and system strengthening.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	289707
*** 8.1.A Primary Direct	184807
*** 8.1.B Supplemental Direct	104900
8.2 Number of providers/caregivers trained in caring for OVC	18050

Custom Targets:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7229.08	Mechanism: Habitat for Humanity
Prime Partner: Habitat for Humanity	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 15766.08	Planned Funds: \$850,000
Activity System ID: 15766	
Activity Narrative: Reprogramming August08: Funding Increase \$500,000.	

This is a new activity under COP08. As a sub-partner of Opportunity International, HfH has received PEPFAR funding since April 2005 to address the shelter needs of Orphans and Vulnerable Children and their caregivers. Due to the uniqueness of the service HfH provides and the limited geographic scope of OI, the USG has identified HfH as a Prime Partner to continue this service. Working in conjunction with other OVC partners, HfH will use COP08 funding to build on its previous activities and to expand its work into Nampula province.

An important component of the HfH program is the Youth Apprenticeship Program where HfH's masons and carpenters mentor orphaned youth about the construction trade. On completion of the apprenticeship, the youths may qualify for a start-up business loan from a partner organization or continue to build with HfH.

The HfH project approach uses renewable, local resources, such as thatch, which are cheaper and easier to replace. HfH locally procures 95% of labor and material resources, keeping costs to a minimum and enabling profits from sales to remain within the community. In comparison, only 10% of needed materials for cement blocks or conventional houses can be procured locally.

HfH also provides capacity building support to community groups that care for OVC and fosters the management of home construction projects by locally elected volunteer committees. Families and community members gain knowledge and skills in construction, sanitation improvement and inheritance planning. HfH works with government and legal assistance programs to train caregivers about the 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).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Increasing women's legal rights

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Nampula

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7237.08

Prime Partner: Aid for Development People to People, Mozambique

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 15795.08

Activity System ID: 15795

Mechanism: New Partners Initiative USAID

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$0

Activity Narrative: This is a new activity under COP08. Ajuda de Desenvolvimento de Povo para Povo Mozambique (ADPP) was awarded funding in AB, C&OP and OVC through its "Total Control of the Epidemic", or TCE, program under the "New Partners Initiative". The three-year project incorporates service delivery, quality care, and attempts to bridge gaps between Government services and local community's ability to access the services. The two core strategies of the program include community mobilization and counseling campaigns and targeted interventions for local teachers.

TCE addresses the growing orphan crisis by establishing OVC Care Committees. Committees, which include teachers and other respected members of the community, are key to identifying and referring individual OVC. The committee members are likely to know who the OVC are, their family histories, and the state the extended family is in; they are able to tailor the referrals and assistance for each individual.

Field Officers assisted by TCE Management, Passionates, and In-Service and Pre-Service Teachers establish OVC Care Committees. These committees will work in cooperation with government and school programs to deal with the situation of each child. TCE provides Committee members with an initial two-day training on care of and support for OVC, followed by monthly training meetings. Training meetings provide information on general OVC care, counseling, obtaining birth certificates, establishing IGAs and vegetable gardens, and accessing health and social services. Committee members then commit themselves to addressing the six essential services: food and nutrition, education, civil rights and responsibilities, safety and security, health, and psychosocial support and mental health to be provided to targeted OVC.

It is recognized that OVCs will have different demands in the six target areas therefore the committee members will evaluate each child's needs and plan and coordinate his/her time accordingly. The committee member themselves will follow up on each other's progress and with the OVC they are commonly responsible for cross checking with the OVCs to ensure the support needed is being received. In addition, the Field Officers will monitor the committees by visiting at least two times per month.

The Committees mobilize the community on various issues that pertain to children including child abuse, children's rights and the importance of children growing up safe and secure. The Committees also run campaigns to encourage enrollment in school. Campaigns about health issues are held and include messages about HIV/AIDS and TB. ADPP plans to reach 600 OVC with FY08 funding.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15891, 15848

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15891	15891.08	7237	7237.08	New Partners Initiative USAID	Aid for Development People to People, Mozambique	\$0
15848	15848.08	7237	7237.08	New Partners Initiative USAID	Aid for Development People to People, Mozambique	\$0

Emphasis Areas

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	600	False
8.1.A Primary Direct	600	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	30	False

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Manica

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3650.08	Mechanism: Supply Chain Management System
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 15796.08	Planned Funds: \$0
Activity System ID: 15796	
Activity Narrative: August 08 Reprogramming: Funding reprogrammed per OGAC guidance and COP technical reviews.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity: 14554, 14555, 14556, 14557	

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14554	9142.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$600,855
14555	9136.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,500,000
14557	5232.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$21,017,161

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 6782.08

Prime Partner: Save the Children US

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 14336.08

Activity System ID: 14336

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

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$1,684,219

Activity Narrative: This is a continuing activity under COP08 with both funding levels and targets remaining the same. The FY2007 narrative below, with the exception of the first additional paragraph, has not been updated.

In collaboration with PSI, Save the Children will distribute LLIN and Save Water Systems (SWS - "Certeza") to OVC in an effort to improve the health of targeted children and their families. The program will also partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets.

The below narrative from FY2007 has not been updated.

This activity is related to HBHC 9211.

Save the Children US and its sub-partners (HACI, SAVE UK and SAVE Norway) will continue USG-supported to OVC programs in targeted districts in 7 provinces – Maputo City, Maputo Province, Gaza, Manica, Inhambane, Sofala and Zambezia - building on services under PEPFAR which started under Track 1 in 2003 and expanded in 2004, 2005 and 2006. Based on this past experience of providing assistance to over 14,228 OVC in the first half of FY06, SAVE will continue to identify and document promising practices in OVC programming.

SAVE and its partners will continue to provide care and support to improve the lives of OVC through provision of a comprehensive package of quality services. SAVE continues to work through its Community OVC Committees to identify needy OVC and to provide support and assistance to them. Many Community OVC Committees take into their own homes stranded OVC that have no other place to go.

SAVE has a strong program which offers technical assistance to over 90 local organizations. For example they provided training to 50 community OVC committees in monitoring and evaluation, community mobilization and child protection. Through the provincial MMAS staff, SAVE also supported training in management to CBO. Because of another training with sub-grantees in report writing, notable improvement were observed in report presentation, analysis and articulation of impacts of project interventions. A last example was a training of 18 CBO/FBO in farming methods, conducted by a sub-grantee. The participants used the new skills to improve their communal gardens that have been set up to support families affected by HIV/AIDS.

During FY06, SAVE has provided psychosocial support services to over 12,579 OVC. This takes the form of counseling during home visits, early childhood education activities, school and community-based OVC clubs and general recreation. In addition, 3,049 caregivers received psychosocial support to help them cope with their responsibilities. In Sofala Province, community leaders and caregivers meet regularly to share concerns, support one another and seek solutions to problems they encounter. They assisted 3,675 children in gaining birth certificates. SAVE also continued their support to school children by providing supplies and in successfully advocating for a waiver in other school-related expenses. In collaboration with community groups, SAVE was able to provide 2,088 households (7311 OVC) with livelihood support and vocational skills.

SAVE has an excellent system for tracking children age, gender, OVC status and services received. These data are available in quarterly and semi-annual reports. SAVE will continue to assess the quality of services provided to OVC and to more efficiently assess the impact of their work with OVC.

COP07 targets include reaching 35,000 OVC with all 6 services and training 2333 care providers to oversee the OVC activities in the community and report results to their supervisors. They will also continue to build the capacity of the communities to plan, implement and monitor activities aimed at providing quality holistic care, protection and support to children. Communities will be encouraged and supported to form strategic linkages for wrap-around services to ensure that the children receive 6 basic services.

Since 2006, Save the Children has been supporting the establishment of Community Based Child-care Centers (CBCC's) in Gaza province. The centers are an innovative way of providing a constructive environment that promotes the physical, psychosocial and cognitive development of pre-school children. Women from the surrounding area offer their time as CBCC facilitators while OVC committee members and others contribute by establishing gardens and maintaining the centers. The program has partnered with WFP to support the nutrition component of the CBCC's. The children spending time at the center not only meets the needs of children but of the caregivers as well who have free time to take up other responsibilities.

Under COP07, this program will expand the number of centers, open up centers in Sofala Province and focus on psychosocial support, education and food. Particular attention will be paid to the needs of children in households with a sick family member who, in most cases, is a parent.

SAVE also plans to establish similar centers to meet needs of older children. Recreation, AB sensitization messages, homework support, psychosocial counseling will be among the activities planned for these centers. The older children will also receive training in livelihood skills and in psychosocial counseling for 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 deworming 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

Activity Narrative: 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).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14335, 14534, 15881

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14335	9211.08	6782	6782.08	USAID-Save the Children U.S.-GHAI-Local	Save the Children US	\$435,000
14534	5143.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$1,200,000
15881	5134.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$925,000

Emphasis Areas

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	35,000	False
8.1.A Primary Direct	25,000	False
8.1.B Supplemental Direct	10,000	False
8.2 Number of providers/caregivers trained in caring for OVC	2,333	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Gaza

Manica

Maputo

Sofala

Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3697.08

Prime Partner: Africare

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 5342.08

Activity System ID: 14308

Mechanism: Track 1

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$657,050

Activity Narrative: This is a continuing activity under COP08. With additional funds allocated to this Track 1 agreement, via field support (see activity narrative 9110.08), Africare will be able to provide supplemental direct support to an additional 50,000 OVC.

The program will partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets. In collaboration with PSI, Africare will distribute LLIN and Safe Water Systems (SWS - "Certeza") to OVC in an effort to improve the health status of targeted children and family members.

The FY2007 narrative below has not been updated.

This activity is related to USAID_HKID_Africare_Activity# 9110.

Africare has been an active partner in OVC programming from the beginning of PEPFAR under Track 1 funding. They have had the only OVC program in Manica Province, which is located on the main road to Zimbabwe, in the highly infected Beira Corridor. Africare works with 42 Community Care Committees which help to identify needy OVC and to assist them in care and support services. They also have 13 FBOs and 2 CBOs as current sub-partners. To date, Africare has reached 21,616 OVC which is well on their way to accomplishing their goal of 34,444 by end of fiscal year 2006. In addition 1,486 of a targeted 1,500 caregivers have already been trained.

Africare provides OVC with the package 6 essential services through community support, wrap around services, collaborative programming and working with local government offices. The Africare OVC program takes advantage of their sister USAID project in food security through the development and collaborative support of community farm fields. Here older OVC learn how to plant, care and harvest several types of food and benefit from consumption and sale of these food stuffs. Block grants are provided to 10 schools in the area. These small grants offer funding in support of the entire school program in exchange for free schooling for the OVC. During the last report period, Africare trained 30 headmasters, PTA presidents and local parents from the 10 schools in the school grants program. Working with the local offices of civil registration allows Africare to acquire ID cards for their school children. Africare is also working with Habitat for Humanity (a Track 1 recipient) which builds houses for OVC, particularly households headed by the elderly or are orphaned themselves.

In an attempt to improve the M&E system of the OVC program, Africare engaged 25 "Service Corps Volunteers" who work as supervisors in 25 communities. They received a 5 day training on program management, community strengthening, HIV/AIDS education and monitoring and evaluation. Thus, the monitoring and reporting instruments have been re-designed and are more user friendly. This should result in more accurate reports and ways of identifying concerns and opportunities in each community. Data analysis and reporting should also be strengthened due to further training in electronic data collection, storage and analysis.

The COP07 activities will allow Africare to continue activities being implemented under Africare's Track 1 award and mission supplement. These activities will provide continued care, support and protection for OVC and their caregivers by strengthening the capacity of families to cope with their problems and increasing the capacity of children and young people to meet their own needs. The objectives of the project include enhancing local capacity of NGOs/CBOs/FBOs and communities to support a basic care package for OVC and increasing access to direct support services for OVC and caregivers. The project will ensure that OVC are receiving the six essential services defined by the USG and the Ministry of Women and Social Action needed to be considered "reached". Africare will continue to provide wrap around services through collaboration with various local international organizations. Under a subgrant to Habitat for Humanity, 30 houses will be constructed of OVC using local materials and training OVC in construction skills. Africare strives to build the capacities of local NGO/CBOs/FBOs so that they can effectively manage their own HIV/AIDS programs in a sustainable way. This will include training on organizational capacity building, strengthening their monitoring and evaluation systems, leadership skills and organizational management as well as mobilization of funds. In addition, Africare will work with other partners such as HIV/AIDS Alliance, Burnet Institute and others to ensure that specific institutional capacity training and policy issues as well as HIV/AIDS specific training is provided to sub-grantees.

Under this activity, Africare will reach 40,000 OVC with a comprehensive quality package of 6 services and train 2,500 caregivers.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8225

Related Activity: 14534, 14309, 15881

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24134	5342.24134.09	U.S. Agency for International Development	Africare	10361	3697.09	Track 1	\$522,984
8225	5342.07	U.S. Agency for International Development	Africare	4782	3697.07	Track 1	\$821,287
5342	5342.06	U.S. Agency for International Development	Africare	3697	3697.06	Track 1	\$269,125

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14309	6423.08	6769	4055.08	Track 1 Supplement	Africare	\$649,000
14534	5143.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$1,200,000
15881	5134.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$925,000

Emphasis Areas

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	47,000	False
8.1.A Primary Direct	40,000	False
8.1.B Supplemental Direct	7,000	False
8.2 Number of providers/caregivers trained in caring for OVC	2,500	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Manica

Sofala

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 4055.08

Prime Partner: Africare

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 6423.08

Activity System ID: 14309

Mechanism: Track 1 Supplement

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$649,000

Activity Narrative: This is a continuing activity under COP08. With additional funding in FY08, Africare will expand current OVC services to Guro, Macossa and Tambara districts in Manica province and will expand their food security activities (community farms) in Manica, Sussendenga, Gondola and Barue districts. Africare will extend its geographic coverage to Sofala province in three districts bordering Manica (Gorongosa, Nhamatanda and Changara). Africare will also expand housing construction for OVC in partnership with Habitat for Humanity (\$200,000) and establish community day care centers, run by Community Care Committees, for small children whose caregivers are away in fields most of the day. In partnership with Banco Oportunidade de Mocambique, a revolving credit/financial guarantee program will be established for caregivers (\$100,000).

In order to ensure comprehensive wraparound programming and to move towards food self-sufficiency for OVC, this activity will be implemented jointly with Africare food security initiatives funded under Title II, where geographically possible. The program will partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets. In collaboration with PSI, Africare will distribute long-lasting insecticide treated nets (LLIN) and Safe Water Systems (SWS - "Certeza") to OVC in an effort to improve the health status of targeted children and family members.

Africare will reach an additional 50,000 children with supplemental direct services.

The below narrative from FY2007 has not been updated.

This activity is related to HKID Africare Track 1 Activity 8225 where the targets are claimed for this activity.

Africare has been an active partner in OVC programming from the beginning of PEPFAR under Track 1 funding. They have had the only OVC program in Manica Province, which is located on the main road to Zimbabwe, in the highly infected Beira Corridor. Africare works with 42 Community Care Committees which help to identify needy OVC and to assist them in care and support services. They also have 13 FBOs and 2 CBOs as current sub-partners. To date, Africare has reached 21,616 OVC which is well on their way to accomplishing their goal of 34,444 by end of fiscal year 2006. In addition 1,486 of a targeted 1,500 caregivers have already been trained.

Africare provides OVC with the package 6 essential services through community support, wrap around services, collaborative programming and working with local government offices. The Africare OVC program takes advantage of their sister USAID project in food security through the development and collaborative support of community farm fields. Here older OVC learn how to plant, care and harvest several types of food and benefit from consumption and sale of these food stuffs. Block grants are provided to 10 schools in the area. These small grants offer funding in support of the entire school program in exchange for free schooling for the OVC. During the last report period, Africare trained 30 headmasters, PTA presidents and local parents from the 10 schools in the school grants program. Working with the local offices of civil registration allows Africare to acquire ID cards for their school children. Africare is also working with Habitat for Humanity (a Track 1 recipient) which builds houses for OVC, particularly households headed by the elderly or are orphaned themselves.

In an attempt to improve the M&E system of the OVC program, Africare engaged 25 "Service Corps Volunteers" who work as supervisors in 25 communities. They received a 5 day training on program management, community strengthening, HIV/AIDS education and monitoring and evaluation. Thus, the monitoring and reporting instruments have been re-designed and are more user friendly. This should result in more accurate reports and ways of identifying concerns and opportunities in each community. Data analysis and reporting should also be strengthened due to further training in electronic data collection, storage and analysis.

The COP07 activities will allow Africare to continue activities being implemented under Africare's Track 1 award and mission supplement. These activities will provide continued care, support and protection for OVC and their caregivers by strengthening the capacity of families to cope with their problems and increasing the capacity of children and young people to meet their own needs. The objectives of the project include enhancing local capacity of NGOs/CBOs/FBOs and communities to support a basic care package for OVC and increasing access to direct support services for OVC and caregivers. The project will ensure that OVC are receiving the six essential services defined by the USG and the Ministry of Women and Social Action needed to be considered "reached". Africare will continue to provide wrap around services through collaboration with various local international organizations. Under a subgrant to Habitat for Humanity, 30 houses will be constructed for OVC using local materials and training OVC in construction skills. Africare strives to build the capacities of local NGO/CBOs/FBOs so that they can effectively manage their own HIV/AIDS programs in a sustainable way. This will include training on organizational capacity building, strengthening their monitoring and evaluation systems, leadership skills and organizational management as well as mobilization of funds. In addition, Africare will work with other partners such as HIV/AIDS Alliance, Burnet Institute and others to ensure that specific institutional capacity training and policy issues as well as HIV/AIDS specific training is provided to sub-grantees.

A special emphasis in COP07 will be to coordinate and expand existing programs of non-governmental organizations dealing with child protection and family support in close collaboration with the Child and 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9110

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24135	6423.24135.09	U.S. Agency for International Development	Africare	10362	4055.09	Track 1 Supplement	\$0
9110	6423.07	U.S. Agency for International Development	Africare	5038	4055.07	Track 1 Supplement	\$649,000
6423	6423.06	U.S. Agency for International Development	Africare	4055	4055.06	Track 1 Supplement	\$268,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14308	5342.08	6768	3697.08	Track 1	Africare	\$657,050
14534	5143.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$1,200,000
15881	5134.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$925,000

Emphasis Areas

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Manica

Sofala

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3701.08

Prime Partner: Opportunity International

Funding Source: Central GHCS (State)

Budget Code: HKID

Activity ID: 5345.08

Activity System ID: 14330

Mechanism: Track 1

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$305,690

Activity Narrative: This is a continuing Track 1 activity under COP08 with no increase in funding levels over FY2007. The FY2007 narrative below has not been updated.

Since April 2005, Opportunity International (OI) and its sub-partner Habitat for Humanity (HFH) work together to address basic income and shelter needs of orphans and vulnerable children and the communities who care for them. OI provides loans, savings and insurance to individuals who are caring for vulnerable children impacted by HIV/AIDS through its Banco Oportunidade de Mocambique (BOM) branch networks in Manica, Sofala, Zambezia and Maputo provinces. Habitat for Humanity provides capacity building support to community groups and fosters the management of home construction projects by locally elected volunteers committees.

Opportunity International's efforts provide wrap-around programming for OVC. No direct targets are reported. However, OI provides essential services through working closely with other partner programs.

From recent OI 2006 data, lending to caregivers has reached 3,895 people and 53% of the loan recipients are women; thereby increasing women's access to income. There are three credit services that can be accessed by caregivers based on capacity and need. The first product is a Trust Bank Loan and is available to groups of 10 to 20 members. The Trust Bank Loan group membership is self-selected and facilitated by a loan officer. The second product offered is a Solidarity Group Loan which is designed for a smaller group, also self-selected, ranging in membership of 4 to 8 people. Finally, individual lending is offered to caregivers who have larger businesses and can afford larger loans.

All three service groups have bi-weekly meetings to discuss issues related to their loans, economic and social issues in their community and the impact of HIV/AIDS. OI has partnered with Health Alliance International and Project Hope to provide the curriculum and conduct the training on HIV/AIDS prevention and care for OVC for their members. The training is focused on increasing their knowledge of caregivers on HIV prevention, care and mitigation in order to strengthen their capacity to provide sustainable support and protection for OVC. In addition, caregivers are trained on succession planning with the aim of increasing their knowledge of property and inheritance rights, particularly of women and children.

In addition to the loan opportunity, BOM offers savings products to caregivers. These savings accounts provide caregivers a place to protect their earnings from their micro-enterprise efforts or additional income sources. The money set aside can later be used for emergency purposes and expenses related to caring for OVC such as payment of school fees, medicine, clothing and food. Furthermore, BOM has developed a credit life insurance product that pays off the outstanding debt of the borrower in case of death. This ensures that the needs of the OVC are not catastrophically disrupted by the death of a caregiver.

BOM is also investigating the development of a funeral insurance product for both loan borrowers and savers. The funeral coverage will provide for a decent burial for the OVC or the caregiver, in case of death, which the family would have otherwise not afforded. It addition it will keep the OVC from needing to raise money to cover funeral expenses. The policy will further protect the assets left behind for the OVC. In cases where the OVC is old enough and has been trained to take over the business of the caregiver, he/she would use some of the proceeds from the policy to continue running the business.

As a sub-grantee, Habitat for Humanity focuses on mobilizing local committees and/or community-based organizations to identify families caring for OVC and in need of improved shelter. In FY06, through the organizing of these families and community volunteers, HFH has constructed and/or renovated a total of 68 houses. Families and community members gained knowledge and skills in construction, sanitation improvement and inheritance planning through these efforts.

In FY07 OI will reemphasize their efforts to seek further collaborations with existing PEPFAR partners (Food for the Hungry, World Vision and Africare) in Manica, Sofala, Maputo and Gaza provinces to improve training for caregivers on HIV/AIDS care and prevention. In addition, HFH will expand its work to 7 communities, constructing and/or renovation a total of 172 homes for caregivers and OVC. HFH will continue to work with government and legal assistance programs to train caregivers about rights of women and children to inherit houses, and ways that families can protect their inheritance (i.e. legal wills, agreement by community leaders, family memories and documents indicating plans).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8229

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24303	5345.24303.09	U.S. Agency for International Development	Opportunity International	10420	3701.09	Track 1	\$391,615
8229	5345.07	U.S. Agency for International Development	Opportunity International	4786	3701.07	Track 1	\$530,447
5345	5345.06	U.S. Agency for International Development	Opportunity International	3701	3701.06	Track 1	\$372,782

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Wraparound Programs (Other)

- * Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Manica

Maputo

Sofala

Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5085.08

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

Prime Partner: United Nations Children's Fund

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 15817.08

Planned Funds: \$0

Activity System ID: 15817

Activity Narrative: Reprogramming August08: Funding decrease by\$835,158.

This is a continuing activity COP08. UNICEF will continue their M&E work at the national level and will start work to improve the performance of Provincial and District Directorates of Women and Social Action (DPMAS) in their coordination of monitoring and evaluating service delivery and in their role as coordinators of provincial technical working groups. In FY08, UNICEF will expand this effort to include all 11 provinces in Mozambique. This activity aims to train 4,000 MMAS staff (those working at local, district and provincial levels).

An additional component to this activity in FY08 will include work with MMAS to facilitate community participation in planning, development and implementation of action plans that will ensure that 165,000 OVC have access to the six essential services via a community referral system.

Targets for this activity are attributed to SI.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14340

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14340	9221.08	6784	5085.08	USAID-United Nations Children's Fund-GHAI-Local	United Nations Children's Fund	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3528.08	Mechanism: Peace Corps-Peace Corps-GHAI-Local
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 5062.08	Planned Funds: \$100,000
Activity System ID: 12958	

Activity Narrative: Peace Corps is continuing the same activities from the FY '07 COP. The amount from '07 has increased to support: the increase in Volunteers in the Mozambique program, and the expanding scope of OVC activities, including the boys and girls club projects, among others. It will also provide Volunteers with the opportunity to apply for Volunteer Activities Support & Training (VAST) grants used to support small-scale, capacity-building projects among CBOs, FBOs, and/or NGOs that work with or provide services to, local communities to fight HIV/AIDS.

This activity relates to Peace Corps activities HVOP 9464, HVMS 9465, HVAB 9466, HTXS 9472 and the new HBHC Peace Corps activity.

This activity serves in providing wrap around services for communities that support OVC and with partner NGOs/CBOs/FBOs and therefore, no specific targets are listed for "reaching" OVC.

During the period of the 2008 COP, Health Peace Corps Volunteers will be assisting organizations and communities to support orphans and vulnerable children (OVCs). They will assist in service provision for OVCs, and in the training of caretakers or service providers. Volunteers will be placed either directly with small Mozambican NGOs or CBOs, or in international or national umbrella NGOs that provide assistance to Mozambican OVC organizations. At the community level, Volunteers will be active in assisting communities and organizations in conducting household and community vulnerability studies and planning for community responses to ensure an adequate level of health and welfare for those children identified as vulnerable. Volunteers will assist communities and organizations in the provision and coordination of OVC basic services, including access to health services, education, shelter, legal rights, income generating activities, and food and nutritional support, as well as providing training to communities on a range of health topics, such as nutrition and nutritional gardening, and basic health and hygiene. Their activities with communities will aim to reduce stigma and discrimination against OVCs, as well as address traditional gender roles and biases that create discrimination and put males and females at risk of HIV infection.

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

The COP '08 proposed budget for OVC support will allow PC/M to continue its planned strategy of expansion of the Volunteers, geographically and numerically, focusing on less-served areas, and providing enhancements to their training and support to ensure improved output. The budget will support both Health PCVs and Education PCVs working in OVC-related activities. It will be used for OVC materials development and reproduction; pre-service and in-service training enhancements for improved OVC skills and knowledge; accommodation rentals and security enhancements for the Volunteers so that they can be placed with organizations that, otherwise, could not afford to house them; organizational exchange visits, allowing Volunteers and their counterparts to visit each other's projects to share best practices; PC/M staff office supplies, communications and travel enhancements for efficient and effective support of the Health Volunteers; and PC/M staff capacity building in PEPFAR and HIV/AIDS through post exchanges and conferences. PEPFAR resources will also be used for special school or community events and projects and activities related to OVCs and OVC programs.

Per Agency instructions, approximately 15% of the budgeted amount will be directed to PC/HQ to cover overhead costs for supporting PC PEPFAR activities in this program area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9467

Related Activity: 12959, 12956, 12957, 14346, 12960

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21518	5062.21518.09	Peace Corps	US Peace Corps	9341	3528.09	Peace Corps-Peace Corps-GHAI-Local	\$175,000
9467	5062.07	Peace Corps	US Peace Corps	5198	3528.07	Peace Corps-Peace Corps-GHAI-Local	\$45,000
5062	5062.06	Peace Corps	US Peace Corps	3528	3528.06		\$86,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12956	5011.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$620,000
12957	4921.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$300,000
14346	14346.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000
12959	9472.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$550,000
12960	5009.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Sofala

Nampula

Tete

Zambezia

Cabo Delgado

Niassa

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3692.08

Prime Partner: Academy for Educational
Development

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5323.08

Activity System ID: 13352

Mechanism: Capable Partners Program

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$1,676,441

Activity Narrative: Reprogramming August08: Funding increase by \$726,441.

This is a continuing activity under COP08. AED will continue to build the capacity of Mozambican organizations providing services to OVC which under COP08 will include sub-granting to local partners providing direct services to OVC. AED will focus on capacity-building for sub-grantees to ensure integrity and quality in programmatic planning, implementation, monitoring and reporting. Through this effort, AED will be able to accurately report on the number of OVC receiving supplemental direct services under the sub-grantees.

As part of the USG focus on and expansion to Nampula province, additional funding this year will go to expanding AED's geographic reach/coverage to that region.

To better inform programming and ensure that best practices are shared among partners, AED will organize periodic technical meetings with USAID partners, MMAS and other relevant counterparts which provide OVC services. AED will also coordinate a beneficiaries meeting with the OVC, which has never been done in Mozambique. This activity will be modeled after the work done in the Namibia OVC program and will provide an opportunity for meaningful participation of OVC in our interventions.

The FY2007 narrative below has not been updated.

This activity is related to: HBHC 9131; HVAB 9135; HTXS 9109; and OHPS 9212.

All AED activities interlink with each other for the overall purpose of building capacity of local NGOs/CBOs/FBOs to stand on their own and for grants management under the Capable Partners Program (CAP); some activities have specific components assigned to it. In COP07, AED has responsibilities for several components which represent a major scale-up of AED current program in NGO capacity building and grants management. AED will continue to work with Mozambican networks and organizations that provide services to OVC, home based care clients, PLWHA groups and association members which together have national reach. FY07 represents year 2 of a planned 3 year activity that began with FY 06 funding. Special activities will be focused in Sofala and Zambezia Provinces.

AED will continue to work with Mozambican networks and organizations that provide home based palliative care and together have national reach. This support will continue to strengthen the capacity of these nascent Mozambican support networks as well as national organizations and provide additional support to their members to deliver 6 essential services to OVC, focusing geographically on the catchment areas of USG-support clinical care and ARV treatment sites. In FY07, NGOs will be required to link directly with clinics, with at least 50% of their HBC clients who are also receiving clinical palliative care. Stronger monitoring and evaluation procedures will be developed to assist OVC volunteers providing more effective services and reporting more efficiently. In another related activity with SAVE/HACI, OVC volunteers will receive regular psychosocial training in order to better support for their clients and to better understand their own reactions to working with very needy children.

While clients directly reached under this joint activity is relative small (4,000 OVC and 260 individual trained), it is anticipated that with strengthened institutional and programmatic capacities, rapid roll-out of services to additional clients will occur in the out years.

In FY07, AED is scheduled to rapidly gear up their FY06 activities, which have started rather slowly. In phase 1, Year 1, which began in March 2006 (with early FY06 funding), AED sub-granted with international Relief and Development (IRD) to conduct assessments of some of the networks and associations, especially at national level and in Sofala province. In addition, IRD piloted a program in Inhambane Province to provide small sub-grants to CBOs, adapted assessment tools for use with community groups and developed a monitoring system to assist community groups to manage their program with the small grants they received.

AED only recently received the rest of their FY06 funding (Phase II) and are in the process of gearing up their presence in Mozambique, selecting staff, assessing and selecting network NGO partners, etc. It is expected that AED's work will be rapidly launched based on their pilot efforts under Phase I.

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

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

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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9147

Related Activity: 13349, 13350, 13351, 13353, 13354, 14316

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24130	5323.24130.09	U.S. Agency for International Development	Academy for Educational Development	10359	3692.09	Capable Partners Program	\$2,000,000
9147	5323.07	U.S. Agency for International Development	Academy for Educational Development	5037	3692.07	Capable Partners Program	\$350,000
5323	5323.06	U.S. Agency for International Development	Academy for Educational Development	3692	3692.06	Capable Partners Program	\$504,280

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13349	5293.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,760,000
13350	9154.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$822,600
13351	9131.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$560,000
14316	5320.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$1,448,430
13353	5282.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$97,000
13354	9212.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,150,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	4,000	False
8.2 Number of providers/caregivers trained in caring for OVC	260	False

Indirect Targets

Target Populations

Other
Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3674.08	Mechanism: USAID-Foundation for Community Development-GHAI-Local
Prime Partner: Foundation for Community Development, Mozambique	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 5320.08	Planned Funds: \$1,448,430
Activity System ID: 14316	

Activity Narrative: This is a continuing activity under COP08. In FY08, \$450,000 in additional funding has been allocated to FDC to allow them to expand OVC activities, reaching an additional 4,000 OVC with at least three services. FDC will target increased OVC activities in Inhambane and Gaza provinces where it is noted that existing HBC activities do not have any linkage to OVC activities. The organization will continue to seek out the most vulnerable OVC, with a special emphasis on those living with a single, bed-ridden parent or living with an elderly person, in order to refer them to "Reference Families", neighbors accepting co-responsibility for OVC. This community-based model of caring for OVC is able to take place as FDC and its Sub-partners, which are local organizations with extensive cultural understandings of targeted communities, and have a unique relationship with their communities.

A portion of the increased funding will allow FDC to replicate their income generation project in Maciene which targets OVC and their caregivers. The current Maciene project in Gaza provides vocational training in crafts production and basic business management enabling participants to produce high-quality crafts which are sold at a profit, benefiting OVC and their caregivers. The model has proven successful and resulted in exportation of goods to neighboring countries in Southern Africa. The model not only benefits the OVC and their caregivers but provides community members with added income as the mostly organic materials are purchased locally. \$150,000 will be allocated to this activity.

FDC will no longer continue to provide technical assistants seconded to the central Ministry of Women and Social Action under COP08. This activity will be funded through other donors and NGOs during FY08 allowing the USG to focus TA for MMAS at the provincial level.

The program will partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets. In collaboration with PSI, FDC will distribute LLIN and Safe Water Systems (SWS - "Certeza") to OVC in an effort to improve the health status of children and their families.

The below activity narrative from FY2007 has not been updated.

This activity is related to: HBHC 9132; HVAB 9112; HVOP 9152; HVTB 9127 and OHPS 9212.

In this activity, the Foundation for Community Development (FDC), through local CBO/FBO sub-grantees, will continue to provide a basic care package of services to OVC in the Maputo Corridor (Maputo City, Maputo Province, Gaza and Inhambane). This activity will continue to provide support to OVC who have received services with previous FY 2004-2006 funds, and will extend services in FY07 to reach 17,770 OVC with the six essential services, as defined by the Mission and the Ministry of Women and Social Action and train 1,185 people to provide services to OVC and their caregivers.

The FDC is the USG's only national NGO partner. The FDC started HIV/AIDS activities in the high prevalence area of the Maputo Corridor in 2001 – before PEPFAR. One of the main goals of FDC is to assist community-based NGOs in managing their own programs and accessing funds from a variety of sources. To this end, they are currently working with 19 sub-partners (including the provision of small grants) who are, in turn, supporting 44 other groups and association members. These CBOs and FBOs work with community-based programs supporting HBC and OVC. To date, FDC and their partners are providing services for 19,145 OVC, well above their target of 16,900.

The FDC works with community-based organizations that are as varied as the communities. Most communities in the Southern region have some formalized community leadership structure. FDC's sub-partners mobilize, engage and involve leaders of the committees/councils 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 begun 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)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9148

Related Activity: 14312, 14313, 14314, 14315,
13352, 14534, 15881

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24283	5320.24283.09	U.S. Agency for International Development	Foundation for Community Development, Mozambique	10416	3674.09	USAID-Foundation for Community Development-GHAI-Local	\$0
9148	5320.07	U.S. Agency for International Development	Foundation for Community Development, Mozambique	5040	3674.07	USAID-Foundation for Community Development-GHAI-Local	\$1,048,430
5320	5320.06	U.S. Agency for International Development	Foundation for Community Development, Mozambique	3674	3674.06		\$600,802

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14312	5283.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$1,600,000
14313	9152.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$500,000
14314	5321.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$950,000
13352	5323.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,676,441
14534	5143.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$1,200,000
15881	5134.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$925,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	21,770	False
8.1.A Primary Direct	17,770	False
8.1.B Supplemental Direct	4,000	False
8.2 Number of providers/caregivers trained in caring for OVC	1,385	False

Indirect Targets

Target Populations

Other
Orphans and vulnerable children

Coverage Areas

Gaza
Inhambane
Maputo

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9310.08	Mechanism: Fanta II GHN-A-00-08-0001-00
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 21429.08	Planned Funds: \$300,000
Activity System ID: 21429	
Activity Narrative: Reprogramming August08: Aim of this agreement is to take finding and tools from recent assessment and establish an implementation strategy fro community based implementing partners across all USG agencies. This activity will also support Ministry of Health, Women and Social Action and others in revising, developing and disseminating food and nutrition policy. This activity will support the establishment of uniform practices and understanding among all USG oVC implementers on how, collectively, efforts can contribute to sustainable food security and nutrition for OVC with the context of HIV and AIDS.	
HQ Technical Area:	

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9302.08

Mechanism: Project Search

Prime Partner: Boston University

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 21407.08

Planned Funds: \$400,000

Activity System ID: 21407

Activity Narrative: Reprogramming August08: The goals of this task order are to – 1) fill critical gaps in the OVC research evidence base to guide cost-effective programming of OVC resources; 2) guide alignment of OVC programs to complement national-level responses, frameworks, and plans of action for OVC; and 3) identify strategies and approaches to improve the coverage, quality, effectiveness, and impact of OVC programs. Mozambique expects activities implemented under this Task Order will provide critical information to inform program decisions and ensure scale up services without sacrificing quality.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9316.08

Mechanism: AED Dot.org

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 21436.08

Planned Funds: \$700,000

Activity System ID: 21436

Activity Narrative: Reprogramming August08: This activity will focus on OVC in Beira, Sofala -- a province with one of the highest prevalence rates in Mozambique. This activity will target youth in urban/peri-urban setting, aged 13-17. The is to enable youth to acquire a set of skills, abilities, behaviors, attitudes and perceptions that will enable them to create positive futures, and internalize HIV prevention messages that empower them to live an HIV free life. For the youth who are HIV+, this activity will empower them to live positively with their status. some of the outcomes expected from this activity include: delayed pregnancy and marriage, increased language and math skills, improved nutrition and general health, decreased economic vulnerability. Currently there is no activity in Mozambique that targets providing vulnerable youth with a concrete set of skills that will help them transition into adulthood, becoming productive members of their communities. Year one of this activity will also focus on opportunities to scale up and partner with private sector.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	50	False
8.1.A Primary Direct	50	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 9709.08

Mechanism: N/A

Prime Partner: Africa-America Institute

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 22529.08

Planned Funds: \$100,000

Activity System ID: 22529

Activity Narrative: Reprogramming August08: This newly-launched long-term Health Scholarship program is focused on building the capacity of professionals in public health, social services and other related areas. Priority is given to candidates who want to pursue studies in the area of improving impact of health interventions at community level. Scholarship recipients who graduate will be required to return to MMAS or other government agency for at least 2 years of service. It is expected that this activity will increase advocacy for improvement in community health services to OVC. This activity supports scholarships for Masters degrees in public health at a various universities in Africa.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3702.08

Mechanism: Track 1

Prime Partner: Project HOPE

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 5341.08

Planned Funds: \$1,495,000

Activity System ID: 15856

Activity Narrative: This is a continuing activity. Both the funding levels and targets remain the same under COP08 for this activity. The FY2007 narrative below has not been updated.

Project Hope will continue to provide care, support and protection for OVC and their caregivers by strengthening the coping capabilities of household and communities caring for OVC by: improving economic status and quality of living for OVC and caregivers; strengthening capacity of families to provide care and support; establishing community networks linking support services; and establishing replicable models for strengthening the ability of households to care and support OVC. The premise of activities is based upon working with the existing Village Health Banks (VHB) and forming new VHBs. Activities include training volunteers from the VHB to provide OVC services to the participating households of the VHB including micro-credit activities. Project Hope will also provide training and support to families of OVC in such partner organizations as the National Institute of Social Action (INAS), Chikua, and Vukoxa.

Members of the VHBs are caregivers of OVCs identified by INAS, CBOs, and community leaders. These members are given loans for income generating activities for their households. During bi-weekly meetings, VHB participants receive health education information, including HIV/AIDS, and specific education focused on caring for OVC. This OVC curriculum covers the multiple domains of the 6 essential services and takes eight months to complete. Also, information and linkages to where caregivers can access services are shared with the members.

In FY06, Project Hope started to use a new data collection tool to gather information about the households that are being supported by their program. The tool tracks what essential services are being received by each child served in the program. The system also includes indicators assessing the success of VHB in improving household economic stability. It gives caregivers, the communities and the partner a better picture of the needs of the families they serve from an economical stand point and helps to identify what areas of services need to be strengthened. One outcome of this effort was the establishment of a community garden for families who cared for OVC in Mocuba. Also through collaborative means, Project Hope was able to engage strong support from the local government that included assistance in identifying local leaders to be trained on OVC issues as a way of further mobilizing community efforts.

In FY07 Project Hope will provide 17,000 orphans and vulnerable children with six essential services as defined by the USG in conjunction with the Ministry of Women and Social Action and train 1,133 people to provide these services. This will be accomplished by a multi-pronged approach with the basis being the creation of new VHBs and the expansion of their volunteer cadre and partner networks. Also Project Hope is planning an external assessment to look at the issue of improving quality in the services being provided.

Project Hope will sign a total of seven memorandums of understanding with partners to continue to conduct needs assessments of OVC households from project partners and complete explicit agreements regarding the scope and volume of services to be provided by each partner. Also Project Hope will continue to participate in district level monthly forum on OVC issues to effectively coordinate efforts amongst all stakeholders, raise awareness about OVC, mobilize additional community resources and identify potential program partners. Key partners in this activity include MMAS, DMAS, INAS, PSA, IBIS, Habitat for Humanity, Vukoxa, Chikua, Independent Presbyterian Church, and the Anglican Church of Mocuba. These district level forums feed into potential provincial level forums and provide information for national level meetings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8230

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24314	5341.24314.09	U.S. Agency for International Development	Project HOPE	10423	3702.09	Track 1	\$1,000,000
8230	5341.07	U.S. Agency for International Development	Project HOPE	4787	3702.07	Track 1	\$1,600,261
5341	5341.06	U.S. Agency for International Development	Project HOPE	3702	3702.06	Track 1	\$619,125

Emphasis Areas

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	19,000	False
8.1.A Primary Direct	17,000	False
8.1.B Supplemental Direct	2,000	False
8.2 Number of providers/caregivers trained in caring for OVC	1,133	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Zambezia

Gaza

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3837.08

Prime Partner: US Department of State

Mechanism: Quick Impact Program

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 15915.08

Planned Funds: \$25,000

Activity System ID: 15915

Activity Narrative: The Quick Impact Program will enable new partner organizations at grassroots level to implement modest, targeted orphan care and rehabilitation projects. Small grants will be provided to help NGOs/CBOs/FBOs implement innovative projects, particularly with regard to vocational training for orphans, educational assistance, training of caregivers, and micro-credit for caretakers. The Quick Impact Program also will operate in the Emergency Plan program areas of Palliative Care, AB, and Other Prevention. Projects will target areas of northern and central Mozambique where start-up of USG-supported HIV/AIDS care and ART services is planned for 2005-6. Monitoring of the projects by DOS staff will identify particularly successful projects and organizations that offer an opportunity to replicate approaches or strengthen new partners elsewhere. Grant opportunities will be published in the press, and grantees will be selected based on ability to contribute to Emergency Plan's 2-7-10 goals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	1,000	False
8.1.A Primary Direct	500	False
8.1.B Supplemental Direct	500	False
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5078.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 15880.08

Activity System ID: 15880

Mechanism: USAID-Family Health
International-GHAI-Local

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$630,000

Activity Narrative: This OVC intervention is a new activity for Family Health International (FHI). FHI has provided PMTCT, HBC and treatment services with PEPFAR funding in four districts in Zambezia province in close cooperation with the Provincial Health Directorate.

In FY08, FHI will provide PMTCT, ART, HBC and OVC services in Niassa province, modeling a comprehensive package of care.

Although providing OVC services is a new activity for FHI in Mozambique, FHI as an organization has demonstrated a strong background in this program area. In 2007, UNICEF contracted FHI to conduct regional workshops to improve mechanisms for monitoring and reporting at the regional levels and coordinated monitoring and evaluation (M&E) efforts among stakeholders (which included Mozambique) involved in the implementation of each member country's National Plan of Action. The general objective of these workshops was to strengthen in-country capacities in M&E of orphans and vulnerable children programming and frameworks.

Building on the lessons learned and experiences shared in the 2007 workshop, FHI is well positioned to work with the Provincial Ministry of Women and Social Action (MMAS). During this workshop, Mozambique acknowledged their relatively low level of preparedness in monitoring and evaluation in OVC programming. MMAS identified the following technical assistance needs: 1) harmonizing OVC indicators in order to ease the flow from specific project indicators to more general HIV/AIDS indicators; 2) learning about mechanisms to create interconnected systems of data collection; and 3) providing support to implementers in order to advise them on how M&E activities should be performed.

Under this activity FHI will provide direct OVC services. FHI strives towards two goals in OVC care: 1) providing compassionate and comprehensive care and 2) strengthening and improving program quality. Their approach is to work with FBO/CBO to develop long term responses to OVC needs by building their capacity to coordinate and sustain OVC services. FHI also aims to strengthen linkages among service providers to coordinate coverage and ensure sharing of lessons learned. The specific approach used in Niassa will be developed in close collaboration with local communities and district and provincial authorities.

FHI will partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets. In collaboration with PSI, FHI will distribute LLIN and Safe Water Systems (SWS - "Certeza") to OVC in an effort to improve the health status of targeted children and family members.

FHI will reach 650 OVC with the six essential services and train 35 individuals to provide OVC services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15860, 15861, 15862, 15863, 16294

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15860	5269.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$3,249,270
15861	9209.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,525,000
15862	9206.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,062,135
15863	6429.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,300,000
16294	16294.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$110,000

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	1,200	False
8.1.A Primary Direct	400	False
8.1.B Supplemental Direct	800	False
8.2 Number of providers/caregivers trained in caring for OVC	100	False

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Niassa

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3579.08	Mechanism: USAID-Population Services International-GHAI-Local
Prime Partner: Population Services International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 5134.08	Planned Funds: \$925,000
Activity System ID: 15881	

Activity Narrative: This is a continuing activity under COP08. The program will continue working with USG OVC partners to distribute 45,000 LLIN to OVC and provide 90,000 OVC with Safe Water Systems (SWS - "Certeza" for 12 months). Targets have not been attributed directly to this program as the distribution is done through other USG OVC partners and counted as one of the six essential services that OVC receive.

PSI will also provide plumpy nut in a pilot program that will reach 1,500 OVC, who have been clinically assessed as being malnourished. The partners working with the OVC will address the food insecurity of the household/OVC by linking the former with food assistance support from WFP, Title II programs etc.

The increased funding and targeted number of OVC being reached under this activity reflects the increase in targeted numbers of OVC receiving services under PEPFAR funding and the anticipated expansion of existing USG partners working with OVC.

The FY2007 narrative below has not been updated.

This activity relates to another PSI activity in HIV treatment services, HTXS 9166.

This activity duplicates other activities because water and nets will be provided to 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9149

Related Activity: 14528, 14546, 14539, 14308,
14309, 15880, 14316, 14336

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24311	5134.24311.09	U.S. Agency for International Development	Population Services International	10422	3579.09	USAID-Population Services International-GHAI-Local	\$800,000
9149	5134.07	U.S. Agency for International Development	Population Services International	5042	3579.07	USAID-Population Services International-GHAI-Local	\$325,000
5134	5134.06	U.S. Agency for International Development	Population Services International	3579	3579.06		\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14539	5135.08	6860	3626.08	USAID-World Relief Corporation-GHAI-Local	World Relief Corporation	\$1,183,200
14546	5139.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$2,877,756
14308	5342.08	6768	3697.08	Track 1	Africare	\$657,050
14309	6423.08	6769	4055.08	Track 1 Supplement	Africare	\$649,000
15880	15880.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$630,000
14336	14336.08	6782	6782.08	USAID-Save the Children U.S.-GHAI-Local	Save the Children US	\$1,684,219
14316	5320.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$1,448,430
14528	9166.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,309,500

Emphasis Areas**Food Support**

Estimated PEPFAR dollars spent on food \$150,000

Public Private Partnership**Indirect Targets**

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Nampula

Niassa

Sofala

Tete

Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3626.08

Prime Partner: World Relief Corporation

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5135.08

Activity System ID: 14539

Mechanism: USAID-World Relief Corporation-GHAI-Local

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$1,183,200

Activity Narrative: This is a replacement narrative highlighting changes to WR's activities in FY08 to ensure quality of services.

In FY08 World Relief (WR) will reach 20,707 OVC with the six essential services through activities of 3,400 church-based OVC home visitors (HV).

Church and community leaders will be motivated and sensitized for continued involvement and participation in the facilitation or provision of OVC care and support services. These leaders will be informed of their role in the promotion of OVC rights and the available community resources. These leaders will be sensitized, motivated and encouraged to continue the advocacy and support for OVC. Efforts will be made to increase the level of advocacy. The Ministry of Women and Social Action (MMAS) will be invited to facilitate debates on child protection and rights issues, with community participation. WR will ensure that these community leaders have materials on child rights and protection issues that can serve as reference.

In collaboration with WR's child survival program, MFC-Tshembeka project coordinators and supervisors will be trained as trainers and will then train HV, religious and community leaders. HV will be provided with basic HBC information enabling them to make immediate referrals for infected OVC.

OVC in churches and schools will receive structured ABY prevention messages via WR's Mobilizing for Life program. These OVC will continue to benefit from the age appropriate WR Choose Life program, which teaches basic life skills. To ensure that HV learning, practices, skills and knowledge remain fresh; WR project staff will facilitate quarterly refresher trainings. HV monthly meetings will be a forum to share information and experience from the field as well as address any issues.

In collaboration with HV, religious and community leaders will take the lead in facilitating access to the six essential services for OVC. Through weekly home visits, HV will encourage OVC to stay in school, and provide general counsel and oversight as needed. 500 OVC at the secondary school level are targeted to receive educational support such as school uniforms, shoes, supplies and fees. HV will refer OVC issues to the appropriate sector with the knowledge and support of the religious or community leader. These in turn will follow up the case with the relevant government institutions (i.e. MMAS, Ministry of Health) and other NGOs for the necessary action. OVC that are identified as HIV or TB positive will be referred to WR's home based care program. Nurses will take on the clinical component of care in line with MOH guidelines. The HBC volunteer will work the OVC HV to continue additional care and support activities.

In an effort to ensure that OVC are appropriately tracked for services being received, HV will be trained/re-trained as necessary in record-keeping. HV reports will be submitted monthly, to allow for early detection of potential gaps in information gathering.

WR will also target child-headed households and OVC between 16 and 17 years old with vocational training that will help them sustain themselves as they grow into adulthood and beyond the target age for OVC programs. Carpentry, masonry, bakery, and tailoring are some of the activities that will be taught.

WR will integrate Micro Enterprise Development (MED) activities to provide income-generating opportunities for older OVC, PWLHA, caregivers and volunteers. In addition to directly benefiting OVC and their caregivers. 707 people (50% of which will be volunteers) will benefit from MED activities. Including volunteers in the target group for IGA will help WR address the issue of retention of volunteers, as many discontinue volunteering due to financial pressures.

WR will continue its virgin coconut oil project in Inhambane funded in partnership with a Zion church partner in the MFC-Tshembeka project. The activity will expand to include 400 community members who are OVC caregivers and project volunteers, who will also benefit from HIV prevention messages.

In partnership with Fundo de Credito Comunitario (FCC), a local micro-credit firm, 107 volunteers and OVC caregivers will receive small loans to expand existing, successful poultry raising projects. Based on lessons learned in FY07, WR will turn over the business training, management and funding of this micro-credit scheme to FCC ensuring quality of this activity and allowing WR to focus on program issues. FCC will also provide loans (at a 2.5% interest rate) in Gaza, Maputo and Inhambane provinces for activities such as cell phone recharge cards and vegetable sales.

To provide food security for OVC and their caregivers WR will establish community grain banks with contributions of maize and beans from local farmers, which will later be distributed to OVC and PWLHA in the community. An agricultural extensionist will be hired to support, supervise and monitor activities in the field and will have recourse to WR agriculture department for technical assistance and support. The incentive for community farmers to participate in this activity will be access to better quality seeds and the opportunity to learn low-cost, efficient farming techniques.

In collaboration with PSI, WR will distribute LLIN and Safe Water Systems (SWS - "Certeza") to OVC in an effort to improve the health status of targeted children and family members. WR will also partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9125

Related Activity: 14541, 14536, 14537, 14538,
14534, 15881

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24365	5135.24365.09	U.S. Agency for International Development	World Relief Corporation	10438	3626.09	USAID-World Relief Corporation-GHAI-Local	\$0
5135	5135.06	U.S. Agency for International Development	World Relief Corporation	3626	3626.06		\$880,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14541	9146.08	6862	5080.08	USAID-World Relief Corporation-GHAI-HQ	World Relief Corporation	\$200,000
14536	5284.08	6859	3675.08	Track 1	World Relief Corporation	\$400,854
14537	5136.08	6860	3626.08	USAID-World Relief Corporation-GHAI-Local	World Relief Corporation	\$450,000
14534	5143.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$1,200,000
15881	5134.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$925,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

- * Economic Strengthening
- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	20,707	False
8.1.A Primary Direct	20,707	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	3,400	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Religious Leaders

Coverage Areas

Gaza

Inhambane

Maputo

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3628.08

Prime Partner: World Food Program

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 5143.08

Activity System ID: 14534

Mechanism: USAID-World Food Program-GHAI-Local

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$1,200,000

Activity Narrative: This is a continuing activity under COP08 with an increase in funding over FY2007 of \$200,000. Targets have also been increased to reach an additional 2,400 OVC, bringing the total to approximately 17,400, with supplemental direct services consisting of short term food supplements. In an effort to ensure that linkages are strengthened among partners and WFP in FY08, the USG program will work directly with the FANTA follow-on to provide technical assistance and establish monitoring tools which can improve provision of food and nutrition as one of the essential OVC services. This effort will be undertaken in consultation with WFP to ensure that the money awarded to WFP for emergency food relief for OVC is targeting the neediest with appropriate food supplements and that both WFP and USG can accurately track those efforts.

The FY2007 narrative below has not been updated.

This activity is related to HBHC 9138 and HXTS 9167.

The World Food Program has worked closely with WHO efforts to develop approaches, based on the latest available scientific evidence, to identify the macronutrient and micronutrient needs of HIV-infected peoples, the specific nutritional needs of children infected and affected by HIV/AIDS and the nutritional needs of HIV-infected adults and children receiving ART. It is recognized that HIV infected adults and children in general have greater energy needs, greater presence of micronutrient deficiencies and that growth in children can be severely impaired if infected with HIV or if they do not have access to a properly balanced diet. To achieve the full benefits of ARV and proper growth of a vulnerable child, adequate food intake is important and dietary and nutritional assessments are essential parts of comprehensive care.

The interest in associated food support is growing due to the rapid roll-out of ART in the country, the ever increasing number of OVC, and the unreliable food supply in Mozambique due to droughts and floods. Most recently, the Ministry of Health has convened several meetings to gain better clarity on program designs and implementation approaches for clinics and households for food interventions in the context of ART. WFP, along with USAID, is working closely with colleagues in the Ministry of Health, Ministry of Women and Social Action and other stakeholders in the development of a programmatic model for the provision of food in conjunction with clinical and home-based ART services.

The goal of this activity is to improve the health and nutritional status of the neediest OVC and their caregivers at USG-supported service sites. WFP will continue to work closely with PEPFAR partners (World Relief, World Vision, ADPP, FDC, Africare, Save the Children, Project Hope, Care, HACI and any other new OVC partners) to determine if clients meet WFP guidelines for vulnerability and nutritional need. Guidelines were set in collaboration with MOH, SETSAN* (Mozambique's Technical Secretariat for Food and Nutrition Security), WHO, and other multi-lateral organizations.

The USG will fund WFP to provide logistical support to PEPFAR-funded partners to receive a specific number of supplemental food packages for no longer than 6 months for OVC and their caregivers. The cost of these food packages have been leveraged by the WFP through private-sector funds. The supplementary food ration will then be distributed to OVC living in vulnerable, food-insecure households, distributed through the PEPFAR implementing partners. This activity will provide OVC and caregivers with food rations equivalent to one meal a day. PEPFAR partners will ensure that OVC and their caregivers on food supplements will have available wrap-around services including nutrition information and opportunities to be involved in food sustainability practices (home gardens) or livelihood activities to provide longer term food security.

It is anticipated that over 15,000 OVC will be reached with emergency individual food rations and 1,000 individuals will be trained for this wrap-around activity with COP07 funding.

*SETSAN is Mozambique's Technical Secretariat for Food and Nutrition Security. The multi-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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9124

Related Activity: 14316, 14546, 14539, 14308,
14309, 13359, 14336, 14535,
16305

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24360	5143.24360.09	U.S. Agency for International Development	World Food Program	10435	3628.09	USAID-World Food Program-GHAI-Local	\$0
9124	5143.07	U.S. Agency for International Development	World Food Program	5052	3628.07	USAID-World Food Program-GHAI-Local	\$1,000,000
5143	5143.06	U.S. Agency for International Development	World Food Program	3628	3628.06		\$800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16305	16305.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$400,000
14539	5135.08	6860	3626.08	USAID-World Relief Corporation-GHAI-Local	World Relief Corporation	\$1,183,200
14546	5139.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$2,877,756
14308	5342.08	6768	3697.08	Track 1	Africare	\$657,050
14309	6423.08	6769	4055.08	Track 1 Supplement	Africare	\$649,000
14336	14336.08	6782	6782.08	USAID-Save the Children U.S.-GHAI-Local	Save the Children US	\$1,684,219
14316	5320.08	6772	3674.08	USAID-Foundation for Community Development-GHAI-Local	Foundation for Community Development, Mozambique	\$1,448,430
14535	6441.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$707,000

Emphasis Areas

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	14,400	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	14,400	False
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

This activity will target 14,400 OVC. The daily rations for OVC includes 500g of cereals; 50g of pulses; and 20mls of Vitamin A enriched oil. The target of serving 14,400 OVC takes into account one meal per day over a one year period.

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Sofala

Zambezia

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3627.08

Mechanism: USAID-World Vision International-GHAI-Local

Prime Partner: World Vision International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 5139.08

Planned Funds: \$2,877,756

Activity System ID: 14546

Activity Narrative: This is a continuing activity from COP08.

RITA has focused on increasing the understanding of the continuum of OVC care and support needed and equipping CCCs/HVs to respond effectively. RITA will continue to provide care and support to OVC identified in the previous phases, focusing on providing a comprehensive and quality package of services for OVC and their families. The project plans to reach 43,580 OVC during this 12-month phase with seven services including: 1) food and nutritional support; 2) shelter and care; 3) protection and legal rights; 4) health care; 5) psychosocial support; 6) education and vocational training; and 7) economic opportunity/strengthening. Efforts will be made to expand activities into Tete Province in order to coordinate efforts with the WV ABY PEPFAR program.

CCCs will continue to be the primary mechanism for providing care and support to OVC, PLWHA and vulnerable households, as well as for referring people for counseling and testing (CT), PMTCT, ART, and TBT, where available. The training of all CCCs is ongoing and continuous, and designed to ensure that CCCs have the capacity needed to be effective as well as the organizational maturity required to function over the long-term. Training topics have included: impact of HIV and AIDS on the community and families, needs of OVC, children's rights, building community capacity for OVC support, issues of psychosocial support, including the impact of HIV and AIDS on children, loss and grief, need of will and memory book, child abuse and exploitation, counseling for children at different developmental stages, building resilience in children, and a model of providing psychosocial care. During this fourth phase of RITA, 101 CCCs will receive additional training for IGA and business management to become more functionally independent and able to access external funding, thereby, enabling them to continue their activities beyond the life of the RITA project. Of the 101 CCCs trained, 40 will be trained by the local partner AFORZA, 34 CCC by RITA Project staff and 27 CCC by a new partner International Relief & Development (IRD).

RITA will take into account contextual factors such as poverty, food insecurity and livelihood insecurity as it attempts to reduce the vulnerability of households most affected by HIV and AIDS. For the most vulnerable OVC and PLWHA and their families, emergency food support will be distributed through PEPFAR-supported World Food Program (WFP) activities to meet immediate food needs. In the event that WFP will not operate as envisaged, interventions will be implemented jointly with WV agriculture/livestock projects and other available resources to improve long-term food security. RITA will also work to ensure that linkages with other existing food-security and micro-finance projects are enhanced. RITA will link those in need with the Ministry of Women and Social Action whose mandate it is to assist with food among other support.

In collaboration with PSI, WV will distribute LLIN and Safe Water System (SWS - "Certeza") to OVC in an effort to improve the health of targeted children and family members. WV will also partner with WFP to support the nutritional needs of the most vulnerable OVC and their families through provision of short-term emergency food support. Please refer to the activity sheet for WFP for funding levels and targets.

The Ambassadors Girls Scholarship Program, managed by WV/Rita's sub-partner ADPP, provides tuition assistance and mentors 2,300 primary school-aged girl OVC supported by PEPFAR in Sofala province.

The below narrative from FY2007 has not been updated

This activity is related to: MTCT 9143; HBHC 9126; HTXS 9168 and HVCT 9157.

World Vision (WV) and sub-partner Aid for Development People to People (ADPP) will continue USG-supported OVC programs in 13 targeted districts in the Province of Zambezia and 3 targeted districts in Sofala Province, building on services started in 2004, expanded in 2005 and 2006. Based on this past experience of providing assistance to over 38,621 OVC, WV will continue to identify and document promising practices in OVC programming in Zambezia and Sofala Provinces. WV will continue to focus on OVC affected by HIV/AIDS within the age brackets of 0-5, 6-12 and 13-18 years of age. As all WV projects, clients will be chosen on the basis of need without regard to religion or ethnic grouping.

World Vision's "RITA" Project will continue to provide care and support to improve the lives of OVC through the provision of a comprehensive package of six quality services. RITA will also continue to strengthen the leadership role of communities through the Community Care Coalitions (CCCs) who will continue to be the primary mechanism for providing care and support to OVC, PLWHA and vulnerable households, as well as for referrals to essential services available in the community and clinical setting.

Through the CCCs and other local organizations, RITA (WV and ADPP), will ensure the provision of the six essential services for OVC, as defined by the USG PEPFAR team in Mozambique and the Ministry of Women and Social Action (MMAS). WV will continue to work closely with the Ministry of Health to provide preventative and clinical care for infants and older children, especially HIV-infected children and with the Ministry of Education to ensure that OVC are attending and advancing in school.

For the most vulnerable OVC and PLWHA and their families, emergency food support will be distributed to ensure food security in the short term. At the same time, interventions will be implemented jointly with WV agriculture/livestock projects and other available resources to move ahead to food self-sufficiency. RITA will continue working to ensure that linkages with existing food-security and micro-finance projects are enhanced. WV will coordinate and collaborate with other NGOs, such 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9155

Related Activity: 14542, 14543, 14544, 14545, 14534, 14547, 15881

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24368	5139.24368.09	U.S. Agency for International Development	World Vision International	10439	3627.09	USAID-World Vision International-GHAI-Local	\$0
5139	5139.06	U.S. Agency for International Development	World Vision International	3627	3627.06		\$1,790,400

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14542	5279.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$250,000
14543	12132.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$200,000
14544	5137.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$650,000
14534	5143.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$1,200,000
15881	5134.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$925,000
14547	5264.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$300,000

Emphasis Areas

Local Organization Capacity Building

Wraparound Programs (Other)

* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of staff trained in OVC policy and program coordination	N/A	True
Number of individuals trained in monitoring and evaluation of OVC services	N/A	True
8.1 Number of OVC served by OVC programs	43,580	False
8.1.A Primary Direct	43,580	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	3,624	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

Sofala

Zambezia

Tete

HVCT - Counseling and Testing

Program Area:

Counseling and Testing

Budget Code:

HVCT

Program Area Code: 09

Total Planned Funding for Program Area: \$10,856,112

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Provision of HIV Counseling and Testing (CT) services began in Mozambique at four sites in 2000 with two primary purposes: provide an opportunity to the population to access basic HIV/AIDS prevention information and learn their HIV status, as well as allow diagnostic confirmation of HIV infection and provide initiation of care and treatment for persons with AIDS-related illness. Access to CT services, whether for diagnostic or voluntarily purposes, has been the cornerstone of the HIV prevention, care, and treatment scale-up in Mozambique. Since the beginning, based on an HIV rapid test evaluation conducted in 2000/01, Mozambique's CT program implements a National HIV testing algorithm using HIV rapid tests with same day results.

According to Ministry of Health (MOH) data, 401,303 clients attended CT services at 359 CT sites during the calendar year 2006, including 281 facility-based CT sites and 78 prevention of mother-to-child transmission (PMTCT) sites providing CT services. These numbers represent an increase of 80% of clients served and 87% of CT sites compared to the calendar year 2005, an impressive achievement for Mozambique. To expand CT access, the Ministry of Health (MOH) set a target to open 315 voluntary counseling and testing (VCT) Centers to reach 945,000 people by end-2008. These targets were based primarily on the number of persons expected to seek testing voluntarily as well as through referral, PMTCT and tuberculosis programs. The estimated number of persons that would need to be tested to meet national care and treatment targets was also included in the CT targets.

The US government (USG) continues indirect support to the MOH through technical assistance (TA) at the central level, development and review of national CT guidelines and training materials, training of trainers and CT service providers.

Results from the Mozambique PEPFAR semi-annual report show that by April 2007, a total of 106 CT sites, serving 106,010 clients, benefited from direct USG support. In addition, 235,844 pregnant women had benefited from CT services provided at 116 PMTCT sites also directly supported through PEPFAR during the 6-month reporting period. This represents a significant increase in numbers of CT sites and clients served since April 2006, reported as 60 CT sites serving 96,075, and 63 PMTCT sites providing CT services to 71,202 clients.

Mozambique is currently providing CT services through three strategies described below: (1) Provider-Initiated CT (PICT) in clinical settings; (2) Community-based CT (CCT); and (3) CT in Health.

With the arrival of the new Minister in early 2005, the National CT expansion strategy underwent major changes, and a new approach, entitled "CT in Health" was introduced. CT in Health is currently piloted in three sites in Maputo City. It provides for a continuation of HIV Client-Initiated CT (CICT) services at existing CT sites and includes the introduction of additional services at those pilot sites such as screening and referrals for tuberculosis (TB), sexually transmitted infections (STIs), and hypertension as well as prevention of malaria and hygiene education. USG staff, in collaboration with other stakeholders, have advocated strongly for continuation and expansion of CICT services. The USG technical staff and partners have supported the MOH CT program in establishing the pilot and are in the process of assessing the implications of the new approach on CICT services. Improved linkages with TB and STI services may become a major advantage of this approach.

In fiscal year 2007 (FY07), USG support for expansion and integration of PICT in clinical settings has focused on assisting the MOH to align their policy with the revised WHO recommendations and guidance on PICT. National guidelines for PICT in clinical settings have been developed and formal approval is expected shortly. By the end of calendar year 2006, all TB program supervisors and trainers received training as trainers in CT. These training sessions are being rolled out in all 11 provinces. Further training of TB staff and monitoring of the integration of CT within TB services will be strengthened in FY08. A new focus in '08 will include greater coverage and expansion to hospital in-patient services where a large number of HIV-infected patients are expected and can be referred to ART services available at those hospitals.

In addition to support for CT services in TB settings, technical assistance has been provided through ongoing USG support for South-to-South collaboration between Brazil and Mozambique to the PMTCT program. This joint effort resulted in a revision of PMTCT training materials and job aides to improve CT services, early infant diagnosis, and syphilis screening in PMTCT settings in FY07.

The focus during FY08 will be to continue support for the expansion of PICT in clinical settings and training for provincial level trainers and providers at district and site levels. In addition, CT and national blood transfusion program staff are planning to introduce CT and blood donor notification in blood banks in FY08.

The USG will continue to expand CT services in the focal provinces. It is expected that Sofala will have 54 stable service outlets and 12 mobile and community-based sites, serving approximately 180,000 people in FY08. Zambezia will have approximately 50 sites, though some are still being negotiated with the District Health Officers, as well as a number of mobile and community-based sites, which will serve approximately 97,584 people. CT services are in their nascent phase in Nampula and the USG is currently

exploring partnership opportunities in the province.

CT service provision for patients with Sexually Transmitted Infections (STIs) remains a challenge in Mozambique, as STI services are embedded and provided as part of the general outpatient services. Public health evaluations funded through FY07 funds as well as STI program support will inform efforts to improve CT services for STI patients and STI services for HIV-infected individuals and their partners. These activities are described in the palliative care section of the plan.

Besides support for PICT in clinical settings during FY07, USG technical staff and partners have supported the MOH and National AIDS Council (NAC) in the establishment of the first community-based CT (CCT) services in Mozambique. Four partner agencies (one international, one national NGO and two FBOs) implement these services in five provinces. Services include CT services at non-traditional locations (e.g. churches and mosques); satellite CT services at fixed locations (i.e. mobile CT teams providing services at health facilities where CT services are not yet available on a daily basis); CT campaigns at markets and other non-traditional locations; and home-based (door-to-door) CT services. Working with couples and families, preliminary results suggest that this pilot initiative is increasing the number of women and children accessing CT and being referred for treatment and care. Further roll-out of these services is planned after evaluation of the first pilot phase in mid-September 2007.

In addition, this year's plan includes the development of a comprehensive intervention package, targeting Most-At-Risk Populations (MARPS) such as sex workers and drug users. This intervention package includes provision of CT services for MARPS and will be implemented through existing international CT partners as well as include the training of newly-involved national NGOs.

The proposal for FY08 includes increased South-to-South collaboration with Brazil to support policy, guideline and material development, and adaptation for CT service provision for couples and families. This will include more systematically addressing issues of disclosure and discordance.

Activities started through FY07 Plus Up funds, to develop and implement simple screening tools to identify and support clients, in particular women, at risk of domestic violence as a result of undergoing HIV testing, will be continued, and expanded.

In collaboration with an existing major treatment partner generic CT materials for HIV counseling and testing in children will be adapted and disseminated for use in the Mozambican context. This effort will include the development and adaptation of materials for disclosure and counseling for HIV-infected adolescents at USG-supported treatment sites.

Increasing scale-up of counseling and testing services in multiple settings requires accurate information about program operations, available to MOH and partners in real-time. USG and partners have assisted the MOH in revising CT data collection and routine monitoring tools in FY07, and are now ready to propose a review of the National CT program database. As the MOH transitions from "traditional" voluntary counseling and testing to a testing and counseling system integrated into preventive and clinical health care, the new system must be designed to accommodate the needs and be compatible with existing M&E systems in other program areas. Proposed activities in FY08 include the design, piloting, and implementation of a new system to ensure adequate CT program monitoring, as well as an external evaluation of the CT in Health strategy, and the overall CT program, last evaluated in 2004.

Nationwide communication efforts will continue to support promotion of CT services through an existing CT partner with substantial experience in the area of communication and well established relationships with MOH and National AIDS Council communication units. Finally, all CT sites, including integrated clinical settings, will benefit from USG support for procurement of HIV rapid test kits projected to cover 80% of national needs for FY08. Support for quality assurance for HIV testing and training of laboratory personnel are described in the laboratory section of this plan.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	501
9.3 Number of individuals trained in counseling and testing according to national and international standards	1671
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	798347

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3627.08	Mechanism: USAID-World Vision International-GHAI-Local
Prime Partner: World Vision International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 5264.08	Planned Funds: \$300,000
Activity System ID: 14547	

Activity Narrative: This is a continuing activity under COP08. The targets and funding levels remain the same as in FY2007.

The activity narrative below from FY2007 has not been updated.

In this activity, WV will continue to support 4 CT sites in Zambezia province (in Mocuba, Namacurra, Quelimane and Gile) and their 8 Satellites sites (2 per fixed service site) offering counseling and testing 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9157

Related Activity: 14542, 15815, 14543, 14544, 14545, 14546

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24369	5264.24369.09	U.S. Agency for International Development	World Vision International	10439	3627.09	USAID-World Vision International-GHAI-Local	\$0
5264	5264.06	U.S. Agency for International Development	World Vision International	3627	3627.06		\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14542	5279.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$250,000
15815	15815.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$1,740,000
14543	12132.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$200,000
14544	5137.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$650,000
14546	5139.08	6863	3627.08	USAID-World Vision International-GHAI-Local	World Vision International	\$2,877,756

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	12	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	36	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	19,584	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Sofala

Zambezia

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5083.08

Prime Partner: Samaritan's Purse

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 9256.08

Activity System ID: 14334

Mechanism: USAID-Samaritans Purse-GHAI-HQ

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$200,000

Activity Narrative: This is a continuing activity under COP08 funded through Field Support.

SP will expand community counseling and testing (CCT) services to Zavala District, which is considered a corridor and high risk area with a population of 176,000 (UNICEF 2007 projection). Currently, Zavala has one fixed VCT site that is managed through the district health facility with no funding from PEPFAR. SP will establish 2 community-based counseling and testing satellite sites in Zavala district with COP08 funding. Services to be funded include staff, training, materials and equipment, transportation and other operating costs.

Through networks and relationships established under SP's existing AB PEPFAR activity and non-USG funded HBC program, individuals will be easily identified for participation in CCT. Target populations include secondary school students, teachers, adults, out of school youth, HIV/AIDS affected families, as well as community and religious leaders. Trainings will be organized to train a total of eight new community based counselors. There will be community based CT services at two new sites and a targeted 5,000 people will receive HIV counseling and testing and receive their results.

The activity narrative below from FY2007 has not been updated.

This is a new activity for this partner and is funded through Field Support. This Community Based Counseling and Testing activity is related to: USAID_HVAB_Activity 8231, Samaritan Purse's Track One activity for \$475,596 and USAID_HVAB_Activity 9391, Samaritan Purse's Field Support funded activity for \$400,000. It is also linked to CDC_HVCT Activity 8572, as JPHIEGO 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9256

Related Activity: 14332, 14333

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24337	9256.24337.09	U.S. Agency for International Development	Samaritan's Purse	10428	5083.09	USAID-Samaritans Purse-GHAI-HQ	\$200,000
9256	9256.07	U.S. Agency for International Development	Samaritan's Purse	5083	5083.07	USAID-Samaritans Purse-GHAI-HQ	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14332	4958.08	6780	3557.08	Track 1	Samaritan's Purse	\$515,067
14333	9391.08	6781	5083.08	USAID-Samaritans Purse-GHAI-HQ	Samaritan's Purse	\$550,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	4	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	8	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	5,000	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Teachers

Coverage Areas

Inhambane

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3579.08

Prime Partner: Population Services
International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4978.08

Activity System ID: 14527

Mechanism: USAID-Population Services
International-GHAI-Local

USG Agency: U.S. Agency for International
Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$2,159,954

Activity Narrative: This is a continuing activity under COP08.

PSI will expand its counseling and testing sites located in the community and in the workplace and will include the Counseling for Health Approach. Further, PSI will be chiefly responsible for promoting testing among a wide variety of demographic groups (youth, men, pregnant women, MAARPS) in a variety of different languages and in a multitude of forums including radio, billboards, pamphlets, stickers, and possibly a multi-media event and/or series.

The activity narrative below from FY2007 has not been updated.

Plus-up: Utilizing plus up funds PSI will research, develop, and test new IEC campaign materials surrounding the new testing and counseling for health strategy (ATS). The materials will also target the new opt-out and integrated counseling 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9114

Related Activity: 14525, 14526

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24312	4978.24312.09	U.S. Agency for International Development	Population Services International	10422	3579.09	USAID-Population Services International-GHAI-Local	\$0
9114	4978.07	U.S. Agency for International Development	Population Services International	5042	3579.07	USAID-Population Services International-GHAI-Local	\$1,595,927
4978	4978.06	U.S. Agency for International Development	Population Services International	3579	3579.06		\$1,670,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14525	9144.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$550,000
14526	5231.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$4,800,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	100	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	140,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Street youth

Other

Pregnant women

Business Community

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Gaza

Maputo

Zambezia

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3568.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 16274.08

Activity System ID: 16274

Mechanism: Track 1 ARV Moz Supplement

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$80,000

Activity Narrative: The International Center for AIDS Care and Treatment (ICAP)/Columbia University (CU) has been involved in HIV/AIDS services delivery and technical assistance (TA) provision in Mozambique since September 2004. All ICAP activities are supported by USG and guided by Mozambique's national HIV strategic plan. In collaboration with the Ministry of Health (MOH), ICAP/CU is currently supporting 31 HIV care and treatment sites in six provinces: Maputo City, Maputo Province, Gaza, Inhambane, Nampula and Zambezia. In addition, ICAP is currently supporting 11 maternities and 17 CARCs (Child-At-Risk Consultations), both in Maputo and Nampula.

In 2006, 860 hundred HIV positive mothers delivered in ICAP supported maternities. Within the context of PMTCT and pediatric treatment services in Mozambique, access to early diagnosis remains a challenge and of great concern to USG, ICAP/CU and other partners. In June 2007, ICAP/CU reported 9314 HIV positive children in care and 2514 on treatment at sites provided with ICAP/CU care and treatment support. Although numbers of children tested and enrolled in treatment have started to increase, PMTCT and treatment program data suggest that follow-up and testing for the HIV exposed infant, access to HIV testing for children and enrollment of HIV-infected children need further improvements.

Caregivers and parents often do not know that it is the children's right to be tested if they are exposed to HIV or if they have any AIDS related symptoms. In addition, social and psychological issues as well as stigma and discrimination can present a significant barrier to accessing to HIV testing. Samo Gumo (2007) conducted a qualitative research with mothers of HIV positive children assisted at the José Macamo Pediatric Day Hospital (ART service site) in Maputo province. One of the main findings was that mothers were afraid of testing their children because they relate HIV/AIDS to death. This finding shows the importance of counseling to help overcome their fears and to address issues related to the meaning of HIV for those families. Access to HIV testing for children urgently needs to be improved, HIV infected children who would benefit from therapy be referred, including early diagnosis in infants to improve survival outcomes for babies infected through vertical transmission.

Counseling and Testing (CT) for children needs special considerations. Particular attention should be given on how to provide technical information to children and families. Issues related to the implications for the mother with unknown HIV status must be considered during counseling sessions. Consent and assent to testing, implications of test results, comprehension and management of results by the child and the family are as well important issues that must be taken into account during CT sessions. Counseling must be structured to address issues related to parents' stigma and feelings of guilt in relation to the HIV status of their children, as well as barriers to talk about AIDS with them. On the other hand, health workers must be prepared to deal with their own fears to manage and treat children, to know when and how to prescribe ART, and to develop skills to counsel children and family. Again, specific pre and post test counseling skills and materials are needed in the context of early diagnosis with the DNA PCR testing for early infant diagnosis recently made available in Mozambique at a first site in Maputo. Counseling materials and contents need to address issues around breastfeeding and infant nutrition in relation to Mother-to-Child transmission.

Providers working in a busy clinic or ward may have limited time to provide counseling to parents because their primary goal is to provide medical care and treatment. This issue must be taken into account as we consider how best to provide CT to pediatric patients. To improve the quality of children and family counseling and follow up, we have to face some challenges such as: facilitate disclosure, improve counseling and psycho-social support tools, create children friendly environments, provide outreach visits, develop individual relationships with the children, involve children in peer education and preparedness for treatment where appropriate and applicable.

To help health providers to offer structured counseling for children and their family, this activity will assist to adapt/develop psychosocial support tools, training materials for health providers, counseling charts, job aids, and Information Education, and Communication (IEC) materials for children. These IEC materials will be tailored to address children's questions and challenges, and to provide information appropriate to their age, development, and culture.

This activity will support the adaptation of a module for HIV Testing and Counseling for Infants, Children, and Adolescents from the generic Provider-Initiated HIV Testing and Counseling (PITC) in Clinical Settings Manual developed with USG support. This material covers the provider-client interaction with pediatric and adolescent patients and their parents or caregivers. It discusses how to tailor the provider initiated testing and counseling process for patients in each age group, including the appropriate level of involvement for parents or guardians. Adaptation to the Mozambican context will involve health workers, PLWHA, and patients assisted at ICAP sites. Funding under this activity will also support the piloting of the materials at selected sites, and dissemination of final products and pilot experiences to stakeholders.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12936, 13194

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12936	5210.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$205,410
13194	8579.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$550,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	7	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	50	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	1,440	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

Maputo

Nampula

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8784.08

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8568.08

Activity System ID: 13207

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$1,405,000

Activity Narrative: This activity sheet describes one activity for a TBD partner to continue support and technical assistance (TA) for CT in clinical and community settings. The major activity is to identify a TBD and provide continuity to JHPIEGO's current support for implementation of two strategies to increase the number of Mozambicans who know their HIV status:

(1) Counseling and Testing (CT) in clinical settings, also known as provider-initiated counseling and testing (PICT) is a key strategy for identifying HIV-infected persons in hospital settings, such as TB clinics and inpatient wards (adults and pediatric). In these settings many patients who test positive have advanced HIV disease and thus are already treatment-eligible, making this an effective strategy to refer HIV-infected person for care and treatment services.

During 2006, JHPIEGO finalized the training materials, initiated the training activities for the integrated HIV counseling and testing in the community and in clinical settings, and successfully started the implementation of integrated counseling and testing activities.

In 2008, support for the implementation of the integrated CT in clinical settings and PICT will continue with monitoring of the roll-out and training in TB service settings on one hand, and strong emphasis support to the MOH for the establishment and roll-out of PICT in hospitals especially in-patient wards, that do not benefit from NGO support for CT service delivery, on the other hand. Results expected in 2008 include 200 healthcare workers trained in clinical CT; 100 health facilities or departments/units providing PICT services; 100,000 individuals counseled and tested in clinical settings; and 50,000 individuals referred into care and treatment as a result of PICT.

(2) Since 2005, JHPIEGO is working closely with the Ministry of Health (MOH), National AIDS Commission (NAC), local and international NGOs and FBOs to implement integrated Community-based CT (CCT). Working with couples and families, this initiative, is increasing the number of women and children accessing CT and being referred for treatment and care. The CCT is assessing four different models of community-based CT service provision: "classic" VCT services at non-traditional locations, such as churches and mosques; satellite CT services at fixed locations (i.e. mobile CT teams providing services at health facilities where CT services are not yet available on a daily basis); CT campaigns at markets and other non-traditional locations; and home-based (door-to-door) CT services.

Efforts in the current year of 2007 include the evaluation of the pilot initiative on integrated counseling and testing in the community and its expansion according to the results of the evaluation. In 2008 the expansion will include new geographic coverage with current partners as well as new areas and partners such as World Vision, Samaritan's Purse, HAI, among others. Results expected for CCT in 2008 are: 80 NGO staff and volunteers trained in CCT;

5 National NGOs/CBOs enabled to start provision of CCT; 60,000 individuals counseled and tested at the community level; and 30,000 individuals referred to care and treatment as a result of integrated community CT services.

(3) In conjunction with support for CCT, support for CT in the workplace will be expanded, upon the MOH's request, and include the establishment of CT services at 11 MOH training institutes where future health cadres are being trained. At the same time pre-service training curricula will be revised to ensure systematic and adequate CT training of future health cadres at those training institutes. Results expected in 2008 include: 20 teaching institutions staff trained in CT; 11 training institutions offering CT for their students; 10,000 students counseled and tested in the teaching institutions; and CT training modules adapted for pre-service institutions.

(4) As part of a comprehensive package of Male Circumcision (MC) activities described also under A&B, C&OP and SI part of COP08, CT materials will be developed/adapted for comprehensive and integrated counseling on MC within male reproductive health services.

(5) In addition to the activities mentioned above, technical assistance to the MOH will be continued to rapidly identify and address the needs of gender-based violence clients within PMTCT and CT services using Mozambique-specific screening tools and materials for the identification of women that access HIV testing services and as a result are at risk of sexual and/or domestic violence.

Objectives are to identify women that access HIV testing services and as a result are at risk of sexual and/or domestic violence; and to propose strategies to address these needs. A strategy to address gender-based violence clients within PMTCT and CT services will be developed and implemented at 6 selected health facilities with up to 40 health care workers trained on how to implement the screening tools and support women at risk of sexual and/or domestic violence

The proposed funding breakdown for the above described activities is: PICT and CCT \$925,000; CT services at training institutions \$200,000; CT modules in the pre-service curricula \$150,000; CT materials for comprehensive male RH services including MC \$50,000; and gender activity with screening tools to assess women at risk of sexual and/or domestic violence \$80,000.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8568

Related Activity: 12936, 15783, 13194

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15783	15783.08	6414	6124.08	CDC CARE INTL	CARE International	\$100,000
12936	5210.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$205,410
13194	8579.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$550,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	160	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	300	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	170,000	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

Teachers

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3570.08

Prime Partner: Ministry of Health,
Mozambique

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 8579.08

Activity System ID: 13194

Mechanism: Cooperative Agreement

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$550,000

Activity Narrative: Continuing activity: In March 2005, the Ministry of Health (MOH) started a process of redefining and revising national policies and program directions for counseling and testing (CT) services. Since then the national CT expansion strategy has undergone some major changes which aside from greater emphasis on expansion of Provider Initiated CT (PICT) in clinical settings, introduced the "Counseling and Testing in Health" (CTH) approach extensively promoted by the Health Minister as a way to implement health promotion and prevention activities aiming at enhancing the number of people that access health and HIV services. This health and HIV promotion package proposes continuation and expansion of HIV counseling and testing as well as the inclusion of TB, Sexually Transmitted Diseases (STD) and hypertension screening and referrals where necessary, counseling on malaria prevention, environmental health education, and sexual reproductive health orientation – especially in relation to early pregnancy diagnosis and institutional delivery. Community-based CT is being piloted and will be expanded in FY08.

The proposed funding will contribute to and support the following activities:

(a) Reproduction of CT program materials: Support the revision of the National CT Training Manual; printing and disseminating revised guidelines and training materials for CT in clinical settings, CT in Health and community-based CT.

(b) CTH training for trainers: CT training course to provide CT in Health providers knowledge and skills in areas of TB, Sexually Transmitted Diseases (STD) and hypertension screening, counseling on malaria prevention, environmental health education, and sexual reproductive health orientation. Proposed FY08 funds will support 2 training courses for trainers that will help to establish a pool of 50 CT trainers for roll-out of CT training for CTH sites. Following the training-of-trainers, participants will return to conduct trainings for counselors within their respective provinces. Funds proposed will support training courses for 200 counselors.

(c) Improvement of CT program management through Monitoring and Evaluation (M&E): In line with new CT program directions, the existing computerized CT database needs to be updated and improved to incorporate CT data collected in clinical and community settings. The revisions and modifications will also help simplify and improve the management of individual client records from CTH 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 a course to train 30 key MoH and NGO personnel involved in managing CT program data.

(d) Support for CT program supervision: Funding proposed for FY08 will continue to support travel of the central level CT staff, and provincial CT trainers and supervisors for supervision of training activities. These supervisors will monitor the quality of training activities, accredit newly trained CT trainers, and give feedback to staff at existing and newly opened CT service sites to help to improve services.

(e) Support for provincial counselors' meetings: Funding will support 3 regional CT meetings (25 health workers/counselors per meeting) to exchange experiences and lessons learned on the expansion of CTH approach, 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.

FY07: 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

Activity Narrative: -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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8579

Related Activity: 12936, 15780, 12946, 15808, 15783, 13207, 15737, 15806

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23790	8579.23790.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	10296	3570.09	Cooperative Agreement	\$130,000
8579	8579.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	\$391,700

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15808	15808.08	6411	3720.08	Twinning	American International Health Alliance	\$250,000
15783	15783.08	6414	6124.08	CDC CARE INTL	CARE International	\$100,000
13207	8568.08	8784	8784.08		JHPIEGO	\$1,405,000
15780	15780.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$275,000
12936	5210.08	6345	3526.08	GHA1_CDC_HQ	US Centers for Disease Control and Prevention	\$205,410
12946	5211.08	6347	3529.08	GHA1_CDC_POST	US Centers for Disease Control and Prevention	\$395,748
15806	15806.08	6418	3586.08	HRSA IAA	New York AIDS Institute	\$120,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	250	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

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 315 VCT Centers and the provision of VCT services to 945,000 clients by 2008.

These targets were not yet revised since major CT program strategies changed and new CT program objectives established by the MoH in early 2005. 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

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3526.08

Mechanism: GHAI_CDC_HQ

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 5210.08

Planned Funds: \$205,410

Activity System ID: 12936

Activity Narrative: Continuing activity: This activity continues support for salary and benefits for a CDC Counseling and Testing (CT) Technical Advisor providing technical assistance directly to Ministry of Health (MOH) CT program personnel as well as assisting the MOH CT team with coordination and guidance provided to USG and non-USG funded NGOs, CBOs and FBOs involved in CT interventions and service delivery.

The CDC CT Technical Advisor works directly with the MOH HIV/AIDS Program Directors, the CT Program Director and consultants 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 including improvements in regards to CT data compilation, analysis and use of CT data, CT program reports, the creation/improvement of CT M&E registers and tools.

In addition, this activity provides partial salary and benefits support for the Medical Epidemiologist which is shared across Palliative Care, TB/HIV and CT programs.

FY07: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8620

Related Activity: 15780, 12946, 15808, 15783,
13207, 15737, 13194, 15806

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24433	5210.24433.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10462	3526.09	GHA1_CDC_HQ	\$131,805
8620	5210.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHA1_CDC_HQ	\$211,738
5210	5210.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHA1_CDC_HQ	\$318,606

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15808	15808.08	6411	3720.08	Twinning	American International Health Alliance	\$250,000
15783	15783.08	6414	6124.08	CDC CARE INTL	CARE International	\$100,000
13207	8568.08	8784	8784.08		JHPIEGO	\$1,405,000
15780	15780.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$275,000
12946	5211.08	6347	3529.08	GHA1_CDC_POST	US Centers for Disease Control and Prevention	\$395,748
13194	8579.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$550,000
15806	15806.08	6418	3586.08	HRSA IAA	New York AIDS Institute	\$120,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3529.08

Mechanism: GHAI_CDC_POST

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 5211.08

Planned Funds: \$395,748

Activity System ID: 12946

Activity Narrative: Continuing activity: Since the beginning of Counseling and Testing (CT) service delivery in 2001/2, the USG has supported the establishment and expansion of CT services. The national CT expansion strategy has undergone some major changes since early 2005. CDC has been providing Technical Assistance (TA) to scale up Provider Initiated Counseling and Testing (PICT) in clinical settings, and promote, pilot and expand the "Counseling and Testing in Health" (CTH) approach.

The proposed funds will contribute to and support the following activities:

(a) Reproduction of CT materials (\$25,000) - Printing and disseminating revised guidelines and training materials for CT in clinical settings, CT in Health, and community-based CT.

(b) Support for a CTH external evaluation and comprehensive CT program evaluation (\$200,000).

(c) CT M&E contracts and activities (\$75,000) – support the transition from the current CT database to a new system and new procedures of data collection.

(d) Participation of Ministry of Health, National AIDS Council, and USG CT staff in conferences and study tours and staff in-country travel (\$70,000).

(e) Partially fund the salary and benefits package for the CT and PMTCT Study Advisor who will be the lead technical staff to implement and complete the PHE entitled 'The validation, acceptability, and feasibility of oral fluid based rapid antibody testing in Mozambique'.

FY07: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8633

Related Activity: 15708, 12936, 15808, 15737, 15806

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24449	5211.24449.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10464	3529.09	GHAI_CDC_PO ST	\$138,776
8633	5211.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4867	3529.07	GHAI_CDC_PO ST	\$305,000
5211	5211.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3529	3529.06	GHAI_CDC_PO ST	\$28,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15708	15708.08	7076	3837.08	Quick Impact Program	US Department of State	\$25,000
15806	15806.08	6418	3586.08	HRSA IAA	New York AIDS Institute	\$120,000
15808	15808.08	6411	3720.08	Twinning	American International Health Alliance	\$250,000
12936	5210.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$205,410

Emphasis Areas

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3583.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 15800.08

Planned Funds: \$125,000

Activity System ID: 15800

Activity Narrative: The first component is proposed for funding (\$50,000) for the following activities: Support development of materials and interventions targeting health workers to increase Counseling and Testing (CT) uptake and partners counseling among health workers. One of the key objectives of the Ministry of Health (MoH) Strategic Plan to Combat STIs, HIV, and AIDS is to reduce the impact of HIV/AIDS on health care workers. One area that the MoH has singled out for special attention is that of counseling and testing (CT). Considered a “gateway” behavior, CT and determination of serostatus is prerequisite to many other behavioral efforts. Mozambique currently offers free counseling and testing services available at 334 locales throughout the country. Although it is presently unknown how many health workers themselves have undergone testing and counseling, analysis of data gathered as part of a quantitative survey in 2007 will provide a much clearer picture. According to anecdotal information, the confidentiality of information and fears of discrimination within one’s work environment are concerns of health care workers when considering whether to access counseling and testing services. These concerns represent barriers to accessing services, seeking accurate information and examining the risk associated with their personal and professional behaviors. It is unlikely that HIV risk among health workers can be overcome without significant changes to attitudes and behaviors. 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 assessments are proceeding, the MoH human resources, training, health education departments and HIV/AIDS program staff 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 CT and anti-retroviral treatment (ART) up-take among health workers and their partners.

FY08 funds will be used to support the University of Washington and its partner Global Health Communications (GHC) to assist the MOH team to identify appropriate methods for facilitating behavior change among health workers and their partners, develop an action plan for conducting appropriate interventions to support health workers in reducing risk behaviors, pilot and design interventions, 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. Specifically, activities the partner will support in Mozambique include:

- a) Collaborating in the design and conduct of a “structural review” of workplace counseling and testing programs in Botswana and Tanzania and possibly other countries in the region that will analyze activities currently undertaken in those countries with an eye towards how successful elements can be recombined and applied to the Mozambican context;
- (b) Providing technical assistance to MoH in applying quantitative and qualitative assessment findings to the task of designing behavioral and informational interventions with the aim of increasing CT uptake;
- (c) Assisting in the development of behavioral and educational interventions focused on issues CT;
- (d) Training local implementing partners and stakeholder in implementing (and subsequently piloting) CT interventions, and;
- (e) Assisting MoH in evaluating CT pilot interventions.

The second component (\$75,000) is proposed to support the following activities: Sex work in Mozambique is driven largely by the lack of employment opportunities, and facilitated by the demand of migrant and mobile laborers, as well as members of the general population (World Vision, 2005). Young women are at particular risk; the age of sexual debut in Mozambique is low (15.4 years) and the mean age for women entering sex work is 17.8, with an age range of 9-28 years (World Vision 2005). Younger women are also at increased risk for STI and HIV acquisition because of biological changes in the cervix that take place between puberty and adulthood (Berman and Hein 1999). While the extent of drug use among sex workers is not known, a 2004 survey reported that 13% (15/111) of female sex workers used drugs, including cocaine, up from 7.4% in 2002 (World Vision 2005). Another study has documented drug dealers as frequent clients of sex workers in the Maputo corridor area (Wilson 2001). These factors indicate that the potential for increasing drug use among sex workers and mixing of sex worker and drug using populations exists, and may serve to spread HIV further into the general population. In response to this situation, Mozambique’s International Rapid Assessment Response and Evaluation (I-RARE), supported through USG funding from FY06/07, has been designed to better understand, assess, and make recommendations for how to respond to rapidly changing sexual risk and drug using patterns that increase vulnerability to HIV infection among sex workers and drug users in three cities in Mozambique, Maputo, Beira, and Nacala Porto, Mozambique. One of the foci of this assessment is the identification and description of the range of available counseling and testing (CT) services for sex workers and drug users as well as the understanding of the personal, social, and environmental barriers that sex workers and drug users perceive as inhibiting access to CT services. Service providers’ perspectives on CT availability and access are also important, and this activity is aimed at assisting them in making CT services more desirable and convenient. FY08 funds are being requested to support the University of Washington/GHC to undertake the development, implementation, and evaluation of prevention activities relating to at risk populations. Activities that this partner will support in Mozambique include:

- (a) Supporting local partner in developing outreach programs and possibly bar and other drinking venues where alcohol consumption and sexual mixing may present opportunities for targeted CT interventions. In addition to CT, such interventions may deliver a range of informational and behavioral content. This activity may also include reviewing models of CT processes and procedures based on the South African rapid assessment experience;
- (b) Training NGO/CBO and government agencies to pilot outreach and intervention activities that connect sex worker and drug/alcohol-using population to CT; and
- (c) Coordinating local stakeholders and CDC technical assistance as they develop monitoring and evaluation protocols and formats for CT that are consonant with best practices in Africa and elsewhere.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15799, 13206, 15804, 13208,
15890, 12950

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15799	15799.08	6417	3583.08	I-TECH	University of Washington	\$250,000
13206	8570.08	8784	8784.08		JHPIEGO	\$100,000
15804	15804.08	6417	3583.08	I-TECH	University of Washington	\$75,000
13208	8547.08	8784	8784.08		JHPIEGO	\$1,047,000
15890	15890.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$0
12950	8635.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$88,037

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Workplace Programs

Food Support

Public Private Partnership

Target Populations

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 6128.08

Prime Partner: Federal University of Rio De Janeiro

Mechanism: FURJ

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 15780.08

Planned Funds: \$275,000

Activity System ID: 15780

Activity Narrative: Continuing Activity: The Federal University of Rio de Janeiro (FURJ) has been providing technical assistance (TA) for the Mozambican Counseling and Testing (CT) Program since FY05. Main focus of activities has been the strengthening of CT program training and monitoring through the development and improvement of CT training materials and supervision tools. This activity is a continuation of South-to-South collaboration with Brazilian experts to support and provide short-term technical assistance (TA) to the Mozambican National Counseling and Testing Program.

This activity will support TA provided by Brazilian HIV/AIDS, CT and training experts to assist the MOH CT Program and technical staff to improve existing national CT guidelines, revise training materials as well as support its piloting, to reflect the new CT directions taken by the MOH: 1) the Counseling and Testing in Health (CTH) approach, which integrates the HIV testing with TB, Sexual Transmitted Diseases (STD) and hypertension screenings and referral when needed, as well as with counseling on malaria prevention, Sexual and Reproductive Health orientation - especially in relation to early pregnancy diagnosis and institutional delivery - and environmental health education; and 2) the expansion of Provider Initiated CT (PICT) in clinical settings.

In FY08, FURJ will continue to provide TA support to the CT program. Activities planned are:

1. Support a full-time Brazilian CT expert as well as short-term consultants for CT training, laboratory and M&E related activities.
2. Support CT material development and revision, piloting of new materials, co-facilitation of trainings; Translation and adaptation of couples counseling and testing materials addressing issues of disclosure and discordance, as well as transition towards family focused CT services and;
3. Support the operationalization of the HIV rapid testing training package: The generic training materials have been translated using FY07 USG funds. FY08 funds will permit training of approximately 100 laboratory personnel and CT providers using the new and improved HIV testing materials.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12936, 12946, 13194

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12936	5210.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$205,410
12946	5211.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$395,748
13194	8579.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$550,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	100	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3629.08

Prime Partner: Health Alliance International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 5235.08

Activity System ID: 15868

Mechanism: USAID-Health Alliance International-GHAI-Local

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$2,750,000

Activity Narrative: Reprogramming August08: Funding decrease \$150,000. Funds reprogrammed to support Mission RFA funded across 3 SOs to ensure an integrated package of services, leveraging each SO's strengths.

This is a continuing activity under COP08.

HAI will increase the number of counseling and testing sites, both mobile and fixed sites, to a total of 93 sites in order to increase the number of people being tested. HAI will become increasingly involved in social mobilization to not only increase the number of people who test but also to strengthen the link to treatment as well as avoiding missed opportunities for care. HAI will continue to integrate counseling and testing into the components of the integrated health network system and strengthen the monitoring and evaluation system. To better ensure access to comprehensive services HAI will continue to use moments within pre and post-test counseling to appropriately refer HIV positive clients to other health services of importance such as family planning, MCH, TB, etc. HIV-negative clients are also referred but more active referral mechanisms are either being developed or are already in place for those who are HIV-positive.

The activity narrative below from FY2007 has not been updated.

HAI will continue to strengthen sub-partners in Manica and Sofala provinces to achieve greater community reach and to mobilize community members to learn their HIV status by participating in HIV CT in 77 sites, 19 of which will be new during COP07, and testing approximately 90,000 people, 45% of which will be women. Since many of these new sites will be satellites, HAI will train 15 new counselors and include a refresher training for 75 existing counselors. In addition, HAI will train 240 health workers in "ATS".

With COP06 resources, HAI expanded to 32 CT sites, including services in 5 "youth friendly" health centers and in training of new counselors and refresher training of existing counselors and the referrals communities. All of these CT sites provide referrals to other HIV/AIDS services within the integrated HIV/AIDS networks. HAI will strengthen the quality and impact of CT through by strengthening the link with HCB groups and PLWHA associations. Each CT site is linked to ongoing HIV clinical services, where clinical and home care. Psychosocial support for PLWHA is provided through post-test clubs, mother-to-mother support groups, home-based care, and PLWHA associations. Stigma reduction is central to the work of the community-based sub-partners. End-stage clients who are not currently benefiting from palliative care at HIV treatment and care facilities are referred to home-based palliative care providers who support both the patient and the family. The integration of CT services with facility- and community-based care ensures effective referrals and better outcomes for clients. HAI will train clinical staff in at least 240 health staff to do "C&T in health" as part of their routine activities in the context of the implementation of the MOH policy of integration of services. HAI's emphasis on provision of a continuum of care and treatment is fundamental to its approach to CT. Community mobilization is also an integral part of our activities to encourage people to go for testing and treatment, when necessary. These mobilization activities include HIV education on prevention, stigma reduction, and the importance of testing and treatment.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9113

Related Activity: 15865, 15866, 15867, 15869

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24055	5235.24055.09	U.S. Agency for International Development	Health Alliance International	10337	3629.09	USAID-Health Alliance International-GHAI-Local	\$0
9113	5235.07	U.S. Agency for International Development	Health Alliance International	5041	3629.07	USAID-Health Alliance International-GHAI-Local	\$1,541,447
5235	5235.06	U.S. Agency for International Development	Health Alliance International	3629	3629.06		\$700,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15865	5352.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$3,782,361
15866	5146.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$3,150,000
15867	6442.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$1,473,748
15869	5229.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$18,311,184

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Wraparound Programs (Health-related)

- * Family Planning
- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	93	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	530	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	300,000	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Manica

Sofala

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5078.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 6429.08

Activity System ID: 15863

Mechanism: USAID-Family Health International-GHAI-Local

USG Agency: U.S. Agency for International Development

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$1,300,000

Activity Narrative: This is a continuing activity under COP08

FHI will continue to provide technical resources and information, by supporting policy development, and by documenting best practices in relationship to counseling and testing. The objective is to strengthen quality counseling and testing services offered in Zambezia while expanding to three new sites. This activity will also include establishing comprehensive and integrated counseling and testing services in Niassa province. To better ensure access to comprehensive services FHI uses moments within pre and post-test counseling to appropriately refer HIV positive clients to other health services of importance such as family planning, MCH, TB, etc. HIV-negative clients are also referred but more active referral mechanisms are either being developed or are already in place for those who are HIV-positive.

The activity narrative below from FY2007 has not been updated.

Continuation of 3 CT services (Nicoadala, Ile, Quelimane) and 9 new sites in Zambezia - integrated into other existing health services such as TB, OI and STI treatment (request from the DPS in Zambezia to have the same NGO support CT and PMTCT); This activity is expected to reach 48,960 individuals with C&T results and to train 27 individuals in C&T.

FHI is planning to carry out the following activities under COP07:

1. Technical assistance to the MOH, through support in the conceptualization and conducting program and monitoring and evaluation supervisions
2. Implement a model for the integration of STIs, PMTCT, CT, ART and management of opportunistic infection including TB in Zambezia, moving towards the MOH's goal of creating Counselling and Testing in Health units.
3. Conduct trainings using newly developed syndrome approach in at least 8 sites
4. Conduct community activities for HIV and STI prevention in partnership with local organizations, using and reproducing materials centrally produced
5. Maintain a buffer stock of test kits and materials, to avoid stockouts in the sites where implementing the integrated model.

The second activity will allow FHI to continue to provide home-based care and support activities for HIV/AIDS-infected and affected households in the sites were HBC services were provided with PEPFAR funds during COP06 including selected sites in Quelimane, Mocuba, Nicoadala and Ile and expand to four new sites within these districts. FHI will sign a Memorandum of Understanding (MoU) with PSI to continue the distribution of mosquito nets and "certeza" which will complement the benefit of those served under the HBC program and in addition will try to establish collaboration with WFP to provide food to patients in selected cases.

The identification of additional entry points to the continuum of care (e.g. PMTCT, CT and linkages for clinical care to PLHA) will be encouraged through FHI's facilitation of linkages between health facilities and programs. The DPS-Zambézia and local partners will benefit from technical assistance to bolster their capacity to implement, monitor, improve, and evaluate service delivery for chronically ill individuals as well as share innovative caring practices for these populations (\$1,200,000).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9111

Related Activity: 15860, 16310

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24298	6429.24298.09	U.S. Agency for International Development	Family Health International	10419	10419.09	USAID-Family Health International-GHAI-Local	\$0
9111	6429.07	U.S. Agency for International Development	Family Health International	5078	5078.07	USAID-Family Health International-GHAI-Local	\$1,200,000
6429	6429.06	U.S. Agency for International Development	Family Health International	3666	3666.06	Follow-on to IMPACT	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15860	5269.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$3,249,270
16310	16310.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$925,000

Emphasis Areas

Gender

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

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	22	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	85	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	61,600	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Zambezia

Niassa

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 3720.08

Prime Partner: American International Health Alliance

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 15808.08

Activity System ID: 15808

Mechanism: Twinning

USG Agency: HHS/Health Resources Services Administration

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$250,000

Activity Narrative: In keeping with its mission to advance global health through partnerships that mobilize professionals, institutions, and communities to better address delivery and quality of health care, the American International Health Alliance (AIHA) established the Twinning Centre (TC) to help integrate and improve HIV/AIDS prevention, care, and treatment in the countries most affected by the global AIDS pandemic. Operating under a cooperative agreement with the Health Resources and Services Administration (HRSA), and in collaboration with the various USG agencies coordinating the President's Emergency Plan for AIDS Relief (PEPFAR), the Twinning Centre establishes and manages both north-south and south-south partnerships which focus on strengthening institutional capacity to create a sustainable response to the HIV pandemic. The partnerships focus on a peer-peer methodology and leverage resources through volunteerism and in-kind contributions. Most twinning partnerships are able to leverage substantial resources to greatly increase the value of the partnership.

Since 2005, AIHA/TC has been providing TA to MOH regarding activities related to Prevention with Positives.

For FY08 the proposed new Counseling and Testing (CT) activities are:

1) Create a partnership with the Kenyan Association of Professional Counselors:

Currently there is a cadre of lay counselors in Mozambique who are providing Counseling and Testing (CT) services, mostly through USG partners. There is a need to strengthen the capacity of lay counselors to provide better services and organize themselves to access each other as resources for information, exchange of ideas, and addressing common issues such as counselor burn-out. This partnership will bring together the Kenyan Association of Professional Counselors and selected counselors throughout Mozambique to strengthen their access to resources in training, sharing information, and communication. This activity will enable Mozambican counselors to explore potential possibilities to organize themselves as a group of professional cadres and to create a sustainable environment to build on training and exchange of resources.

2) Provide technical assistance (TA) to the Ministry of Health CT, human resources, and training departments to conduct a task analysis for "multi-task counselors" and propose a scope of work for this new cadre:

In an effort to create a cadre of multi-task counselors who can provide counseling and testing for HIV in CT sites and clinical settings, appropriate referrals for HIV positive and negative clients, counseling for treatment and treatment education among many other duties, technical assistance will be provided to the Ministry of Health to define the role of a multi-task counselor and outline responsibilities for this professional cadre. The technical assistance will include close collaboration with stakeholders, particularly the CT, human resources, and training departments within the Ministry of Health. It will examine what kind of cadre of counselors Mozambique could consider to improve its CT services. The outcome will be the development of a scope of work for multi-task counselors, who will be able to take on non-clinical tasks to-date mostly taken on by nurses, and contribute to task-shifting efforts.

The Twinning Center will work with the association partnership to develop a work plan including goals and objectives, partnership communication plan, and monitoring and evaluation plan. Both partners will identify partnership coordinators who work with Twinning Center staff to monitor the partnerships' progress and to help identify areas where technical assistance might be required. The Twinning Center will also be responsible for day-to-day project administration including program implementation, budget monitoring, and logistical support. The Twinning Center can also provide training to the individual organizations on financial administration and subgrant management.

For the multitask counselor assessment, the Twinning Center will identify appropriate individuals to provide the technical assistance to the Ministry of Health. It will ensure close coordination with stakeholders at all times and collaboration to create a scope of work and defined responsibilities which are reasonable and accepted by the Ministry of Health.

AIHA Twinning Center staff will assist partners to develop and implement a monitoring and evaluation system for the partnership. In collaboration with USG stakeholders, AIHA and partners will select the appropriate PEPFAR indicators and other relevant indicators based on planned activities in the work plan. AIHA will assist partners to develop the appropriate tools and systems necessary to collect and report relevant data and provide technical assistance when necessary. AIHA will report this data to USG teams quarterly and will further evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the work plan period.

2) Provide technical assistance to the Ministry of Health CT, human resources and training departments to conduct a task analysis for "multi-task counselors" and propose a scope of work for this new cadre according to findings.

In effort to create a cadre of multitask counselors who can provide counseling and testing for HIV in CT sites and clinical settings, appropriate referrals for HIV positive and negative clients, counseling for treatment and treatment education among many other duties, technical assistance will be provided to the Ministry of Health to define the role of multitask counselor and outline responsibilities for this professional cadre. The technical assistance will include close collaboration with stakeholders, particularly the CT, human resources and training departments within the Ministry of Health. It will examine what kind of cadre of counselors should Mozambique consider to improve its CT services and how to more effectively use of counseling and testing as a preventive measure. The outcome will be the development of a scope of work for multitask counselors, who will be able to take on lower-level nursing responsibilities and contribute to task-shifting efforts. Further, suggestions will be made on the implementation of this new cadre of professionals.

Project Management

The Twinning Center will work with the association partnership to develop a workplan including goals and objectives, partnership communication plan, and monitoring and evaluation plan. Both partners will identify partnership coordinators who work with Twinning Center staff to monitor the partnerships' progress and to

Activity Narrative: help identify areas where technical assistance might be required. The Twinning Center will also be responsible for day-to-day project administration including program implementation, budget monitoring, and logistical support. The Twinning Center can also provide training to the individual organizations on financial administration and subgrant management.

For the multitask counselor assessment, the Twinning Center will identify appropriate individuals to provide the technical assistance to the Ministry of Health. It will ensure close coordination with stakeholders at all times and collaboration to create a scope of work and defined responsibilities which are reasonable and accepted by the Ministry of Health.

Monitoring and Evaluation

AIHA Twinning Center staff will assist partners to develop and implement a monitoring and evaluation system for the partnership. In collaboration with USG stakeholders, AIHA and partners will select the appropriate PEPFAR indicators and other relevant indicators based on planned activities in the workplan. AIHA will assist partners to develop the appropriate tools and systems necessary to collect and report relevant data and provide technical assistance when necessary. AIHA will report this data to USG teams quarterly and will further evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the workplan period.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12936, 13194

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12936	5210.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$205,410
13194	8579.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$550,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 6124.08

Mechanism: CDC CARE INTL

Prime Partner: CARE International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 15783.08

Planned Funds: \$100,000

Activity System ID: 15783

Activity Narrative: The establishment of the first Community-based Counseling and Testing (CCT) services in Mozambique has been supported by five partner agencies (one international, two national NGO and two FBOs) in four provinces (Sofala, Zambezia, Gaza and Maputo), since December 2006. This pilot experience has been testing different models of implementation such as CCT services at non-traditional locations (e.g. churches and mosques); satellite CT services at fixed locations; CT campaigns at markets and other non-traditional locations; and home-based (door-to-door) CT services. From December 2006 to July 2007, 6515 people were counseled; and 6464 people were tested and received results. Considering the new "CT in Health" (CTH) approach – which entails the introduction of additional services such as hygiene education, malaria prevention, Sexual and Reproductive Health (SRH) information (especially institutional delivery and early pregnancy diagnosis), screening and referrals for tuberculosis, sexually transmitted infections and hypertension - 5679 people received health orientation and screening, through CCT activities. Expansion of CCT in FY08 will be aimed at replicating the successes of pilot experiences and scaling up access to CCT to increase opportunities for people to learn their HIV status outside health facility settings.

This activity proposes to expand CCT to Northern Inhambane, a province located in the Northern part of the Southern region. CARE project staff will work with Inhambane Health Directorates at Provincial and District levels to enable and support them to launch CCT activities in Vilankulos district, to conduct training workshops for project and clinical staff on CCT, and to introduce the concept and the approaches used based on MOH guidelines and experiences from the above-described pilot phase.

Activities will include facilitating development of a community outreach CT schedule in collaboration with hospital based services and as well as with local leaders to ensure coordination and mobilization of the population for the CCT services at the selected sites is well organized.

Lay counselors will be recruited using MOH criteria and in coordination with Vilankulos District Directorate staff and local authorities, and subsequently be trained using the MOH approved CCT curriculum to equip them with knowledge and skills. After completing the training, lay counselors will be working under the umbrella of Vilankulos health facilities and linked with Community Based Organizations (CBOs) working in areas of HIV prevention, care and support that are partnering with CARE development projects. Lay counselors will work in collaboration with clinical HIV services as well as collaborate with PLHIV groups to refer clients for further counseling and palliative care provided through community support networks. The project will promote and support the establishment of HIV post- test clubs to promote positive living and initiate activities for prevention with positives (PwP).

The project staff will train and carryout monthly meetings to support and supervise work being carried out by HBC volunteer activists to form and/or strengthen groups of people living with HIV and identify counselors to champion prevention with positives activities with members of the post test clubs. Life coaches who will help individual persons living with HIV will be identified to help them develop and sustain prevention plans and provide support.

The project will support the CCT services by providing equipment and commodities to be used in delivering the services like disposable supplies, bicycles, furniture, etc. Clinical and laboratory staff from Vilankulos hospital will be supported to conduct supervision and on-the-job training for lay counselors for quality assurance of CCT services. Funding will also support reproduction and dissemination of nationally developed CT IEC materials.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12936, 12946, 13207, 13194

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13207	8568.08	8784	8784.08		JHPIEGO	\$1,405,000
12936	5210.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$205,410
12946	5211.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$395,748
13194	8579.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$550,000

Emphasis Areas

Human Capacity Development

* Task-shifting

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	3	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	12	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	750	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Inhambane

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 3586.08	Mechanism: HRSA IAA
Prime Partner: New York AIDS Institute	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 15806.08	Planned Funds: \$120,000
Activity System ID: 15806	

Activity Narrative: This activity will expand upon the USG support of HIVQUAL-MOZ which began in FY06 to improve capability of HIV healthcare providers to monitor the quality of care in 45 HIV clinics throughout the country. The HIVQUAL model emphasizes integrating performance measurement and quality improvement, and developing a quality management program to support activities at the clinic level. In FY08 the program will be expanded by including quality monitoring of Counseling and Testing (CT) services in three selected pilot sites.

The national CT expansion strategy has undergone some major changes which aside from greater emphasis on expansion of Provider Initiated CT (PICT), and the implementation of first pilot experiences in Community-based CT (CCT), a new approach has been promoted and piloted in three sites in Maputo City. The "CT in Health" (CTH) approach was promoted by the Health Minister in 2006 as a way to implement health promotion and prevention activities aiming at enhancing the number of people that access health services. This health promotion package proposes continuation and expansion of HIV counseling and testing as well as the inclusion of TB, Sexually Transmitted Diseases (STD) and hypertension screening and referrals where necessary, counseling on malaria prevention, environmental health education, and sexual reproductive health orientation – especially in relation to early pregnancy diagnosis and institutional delivery. One of the results of the CTH pilot was an increased number of HIV-negative clients screened for TB, STDs and hypertension and referred to services when necessary for early diagnosis, care, and treatment related to these diseases.

In FY08, the continuation and expansion of HIVQUAL-Mozambique will continue to be executed under the leadership of the Ministry of Health (MOH) in close collaboration with CDC-Mozambique and the US-based HIVQUAL team for technical support. HIVQUAL indicators will be devised and extended to include CT program indicators. Cooperation with implementing partners, other donors and WHO will occur so that a participatory process is implemented for indicator development. Activities will include: 1) Quality Improvement (QI) training of CT providers and program staff; 2) assessment of quality management programs at the participating CT sites 3) performance measurement (at six month intervals) of selected CT core indicators; 4) ongoing quality improvement coaching at participating CT sites; and 5) promotion of client engagement in HIV Care. Data analysis and planning for expansion based on the results of the pilot will also occur. Activities will result in strengthening CT services delivery through improved information available on potential gaps and opportunities for improving the quality of CT services. The emphasis of this method is to develop skills for use of performance data by providers within their settings and for the specific purpose of driving improvements in their systems of care. Quality improvement training will be conducted for groups of CT providers and to key MOH CT staff at the provincial level. The HIVQUAL team will expand its focus to build quality improvement coaching skills among MOH CT staff and CT providers in Mozambique, and provide advanced level trainings for sites as well as basic trainings for new participants. The training activities will be done in collaboration with JHPIEGO and the University of Pittsburgh through subcontracts with the New York State AIDS Institute funded through USG/HRSA. This project will work in partnership with all CT partners in Mozambique who will help disseminate quality improvement strategies and activities throughout their networks.

Funding for these expansion activities will benefit from economy of scale since HIVQUAL-MOZ has already been supported for implementation in health care facilities. Part of the funds will be used to support additional specific activities and travel to CT sites, development of program-specific materials and engagement of consultants with expertise in these fields.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12936, 13194

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12936	5210.08	6345	3526.08	GHAI_CDC_HQ	US Centers for Disease Control and Prevention	\$205,410
13194	8579.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$550,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

Coverage Areas

Maputo

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

Total Planned Funding for Program Area: \$21,140,408

Percent of Total Funding Planned for Drug Procurement	7.82%
Amount of Funding Planned for Pediatric AIDS	\$1,000,000
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

The Ministry of Health (MOH) Center for Medicines and Medical Supplies (CMAM) is responsible for managing and implementing most logistics for ARVs and other supplies related to the HIV/AIDS program. CMAM currently reports to the MOH National Medical Care Department (DNAM), which in turn reports to the Minister of Health.

CMAM has primary responsibility for supplying the national public health system with medicines and medical supplies, including all ARV drugs. CMAM is responsible for forecasting drug needs and for supervising the procurement, storage and distribution of medicines and supplies. Procurement, importation, and distribution to provincial warehouses are out-sourced to Medimoc, a parastatal company. DNAM coordinates with CMAM on issues related to the quantification, purchase and distribution of ARV drugs. ARVs financed by PEPFAR and procured by the Supply Chain Management Systems (SCMS) contract enter this importation and distribution system when they arrive in Mozambique, and CMAM is the direct counterpart for technical assistance and training provided by SCMS. Virtually all other donor support for ARVs is also managed by CMAM. This ensures complete coordination of all ARV procurement for Mozambique, regardless of the source of financing.

Two quality assurance mechanisms are used by the MOH to ensure the procurement of quality medicines and supplies: (1) bid documents must include an origin certificate issued by laboratories that are certified by accredited bodies acceptable to the MOH and according to the WHO certification scheme of pharmaceuticals in international commerce; and (2) samples are required for testing by the National Pharmaceutical Quality Control Laboratory prior to the award of a contract. Furthermore, goods must have at least 75% of their shelf-life remaining at the time of arrival in the country to be accepted.

The MOH has undergone a series of human resource reforms that resulted in a new team of staff at CMAM beginning in 2006. Previously, CMAM was staffed primarily with contractors on salaries that were competitive with the private sector; throughout the MOH, however, most contract employees have been replaced with civil servants in the interest of sustainability. New staff, inexperienced in pharmaceutical management issues, were assigned to all levels of CMAM in 2006 and 2007. During this transition, the training and technical assistance provided by PEPFAR through SCMS have been critical to ensure availability of key HIV/AIDS commodities such as ARVs, OI and STI medicines, rapid HIV test kits and other laboratory reagents and consumables. The support provided by SCMS to strengthen the MOH pharmaceuticals and medical supplies systems also complements and reinforces the efforts of the President's Malaria Initiative to ensure a reliable supply of antimalarial drugs and test kits.

Achievements to date include:

-Commodity procurement: Joint planning of all ARV procurement for the MOH in Mozambique with other donors including the Global Fund, World Bank, and Clinton Foundation HIV/AIDS Initiative (CHAI), for all ARV in Mozambique. Mozambique. ARV joint procurement planning was recognized as a best practice in Donor Coordination at the Implementer's Conference in Kigali in 2007. Procurement and importation of first-line ARVs, alternative first-line ARVs for TB patients, pediatric ARVs, and second-line ARVs totaling \$9.2 million, representing 47% of the ARVs imported into Mozambique in 2007.

-MOH ARV logistics management support: forecasting, procurement, development of standard operating procedures for decentralization and simplification of ARV distribution, revision of manuals, and staff training.

-Pharmaceutical logistics information system improvement: implementation of the Integrated Pharmaceutical Management System (SIGM) at the Maputo, Zambézia, and Sofala Provincial Warehouses. The SIGM is an information management tool that greatly enhances the timeliness and quality of logistics management data available to CMAM and the provinces for managing the MOH integrated logistics system for ARVs and other medicines. Development of the SIGM ARV module and electronic data transfer technologies through cell phones and the Internet.

-Zambezia and Sofala Provincial Logistics Advisors recruited to support drugs and lab logistics system improvement.

-Warehousing and storage improvements: minor renovations, improvements to security, purchase of racks, shelves, and equipment.

In FY08, funding will continue to support MOH efforts to ensure availability of ARV drugs. To guarantee a constant supply to the HIV/AIDS program, SCMS will procure ARVs and provide technical assistance to the MOH in logistics management of medicines and medical supplies.

-SCMS Mozambique staff will collaborate with CMAM, CHAI, and any other sources of financing and procurement of ARVs to the Mozambique ART program by providing technical assistance in the monitoring and management of the incoming ARV pipeline and distribution of ARVs in country. SCMS will facilitate quarterly updates to the national forecast and supply plan, enabling timely identification and response to any inbound supply constraints that may arise. SCMS will help CMAM to facilitate communication between the MOH and PEPFAR partners regarding ARV availability.

-SCMS will procure \$13.6 million in ARVs in support of the ART program in Mozambique. This represents approximately 50% of all ARVs for the national ART program. This includes \$1.0 million for pediatric ARVs, which also represents 50% of the estimated total requirement of \$2 million, with the MOH budget (including pooled donor support) and Clinton Foundation financing the remainder. The goal is to increase pediatric treatment to at least 10% of total ART patients. The selection of pediatric formulations is based on the decision taken by the MOH Pediatric committee in January 2007 that children under 12 kilos should be treated with syrups and children above 12 kilos should be treated with pills. In the past, other USG treatment partners have also procured and managed ARVs; however, in the future, SCMS will procure all ARVs financed by the Emergency Plan in Mozambique.

-To continue to improve the system, SCMS will help the MOH coordinate regular meetings concerning adult and pediatric ARVs and other related commodities to improve two-way communication and data exchange between MOH and all implementing partner organizations involved in HIV care and treatment

-SCMS will conduct follow-up site visits to sites using the redesigned Logistics Management Information System forms, support the development and implementation of the ARV module within each province, and decentralize the logistics data reporting and data entry through the use of information and communication technologies.

-SCMS will support the development of future releases of the SIGM software; capacity building of CMAM staff in updating SIGM databases monitoring and troubleshooting of the SIGM; as well as tech support and maintenance agreements for the database, applications and user support. SCMS will continue to roll out the SIGM to 10 new sites at provincial warehouses and central hospitals.

-In addition to the Sofala and Zambezia Provinces, SCMS will place a provincial logistics advisor at the Provincial Health Directorate of Nampula Province. These advisors will strengthen the ability of the provincial health management teams to provide training, supervision, and monitoring of logistics management of key HIV/AIDS commodities.

-The MOH will complete construction of the new central medicines warehouse in Maputo at the end of 2008. SCMS will assist CMAM with the startup of modern warehousing operations and their direct management by MOH staff, including setting up the SIGM, and the consolidation of stocks currently warehoused at 11 different locations throughout Maputo, while not disrupting the supply of medicines to the country.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 3529.08	Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD	Program Area Code: 10
Activity ID: 15691.08	Planned Funds: \$6,940
Activity System ID: 15691	
Activity Narrative: Funding in this activity supports the partial salaries and benefits for the ART site support assistants (2); who work within the treatment team to Support care and treatment scale-up at site level--this involves frequent travel and close linkages with staff from partner organizations in the field as well as support activities to improve quality of treatment scale-up (e.g. HIVQUAL)	

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Activity Narrative: Reprogramming August08: Funding increase \$500,000.

ARV needs for Mozambique was quantified for calendar year 2007, 2008, and 2009. Future consumption is based on a scaling-up model that for 2007 assumes that 99,550 total patients will be treated with ARVs by the end of calendar year, 132,000 patients by the end of 2008 and 165,000 patients by the end of 2009, based on targets set in the National Strategic Plan (PEN). PEPFAR funding will be used to purchase FDA approved ARVs. MOH and UNITAID/CHAI 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.

SCMS Mozambique staff will collaborate with CMAM, CHAI, and any other sources of financing and procurement of ARVs to the Mozambique TARV program by providing technical assistance in the monitoring and management of the incoming ARV pipeline and distribution of ARVs in country. SCMS will facilitate quarterly updates to the national forecast and supply plan, enabling timely identification and response to any inbound supply constraints that may arise. SCMS will help CMAM to facilitate the communication of ARV commodity availability between the MOH and PEPFAR.

SCMS will procure \$ 13.6 million in ARVs in support of the ART program in Mozambique. This represents approximately 50% of all ARVs for the national ART program, of which 10% are children.

Previous COPs have funded the redesign of the ARV logistics system and analysis for the development of the ARV module for the SIGM. With COP 08 technical assistance funds, SCMS will conduct follow up site visits to sites using the redesigned LMIS forms, and support the development and implementation of the ARV module within each province and decentralize the logistics data reporting and data entry through the use of ICT.

COP 08 funding will support the development of future releases of the SIGM software, capacity building of CMAM staff in codification, monitoring and troubleshooting of the SIGM, as well as support and maintenance agreements for the database, application and user support.

SCMS will continue to roll out the integrated logistics management information system to 10 new sites at provincial warehouses and central hospitals. PEPFAR funding will support the upgrading of IT infrastructure at sites (hardware, network, internet connectivity), classroom, on-job-training, implementation and post implementation support needed to bring 10 new sites onto the SIGM system for managing medicines warehouses and distribution between the Central and Provincial levels.

The FY2007 narrative below has not been updated.

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: 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

Activity Narrative: 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 (PLA) to support the Provincial Health Directorates (DPS) of Sofala and Zambézia : 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: 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).

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9117

Related Activity: 14554, 14555, 15796, 14556, 14558

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24306	5232.24306.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10421	3650.09	Supply Chain Management System	\$13,150,000
9117	5232.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5045	3650.07	Supply Chain Management System	\$14,204,518
5232	5232.06	U.S. Agency for International Development	Partnership for Supply Chain Management	3650	3650.06	Supply Chain Management System	\$7,800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14554	9142.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$600,855
14555	9136.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,500,000
15796	15796.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$0
14558	9254.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,530,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

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.

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$62,491,076

Amount of Funding Planned for Pediatric AIDS	\$9,005,000
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$1,800,000
Estimation of other dollars leveraged in FY 2008 for food	\$923,000

Program Area Context:

Mozambique began providing HIV treatment services in 2001 and since then, there has been a steady increase in numbers of patients on Antiretroviral Therapy (ART) at designated treatment sites termed "Day Hospitals." These sites were integrated into the public health sector network to ensure access and linkages to other key HIV services, including counseling and testing, and community and home-based care. The development of the Day Hospital model became a central part of the five-Year National Strategic Plan for STI/HIV and AIDS, issued in 2005, which established the national framework for HIV and AIDS prevention, care and treatment activities. Increasingly, the day hospital model has transitioned to a model in which HIV care is provided in an integrated manner, though separate HIV services are still provided in larger central and provincial hospitals.

In 2006, the Ministry of Health (MOH) made equitable access to HIV treatment services a national priority. By early 2007 they had achieved the goal of ART in each of 147 districts in Mozambique. All services, however, are still facility-based (hospitals and health centers) where only doctors and medical assistants (técnicos de medicina) are allowed to prescribe antiretroviral drugs (ARV's). Rapid expansion of treatment sites was advanced during 2006 and the MOH has now expressed their interest in focusing on quality throughout 2007 and 2008 while still expanding the number of persons on ARV's.

Mozambique's national ARV treatment target for December 2007 is to reach 96,418 HIV-infected persons, including 11,570 children (12%). By June 2007, 65,296 people including 4,826 (7.4%) children less than 15 years were receiving ART at 193 treatment sites throughout the country. Of these, 40,902 were receiving services at US government (USG)-supported facilities. Interestingly, in 2006, almost half of the people receiving ART were located in Maputo, however, recent data from 2007 demonstrate in just one year, the proportion of Maputo-based patients declined from 50% to 31% of those receiving ART. However, the total number of people receiving treatment still only represents about 24% of HIV positive individuals (270,317) in need of and eligible for treatment.

Severe shortages of trained human resources (doctors, nurses, medical technicians, counselors, lab technicians, and pharmacists) and inadequate physical infrastructure are main challenges to the expansion of treatment services in Mozambique. The MOH, donors, local and international NGOs are addressing these constraints through training of mid- and basic-level health providers, increasingly integrating ART with other services, and constructing/renovating health facilities.

Pediatric HIV/AIDS and Treatment:

A national pediatric treatment technical group, chaired by the MOH, and composed of experts from various international donors and NGOs involved in pediatric treatment, meets regularly. Pediatric HIV coordinators have been appointed for central and northern regions of the country to coordinate pediatric treatment scale-up. Supervisory tools for pediatric treatment services have been developed and are in pilot. Finally, and perhaps most significantly for progress in pediatric HIV treatment, the MOH recently adapted the Integrated Management of Childhood Illness (IMCI) manuals to include an HIV module. Training of health providers on the revised IMCI materials is planned to start during 2007.

Of an estimated 105,073 children infected with HIV in Mozambique, 78,804 meet the criteria for ART. By June 2007, 126 of the 193 treatment sites in the country were providing pediatric treatment to a total of 4,826 children: representing 7.4% of all persons on ART in Mozambique and a coverage rate of 6.1% of children in need of treatment. The majority of children receiving ART are located in the city of Maputo. Some sites in remote areas report only one or two children on ART.

Main challenges for pediatric treatment scale-up include: lack of trained and skilled staff to treat and follow-up, weak systems for identification and follow-up of children exposed to and infected with HIV, the need to expand infant diagnostic skills to remote parts of the country, and the need for supervision of staff, and better linkages with other programs that provide services to children.

USG support to the Mozambique ART program:

The Emergency Plan (EP) in Mozambique supports treatment services through five implementing partners. Partners provide direct assistance for ART in ten of the 11 provinces through the provision of technical assistance, training, program monitoring, supportive supervision, and quality assurance support. They also support the expansion of treatment services through infrastructure improvements (renovations and construction) required to deliver ART, ensuring that ARV treatment services are well integrated into basic health care clinical services. EP plan treatment partners also provide funding for staff that provides direct support at MOH facilities. These include clinicians, receptionists, and "activistas" (for improved treatment adherence and patient follow up).

Through USG support, under SCMS, the national logistical system has been strengthened ensuring timely procurement and distribution of necessary commodities, including ARV's and drugs to treat opportunistic infections.

Addressing loss to follow up of patients initiating ART is critical in Mozambique and the USG is working together with MOH to catch missed opportunities and assist partners in establishing "safety nets" for defaulters through improved community-based programming.

To date, the USG has supported the establishment of treatment services at 102 of the 193 existing treatment sites and has reached 40,902 people with ART treatment, including 3,402 children (8.3%) at 74 sites. The USG's strategy for ART in Mozambique in COP 08 is to continue supporting the MOH's effort to scale up treatment and to meet the EP's targets: 110,000 individuals receiving ARV's by September 2009. To meet this treatment target, the USG and partners will work to expand treatment to 200 fixed sites and 4 mobile ART units that will ultimately serve 111,778 patients (including 11,396 children), and support both pre-service and in-service training of nurses, laboratory technicians, pharmacists, medical assistants (tecnicos de medicina) in both adult and pediatric treatment.

During FY08 a key intervention proposed by the Emergency Plan focuses on improving and evaluating the quality of treatment services being provided and ensuring follow-up and linkages with other program areas. Quality improvement of ART programs will continue to be addressed through: participation in the HIVQUAL program (34 sites); greater emphasis on the clinic to community and community to clinic linkages designed to increase adherence and patient follow-up, especially among adult and pediatric patients; continued support to develop and implement HIV serology and CD4 count quality assurance programs; and initiation of a cohort study designed to follow patients on their therapeutic journey. USG agencies and partners will also work with the MOH to develop standardized national reporting for all HIV-related services. National adult and pediatric ART evaluations starting in FY07 will be completed, yielding important program quality and costing data for the MOH.

Standardization of services and service delivery is essential to ensuring comprehensive quality care and treatment for those affected by HIV/AIDS. In FY08 the USG in coordination with partners and the MOH will work toward developing standardized treatment delivery protocol for both direct and indirect support to clients. The protocol will cover delivery of services incorporating gender-based issues, linkages with other health-related services, reporting requirements and tools used, quality assurance approaches, provision of basic care packages including the provision of cotrimoxizole and systematic screening for tuberculosis. The focus of partner activities will transition from site specific support to district- and province-wide coverage, and partners will develop plans for site graduation and greater ownership by MOH that will lead towards greater program sustainability.

FY08 activities will also include: promoting prevention among persons already HIV infected, supporting treatment programs within military settings, improving links between workplace programs and ART, and working with the Ministry of Interior to provide care and treatment services within prisons. Addressing the major obstacle of human resource shortages will take the form of financing pre- and in-service training of basic to middle level staff; continued provision of scholarships extending to the district level; supporting staffing needs at the provincial and district level health departments; and provision of adequate housing as an incentive to health staff to work in rural areas.

The USG and partners will continue to implement a focus province strategy emphasizing support to Zambezia and Sofala provinces and adding Nampula province in FY08. Technical advisors will continue to work with the Provincial Health Directors' office (DPS) to support province-wide treatment expansion, program monitoring, reporting, and quality assurance. To a lesser degree, the EP will support ART expansion to include the provinces of Tete and Niassa, which will broaden PEPFAR's reach to reflect nationwide provincial coverage.

Finally, the USG will continue to participate in donor coordination fora such as those organized around pooled funding mechanisms, established by other donors and the MOH. Aside from the USG and partners, other organizations that support HIV treatment programs in Mozambique include Medecins Sans Frontieres, Comunidade Sant'Egídio, UNICEF, Spanish Corporation, Medicos del Mundo, CUAMM and the Clinton Foundation.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	204
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	61543
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	128292
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	111778
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	2017

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 6903.08	Mechanism: DoD-University of Connecticut-GHAI-HQ
Prime Partner: University of Connecticut	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 14675.08	Planned Funds: \$150,000
Activity System ID: 14675	

Activity Narrative: Continuing activity from FY06 and FY07. In FY07 the prime partner was changed to U. Conn. from TBD.

FY08 Narrative Update: Expansion of PwP program to other military locations. The expansion should ensure that military personnel at the units are included and involved in the activities. Therefore, we envision the services to be offered at the bases.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Adults (25 and over)

Men

Special populations

Most at risk populations

Military Populations

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3580.08

Mechanism: Track 1 ARV

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 18801.08

Planned Funds: \$375,000

Activity System ID: 18801

Activity Narrative: Per guidance sent by CDC/GAP, this activity represents approximately 1/12 of the funding originally allocated to Columbia University for this program area under activity 5181.08. Funding is provided to pay for that activity from February 23 - April 1, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13948

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13948	5181.08	6665	3580.08	Track 1 ARV	Columbia University	\$4,125,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3568.08

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 18811.08

Planned Funds: \$1,259,303

Activity System ID: 18811

Activity Narrative: Per guidance sent by CDC/GAP, this activity represents approximately 1/12 of the funding originally allocated to Columbia University for this program area under activity 16276.08. Funding is provided to pay for that activity from February 23 - April 1, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16276

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16276	16276.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$13,825,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3574.08

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Elizabeth Glaser Pediatric AIDS Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 18820.08

Planned Funds: \$650,000

Activity System ID: 18820

Activity Narrative: Per guidance sent by CDC/GAP, this activity represents approximately 1/12 of the funding originally allocated to EGPAF for this program area under activity 5182.08. Funding is provided to pay for that activity from February 23 - April 1, 2009.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12966

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12966	5182.08	6352	3574.08	Track 1 ARV Moz Supplement	Elizabeth Glaser Pediatric AIDS Foundation	\$7,250,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3579.08

Prime Partner: Population Services International

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 9166.08

Activity System ID: 14528

Mechanism: USAID-Population Services International-GHAI-Local

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$1,309,500

Activity Narrative: This is a continuing activity under COP08.

PSI will continue to provide treatment partners with approximately 70,000 LLIN for new enrollees as well as provide Safe Water Systems (SWS - "Certeza") to 100% of those on ART. The USG will now channel all products through treatment partners to ensure more focused targeting of people on ART as well as providing a reasonable incentive for people to return to the clinic, thus decreasing loss to follow up. PSI's new activity centers around the provision of Plumpy Nut to those patients with a BMI of less than 16, which has been looked upon favorably by the Ministry of Health. Plumpy Nut is a short to medium term solution until longer term solutions can be implemented in Mozambique, such as implementing FANTA's recommendations. It is anticipated that approximately 6,000 ART clients will receive plumpy nut under COP08.

The below narrative from FY2007 has not been updated.

This activity relates to HKID 9149 and all HKID and HBHC activities. This activity duplicates other activities because water and nets will be provided to 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9166

Related Activity: 14524, 15881, 14533, 14534, 14535

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24313	9166.24313.09	U.S. Agency for International Development	Population Services International	10422	3579.09	USAID-Population Services International-GHAI-Local	\$0
9166	9166.07	U.S. Agency for International Development	Population Services International	5042	3579.07	USAID-Population Services International-GHAI-Local	\$881,200

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14524	5280.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,714,000
15881	5134.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$925,000
14534	5143.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$1,200,000
14535	6441.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$707,000

Emphasis Areas

Wraparound Programs (Health-related)

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

Wraparound Programs (Other)

- * Food Security

Food Support

Estimated PEPFAR dollars spent on food \$500,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Nampula

Niassa

Sofala

Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3686.08

Prime Partner: The Futures Group
International

Mechanism: Health Policy Initiative (ex-PDI)

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 9163.08

Planned Funds: \$0

Activity System ID: 14530

Activity Narrative: Reprogramming August08: Funding decrease \$97,000. HPI has reached its ceiling and will not be able to absorb all of the funds planned for FY 08. \$97,000 in HTXS will be reprogrammed into SCMS in order to maintain planned levels for this mechanism after adjustments to the HKID program area, from which funds were inadequately planned for SCMS.

This is a continuing activity under COP08.

HPI will continue work with the military to disseminate the anti-discrimination law, but also expand the program to other workplace settings. Additionally, HPI will look for ways to join ARV treatment services with OHPS funds to address private sector needs. HPI will work with the private sector, (as well as the MOH, CNCS, PEPFAR treatment partners, USG agencies) and other stakeholders to strengthen HIV/AIDS workplace programs that promote treatment adherence, treatment literacy and increased uptake of treatment services. The focus of these efforts will be in Zambezia and Sofala provinces where the USG-supported treatment services are expanding, as well as in Nampula Province, the third focus province in COP08.

The FY2007 narrative below has not been updated

This activity is linked with the Prevention for Positives program HTXS 8592; HVCT 9114 and with the project for Developing a new Recruitment Policy OHPS COP 06 activity 4894.

It is known that disclosure of HIV status (if a person is seropositive) is still a problem due to stigma and discrimination, especially in the military. Although the Military Hospital in Maputo is one of the largest HIV treatment centers in the country, the vast majority of patients are civilians. To reverse this situation, DOD will finance a partner through this USAID mechanism to work with police and military peer educators to disseminate the law 5/2002 regarding HIV/AIDS in all military bases and police squadrons and promote legal stand against stigma and discrimination. The targeted populations will know about this law which protects whoever is HIV positive against stigma and discrimination of any kind. One of the expected impacts of this activity will be an increase in the number of people deciding to be tested, disclose their status if found to be HIV positive and seek care and treatment. Such behavior will eventually slow down the epidemic.

During the implementation of these activities, the partner will provide a additional information regarding the importance of early detection of an HIV infection through voluntary counseling and testing which will enable a person to be observed by specialized medical personnel and receive treatment as early as it is found that he requires ARVs to improve the immune system.

With clear information about what surrounds HIV, the availability of treatment, and with the dissemination of the aforementioned law, the targeted populations will more easily accept their condition or visit VCTs to find out their status because they will know that there is a law that protects HIV infected people.

This activity will address stigma and discrimination, and in doing so, will reduce violence and coercion. Targets have not been set because although increasing the likelihood that military personnel will be tested and access treatment services, this activity will not directly result in increased numbers of military on ARV treatment. These numbers, however, will be captured by the treatment partner working with the Military facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9163

Related Activity: 14525, 14675

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24342	9163.24342.09	U.S. Agency for International Development	The Futures Group International	10430	3686.09	Health Policy Initiative (ex-PDI)	\$0
9163	9163.07	U.S. Agency for International Development	The Futures Group International	5044	3686.07	Health Policy Initiative (ex-PDI)	\$45,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14525	9144.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$550,000
14675	14675.08	6903	6903.08	DoD-University of Connecticut-GHAI-HQ	University of Connecticut	\$150,000

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

Target Populations

Special populations

Most at risk populations

Military Populations

Other

Business Community

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3628.08

Prime Partner: World Food Program

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 6441.08

Activity System ID: 14535

Mechanism: USAID-World Food Program-GHAI-Local

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$707,000

Activity Narrative: Reprogramming August08: Funding decrease \$153,000. Funds were originally allocated to SCMS to cover pediatric formulations in COP 08 charged under the OVC. Further guidance from OGAC has indicated that drug commodities can't use this budget code. As pediatric treatment is a priority activity and given a recent no-cost extension to WFP, it was decided that the funds allocated to WFP would be better utilized to cover expenses related to pediatric treatment.

April08 Reprogramming Change: Reduced \$140,000.
This is a continuing activity under COP08.

WFP will continue to provide support to people living with HIV/AIDS who are currently on ART and meet PEPFAR criteria. Nutritional supplementation is critical as it is number one complaint amongst those on ART who have either defaulted or are experiencing repercussions from sub-optimal nutrition while on ART. Two provinces will be covered by the PL 480/Title II program, namely Zambesia and Nampula. Food assistance will be channeled and coordinated with treatment partners to ensure a focused intervention (as opposed to HBC distribution points). WFP assistance is a valuable contribution while the USG in Mozambique can ensure that longer term solutions are available, viable, and possible according to OGAC guidance.

It is anticipated that over 20,000 ART clients will be reached with emergency individual food rations with COP08 funding.

The FY2007 narrative below has not been updated.

This is a follow-on to the FY06 activity and is related to HKID 9124 and HBHC 9138. This activity duplicates other activities because food 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 ½ of people starting ART will need food supplements to ensure proper uptake and adherence.

*SETSAN is Mozambique's Technical Secretariat for Food and Nutrition Security. The multisectoral Vulnerability Analysis Group (GAV) monitors food security and vulnerability within the country. Indicators used include: i) availability - agriculture production, livestock, seeds, food aid and rainfall; ii) access - prices, markets terms of trade, income sources; iii) utilization - nutrition, health, water, sanitation and consumption; and iv) social protection and survival strategies.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9167

Related Activity: 14528, 14533, 14534, 16305

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24361	6441.24361.09	U.S. Agency for International Development	World Food Program	10435	3628.09	USAID-World Food Program-GHAI-Local	\$0
9167	6441.07	U.S. Agency for International Development	World Food Program	5052	3628.07	USAID-World Food Program-GHAI-Local	\$800,000
6441	6441.06	U.S. Agency for International Development	World Food Program	3628	3628.06		\$800,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16305	16305.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$400,000
14534	5143.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$1,200,000
14528	9166.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,309,500

Emphasis Areas

Wraparound Programs (Other)

* Food Security

Food Support

Estimated PEPFAR dollars spent on food \$1,000,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Gaza

Inhambane

Manica

Maputo

Sofala

Cabo Delgado

Niassa

Tete

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3568.08	Mechanism: Track 1 ARV Moz Supplement
Prime Partner: Columbia University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 16278.08	Planned Funds: \$0

Activity System ID: 16278

Activity Narrative: Continuing activity from FY06 - activity number 5250.06

Columbia University will continue to conduct the PHE called "Identifying Optimal Models of HIV Care and Treatment in Mozambique" (this study was entitled "Assessment of influence of quality of services on clinical outcomes" in COP 2006) approved by local and Columbia University IRB in June 2007, and expected to be concluded in June 09. The study will be submitted to CDC Atlanta IRB in Sept 2007. The estimated costs are 50,000 USD. 54% of the total amount will be expended by February 2008. The local co-investigators are: Dr Americo Assane, Chief of Department of Medical Assistance, Mozambican Ministry of Health; Dr. Florindo Mudender, Department of Medical Assistance, Mozambican Ministry of Health. The main objectives of the study are: 1) To assess the degree of variation in patient outcomes across HIV care and treatment delivery sites, independent of the differences in patient-level characteristics across sites; 2) To identify facility and program level characteristics that are associated with HIV care and treatment outcomes, after adjusting for patient-level characteristics; 3) To assess the costs and clinical benefits of modifying facility and program-level characteristics that appear to influence HIV care and treatment outcomes and quality adjusted life years (QALYs). Secondary analysis of routinely collected patient data combined with data from routine assessments of facility and program level characteristics will be used. This work is vital to identifying important programmatic aspects of HIV care and treatment programs for use in planning future programs and improving existing ones in Mozambique and elsewhere. Current status: the first round of data collection is expected to start in October 2007. Findings will be shared with participants, study sites and ICAP supported sites involved. It is also in the public interest that findings be made available to a broader range of HI/AIDS health care providers. For FY08 is expected to continue the following rounds of data collection. Budget justification: 1) Salaries: USD 22,400; 2) Equipment: USD 11,600; 3) Travel: USD 16,000. Total: USD 50,000>

Note: This evaluation in one of three PHEs that come from activity 5250.06. The total amount of funds for these evaluations remain at USD 500,000, although individual studies have changed their initial budget totals (in agreement with CDC GAP Mozambique).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Zambezia

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3568.08

Prime Partner: Columbia University

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 16279.08

Activity System ID: 16279

Mechanism: Track 1 ARV Moz Supplement

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$0

Activity Narrative: Continuing activity from FY06 - Activity number 5250.06

Columbia University will continue to conduct the PHE called "Assessing the acceptability, effectiveness and cost benefit of two interventions to improve long-term adherence to ART among adults receiving HIV care and treatment in Mozambique" (it was designated as "Assessment of the effectiveness of peer-based adherence support in maintaining and improved adherence to ART" in COP 06). The analysis regarding cost effectiveness will be conducted by CDC Atlanta. The protocol is in development and should be submitted to Local, Columbia University and CDC Atlanta IRBs in October 2007. The estimated costs are USD 150,000. 54% of the total amount will be expended by February 2008. The local co-investigators are: Dr Americo Assane Chief of Department of Medical Assistance, Mozambican Ministry of Health; Dr. Florindo Mudender, Department of Medical Assistance, Mozambican Ministry of Health. The main objectives of the study are to: 1) assess the effectiveness of two adherence support interventions, 2) identify factors associated with sub-optimal adherence to ART at 3, 6, and 12 months after ART initiation, 3) estimate the costs and clinics benefits and determine the acceptability of these two adherence support interventions. Design: A two-pronged separate sample pre-post design will be used to assess the impact of a two adherence support intervention. Both adherence interviews with patients enrolled in pre and post-interventions cohorts and data abstraction of routinely collected immunological and virological data for all patients (i.e. those enrolled and not enrolled in the cohorts) before and after the intervention's implementation will be conducted. This work is vital to identifying relevant programmatic enablers and barriers for long term ART adherence in adults. Current status: the protocol is in final phase of development and should be submitted to local, Columbia University and CDC Atlanta IRBs in October 2007. Findings will be shared with participants, study sites and ICAP supported sites involved. It is also in the public interest that findings be made available to a broader range of HIV/AIDS health care providers. Budget justification: 1) Salaries: USD 137,000; 2) Equipment: USD 4,000; 3) Travel: USD 6,000; 3) Office supplies: USD 3,000, Total: USD 150,000

Note: This evaluation is one of three PHEs that come from activity 5250.06. The total amount of funds for these evaluations remain at USD 500,000, although individual studies have changed their initial budget totals (in agreement with CDC GAP Mozambique).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Maputo

Zambezia

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3568.08

Mechanism: Track 1 ARV Moz Supplement

Prime Partner: Columbia University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 16281.08

Planned Funds: \$0

Activity System ID: 16281

Activity Narrative: Continuing activity - FY06 Activity number 5250.06

Columbia University will continue to conduct the PHE called "Establishment of sentinel cohorts of patients in HIV care and treatment services in Mozambique" (it was nominated as "Assessment of Viral load as a predictor of therapeutic failure as compared to CD4 Count) and future clinical outcomes " in COP 06). At the moment the protocol is under NY & in-country team revision. It should be submitted to Mozambican, Columbia University and CDC Atlanta IRB in October 2007. The study is expected to be completed by December 09. The estimated costs are 300,000 USD. 65% of the total amount will be expended by February 2008. The local co-investigators are: Dr Americo Assane, Chief of Department of Medical Assistance, Mozambican Ministry of Health; Ilesh Jani, Department of Immunology, National Institute of Health. The main objective of the study is to characterize the clinical, immunologic and virologic characteristics and keys short-term (early) program outcomes among adult (= 15y) and pediatric (<15y) patients with confirmed HIV infection who are enrolled in HIV care and treatment programs in Mozambique. It will be a multi-site, prospective cohort study. This work is vital to identifying important programmatic aspects of HIV care and treatment programs for use in planning future programs and improving existing ones in Mozambique and elsewhere. Current status: to be sent to local, Columbia University and CDC Atlanta IRBs in October 2007. Findings will be shared with participants, study sites and ICAP supported sites involved. It' is also in the public interest that findings be made available to a broader range of HI/AIDS health care providers. For FY08 is expected to continue the next rounds of data collection. Budget justification: 1) Personnel: USD 71,000; 2) Equipment: USD 4,000; 3) Travel: USD 10,000; 4) Supplies: USD 215,000. Total: 300,000

Note: This evaluation in one of three PHEs that come from activity 5250.06. The total amount of funds for these evaluations remain at USD 500,000, although individual studies have changed their initial budget totals (in agreement with CDC GAP Mozambique).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Gaza

Maputo

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5078.08

Prime Partner: Family Health International

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 16310.08

Activity System ID: 16310

Mechanism: USAID-Family Health International-GHAI-Local

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$925,000

Activity Narrative: This is a new activity under COP08.

Family Health International (FHI) will begin to provide treatment services in Niassa province. FHI will be cross-funded across HBHC, OVC, CT, and PMTCT to offer a comprehensive package of services in the province. Niassa, being of considerable distance from Maputo, has few partners providing services and the province as a whole poses a real challenge for implementation. However, FHI will provide technical support at the central, provincial, and district levels to scale up ART services in the province. FHI will support the district level health officials' ability to adequately monitor and supervise implementation throughout the three districts they will work in as well as contribute towards quality management approaches and technical quality assurance. FHI will use its relationship with direct service providers to improve the testing, diagnosis, care, and referral of patients with opportunistic infections, including tuberculosis, to treatment services.

FHI will emphasize the integration of mother and child care and treatment and will support the integration of pediatric services in both treatment facilities as well as PMTCT Plus sites in order to maximize on PMTCT interventions. Special attention will be given to HIV exposed infants by establishing early infant diagnostic capabilities at the model centers to allow for early identification of HIV infected children, and ensuring they are engaged in care and treatment. Provincial trainings will be held on ART management, which will also include a component on linkages and referral mechanisms with HIV/AIDS clinical and community services. Finally, FHI will improve the conditions of the provincial laboratory to enhance its capacity for CD 4 testing.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15860, 15861, 15862, 15880, 15863, 14535, 14528

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15860	5269.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$3,249,270
15861	9209.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,525,000
15862	9206.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,062,135
15880	15880.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$630,000
15863	6429.08	7277	5078.08	USAID-Family Health International-GHAI-Local	Family Health International	\$1,300,000
14535	6441.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$707,000
14528	9166.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,309,500

Emphasis Areas

Construction/Renovation

Wraparound Programs (Health-related)

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

Wraparound Programs (Other)

- * Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	6	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,250	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,000	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	40	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Niassa

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3629.08

Prime Partner: Health Alliance International

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 16355.08

Activity System ID: 16355

Mechanism: USAID-Health Alliance
International-GHAI-Local

USG Agency: U.S. Agency for International
Development

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$0

Activity Narrative: This is a PHE activity under COP08, linked to COP07 activity # 5229.07.

Within the currently existing Day Hospitals providing HIV care in Sofala and Manica provinces, HAI, together with the Ministry of Health and the University of Washington, will develop, implement, and examine the effects of interventions aimed to improve adherence to care and treatment for patients on HAART. Interventions will be developed that are sustainable and practical within the context of HIV care in Mozambique, and will focus on patient and health system factors that are likely to influence adherence rates. Findings will be applicable to other treatment sites in Mozambique and in other countries expanding HIV care in resource-poor settings.

Title: A Targeted Evaluation to Improve Adherence to HIV Care and Treatment for Patients on HAART in Central Mozambique

Time and Money Summary: Study is in year two and should be completed in FY08, using FY07 funds for completion.

Local Co-Investigator: Pablo Montoya, HAI

Project Description:

Study Question: What are the best practical and sustainable interventions that improve adherence to HIV care and treatment in Mozambique the context of the Ministry of Health's current human resource and capital constraints?

Study Design: A quasi-experimental time-series design study to test the effectiveness of two different interventions aimed at improving adherence to care and treatment among patients on HAART. There will be a health system intervention consisting of the creation of a full-time "HAART monitoring team" and a community-based intervention consisting of strengthening and formalizing the involvement of community-based PLWHA groups in monitoring patients on HAART.

Importance of Study: Adherence, defined by the WHO as "the extent to which a person's behavior – taking medication, following a diet, and/or executing lifestyle changes – corresponds with agreed recommendations from a health care provider," is important for patients to achieve the maximum benefits from health care interventions aimed at chronic illnesses such as HIV/AIDS. Adherence is particularly important for HIV-positive patients taking highly active antiretroviral treatment (HAART), since poor adherence to medications can lead to higher rates of treatment failure (as measured by viral suppression, CD4 count rise, and clinical response) and resistance. Broadly construed, adherence for patients on HAART relates to their adherence to treatment (i.e., taking medications such as HAART) as well as their adherence to care (i.e., coming to follow-up appointments, performing appropriate laboratory monitoring). Assuring optimal adherence to both care and treatment is necessary to ensure that patients are not only taking their medications correctly, but also being monitored for side effects and treatment failure so that their medications can be adjusted appropriately.

Planned Use of Findings: This targeted evaluation will help to develop, implement, and evaluate two additional adherence strategies aimed at improving factors identified as potentially limiting the adherence of patients on HAART at the Beira and Chimoio Day Hospitals.

Status of Study: The protocols have been approved by the Ministry of Health and are currently pending approval of the IRB at the University of Washington.

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

Information Dissemination Plan: The results of these analyses will be disseminated at the local, national, and international levels, and will immediately assist with the implementation of interventions to improve adherence and quality of care at other programs and sites involved in expanding access to HAART in resource-poor settings.

Planned FY08 Activities: The study will be completed during the year and results immediately released.

Budget Justification for FY08: No new FY08 funds.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15869

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15869	5229.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$18,311,184

Emphasis Areas

PHE/Targeted Evaluation

Food Support**Public Private Partnership****Target Populations****Other**

People Living with HIV / AIDS

Coverage Areas

Manica

Sofala

Table 3.3.11: Activities by Funding Mechanism**Mechanism ID:** 3568.08**Prime Partner:** Columbia University**Funding Source:** GHCS (State)**Budget Code:** HTXS**Activity ID:** 16276.08**Activity System ID:** 16276**Mechanism:** Track 1 ARV Moz Supplement**USG Agency:** HHS/Centers for Disease Control & Prevention**Program Area:** HIV/AIDS Treatment/ARV Services**Program Area Code:** 11**Planned Funds:** \$13,825,000

Activity Narrative: This is a continuing activity: Update to an existing narrative

This activity is a continuation of treatment activities that were initiated in FY04-7 as part of Columbia University Track 1.0 supplemental funding. Funding will be used to continue supporting 30 ART sites (including 3 military facilities and initiate support to 4 new ART facilities), as well as training of health workers, technical assistance to the district and provincial and central level MOH and ensure quality of services provided through continuous program monitoring and evaluation, site supervision and linkage with Community Based Organizations. Funding during FY08 will be used for the recruitment of doctors, counselors and nurses, and to support the provision of a broad range of technical services directly to Provincial and District Health Authorities.

Support will be provided to pediatric treatment scale up at all CU supported ART sites as well as specifically to the pediatric Day Hospitals in Maputo and Nampula Central hospitals. CU will support the logistics required to undertake PCR using DBS at site level, train, mentor and provide supervision for staff in pediatric HIV care and treatment, develop linkages to PMTCT, pediatric Counseling and testing services and general health services for children to increase the number of children receiving HIV care and treatment.

Additional activities that will be included with this funding are:

1) Develop sub- agreements to finance community organizations to implement patient follow up and provide adherence support

2) Support establishment of "moonlight" ART Pilot site(s) to increase access to ARV treatment for vulnerable populations (such as drug users and commercial sex workers), improving access and services for these particular groups at selected sites in Maputo and Nacala (Nampula province).

This activity will be informed by results from a qualitative assessment (I-RARE) conducted in November 2007, providing information about needs and barriers to access for HIV counseling and testing, and ART for HIV-infected high-risk-group populations. Community-based and CT activities that will contribute to increased identification and referral of high-risk group members in need of services are described in other parts of the plan. It will be of crucial importance for ART sites to be prepared and provide services that are open and user-friendly from the perspective of this particular group.

3) Include funding for a Provincial Treatment Coordinator support for Inhambane Province – (includes office costs, vehicle, fuel, maintenance, security, driver and recruitment of a Technical Advisor). This will allow Columbia University/ICAP to provide province-wide support to the ART scale up in Inhambane, ensuring provision of quality ART services as well as program reporting. Inhambane Province currently provides approximately 5% of CU's total number of people enrolled on ART)

4) Follow up military personnel identified as HIV positive during the prevalence study and ensure they are referred and enrolled into HIV/AIDS care and treatment services. This will include training nurses working at military bases on follow up of patients receiving ART (under supervision of Military doctor), management of opportunistic infections and treatment adherence.

5) Pilot a comprehensive HIV care and treatment program in the Civil Prison targeting men, women and their children, guards, and their families. This intervention includes provision of HIV counseling and testing (CT), risk reduction and behavior change interventions, PMTCT services for female inmates, screening and treatment for Sexually Transmitted Diseases (STDs), TB and other Opportunistic Infections (OIs), and ART services for eligible HIV-infected persons identified.

Once released from prison, HIV positive in-mates will be provided with referrals and assigned a case manager to assure that they have been able to access care and treatment within the general community. Funding to support this activity will be used to provide training for doctors, nurses and other health staff working in the two selected pilot sites, as well as to ensure availability of necessary supplies; to support program monitoring, a peer educator program and treatment support groups, disseminate IEC materials for treatment literacy including PwP messages.

FY07: Follow up the military personnel identified as HIV positive during the prevalence study and make sure they are all enrolled in HIV/AIDS treatment sites. Train nurses working at military bases on ART prescription and identification of OIs. These nurses will be responsible to provide CT, collect the drugs for each ART eligible soldier in his unit at the nearest treatment site, and assist them on how to take the drugs. To ensure TB/HIV treatment adherence, they will be trained using already existing treatment adherence materials including those being newly developed by Columbia University. The nurses will report to the military doctor in each location.

Provincial TX Coordinator Support for Inhambane - office costs, vehicle, fuel, maintenance, security, driver and Technical Advisor

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15718, 13215, 13195, 13948

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13195	8580.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$335,000
13948	5181.08	6665	3580.08	Track 1 ARV	Columbia University	\$4,125,000
13215	12270.08	6415	6127.08	CDC-Vanderbilt CoAg	Vanderbilt University	\$7,022,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Food Security

Food Support

Estimated PEPFAR dollars spent on food \$300,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	30	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	11,600	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	35,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	31,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	210	False

Indirect Targets

Columbia University 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; 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

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Military Populations

Most at risk populations

Persons in Prostitution

Other

People Living with HIV / AIDS

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Tete

Zambezia

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3680.08

Mechanism: The Health Communication Partnership

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV
Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 9165.08

Planned Funds: \$97,000

Activity System ID: 14522

Activity Narrative: This is a continuing activity under COP08.

It is expected that the main development and testing of IEC materials for treatment adherence and pediatric AIDS activities will take place with FY07 funding. Additional funding at a reduced level is provided in COP08 in order to support to the provincial "nucleos" (national aids council provincial level organizations) and partners for roll out of communication programs to implement the treatment adherence strategies. No emphasis areas or target populations have been selected because this activity is intended to develop materials and behavior change strategies for use in treatment programs in facilities and in communities.

The FY2007 narrative below has not been updated.

Plus-up: Plus-up funding will incorporate pediatric AIDS in the JHU/HCP HTXS activity. JHU/HCP will support the MOH to adapt/develop and disseminate IEC materials on care for the HIV exposed 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.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9165

Related Activity: 14518, 14519, 14520, 15845, 14521, 14523

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24290	9165.24290.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	10418	3680.09	The Health Communication Partnership	\$0
9165	9165.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4893	3680.07	The Health Communication Partnership	\$434,230

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14518	9162.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$200,000
14519	5289.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$800,000
14520	8648.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$313,000
15845	15845.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$150,000
14521	12268.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$100,000
14523	5291.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$320,000

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Coverage Areas

Nampula
Sofala
Zambezia

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7238.08	Mechanism: Global Health Technical Assistance Project (GH Tech)
Prime Partner: QED Group, LLC	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 15998.08	Planned Funds: \$75,000
Activity System ID: 15998	
Activity Narrative: This is a new activity under COP08.	

This funding will allow the GH Tech Project of The QED Group to provide technical assistance and general support to the Mission. Tasks may include assessments, evaluations, program design, technical reviews, workshop support, and short/medium term staff assistance. Adult and pediatric treatment specific technical assistance needs could include an overall program assessment across USG partners, pertinent quality improvement approaches to a comprehensive program, exploring strategic wrap arounds that more fully respond to the needs of patients on treatment, and standardizing a comprehensive treatment model, which ensures a continuum of care that is consistent with international and national standards. Particularly pertinent to pediatric treatment is the need for specific technical assistance on how to better recognize and respond to loss to follow up and assisting partners in putting systems in place that address this critical issue.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9310.08	Mechanism: Fanta II GHN-A-00-08-0001-00
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 21430.08	Planned Funds: \$100,000
Activity System ID: 21430	

Activity Narrative: Reprogramming August08: Funding increase \$100,000. Food and nutrition support is an essential component of services for people living with HIV/AIDS particularly for pregnant and lactating women. Within the treatment portfolio, this activity will establish an assessment to improve the coordination and provision of food and nutritional access for this target population. In accordance with PEPFAR guidance, the competed follow-on mechanism to the FANTA agreement will assess the food and nutritional factors that impact PLWHA from the Mozambican experience. The FANTA Follow-on will liaise with WFP, the Ministry of Health, the Ministry of Women and Social Action, current palliative care and treatment partners and other stakeholders and partners to conduct this assessment. The findings of the treatment specific issues will assist in establishing a unified policy toward infant feeding and weaning that coincides with PMTCT, OVC and HBC policies. Expected outcomes will include the development of entry criteria tools that can be used by clinics and hospitals for pregnant and lactating women.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3570.08 **Mechanism:** Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** HIV/AIDS Treatment/ARV Services
Budget Code: HTXS **Program Area Code:** 11
Activity ID: 8580.08 **Planned Funds:** \$335,000

Activity System ID: 13195

Activity Narrative: Continuing activity: The Mozambican National Health System is leading the scale-up of comprehensive HIV Care and ART throughout the country. By June 2007 there were 193 treatment sites providing ART in all districts for 65,296 people in need of treatment-(this number has already increased to 202 in July 2007). The National Directorate of Medical Assistance (DNAM) is responsible for overseeing HIV care and ART expansion. This funding will assist the MOH in providing quality ART services via the development of strong systems to ensure the availability of necessary supplies, materials, and human resources for the adult and pediatric ART program. Currently the team at the MOH conducts 2-week supervision visits in each province annually. The visits involve in-depth analyses of the health system infrastructure, human resource allocation, coordination between related programs, review of patient charts and data bases as available, logistics, specific review of pediatric ART provision, etc. On average 80% of health facilities with ART in the province are assessed during the 2 week visits. In addition DNAM coordinates weekly ART management committee meetings designed to coordinate expansion of the program, as well as ensure quality of care provision. Funding will support the completion of these activities and specifically assist in the following activities:

1. ART-related training in the following areas—ART service provision, nurse training in PCR / infant diagnosis, and monitoring and evaluation
2. Provincial supervision for ART service delivery for MOH staff including non-NGO supported ART facilities implementing the HIVQUAL program;
3. Reproduction and dissemination of materials and guidelines for doctors, nurses and physician assistants (técnicos de medicina) related to adult and pediatric HIV care and ART service provision
4. Revision, reproduction and dissemination of ART reports, M&E forms and site supervision tools
5. Training of health workers, provincial and district program managers in the use of the revised M&E forms and supervision tools

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8580

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23792	8580.23792.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	10296	3570.09	Cooperative Agreement	\$100,000
23791	8580.23791.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	10296	3570.09	Cooperative Agreement	\$300,000
8580	8580.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	\$470,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3574.08

Prime Partner: Elizabeth Glaser Pediatric
AIDS Foundation

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5182.08

Activity System ID: 12966

Mechanism: Track 1 ARV Moz Supplement

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$7,250,000

Activity Narrative: The Help Expand Anti-Retroviral Therapy for Children and Families Project (project HEART/Mozambique), is part of a five-country program, that started two years ago and has focused on expanding access to care and treatment programs in the rural and remote areas of Mozambique, linking care and treatment programs with existing PMTCT programs.

During the 3rd year of implementation, EGPAF will focus on implementing comprehensive, family-focused care and treatment programs in 30 sites in 23 districts in 4 provinces of Mozambique: (Moçimboa de Praia, Montepuez, Mueda, Muidumbe, Nangade, Palma, Pemba, /Cabo Delgado – Angoche, Ilha de Moçambique, Nacala Velha, Meconta, Mogincual, Mogovolas, Monapo, Mossuril /Nampula - Chibuto, Bilene, Xai Xai, Mabalane/Gaza – Boane, Marracuene, Moamba, Matutuine/Maputo)

EGPAF's approach is to support the MOH in the implementation of the national HIV/AIDS strategic plan and initiate and strengthen HIV care and treatment services integrated into existing health services. The first year focused on increasing human resource capacity to support the program and establish services while the second year on gradually increasing the number of patients on treatment. The third year of program implementation will have an increased focus on pediatric treatment, integration and linkages with TB and HIV programs and other essential services, monitoring and improvement of the quality of services provided to ensure a more comprehensive package of care for PLHA.

Activities to be implemented relate to 5 main program objectives.

1) Objective 1: Improve and expand care and treatment services for HIV-infected adults including pregnant women.

To ensure that human capacity to provide quality services are in place, EGPAF will continue supporting the training of clinical staff (doctors, nurses, técnicos de medicina), and pharmacy staff, as well as lay counselors and other staff involved in HIV care and treatment services. This includes pre-service training of técnicos de medicina (physician assistants) at the Institute of Health Sciences (Instituto de Ciências de Saúde) in Nampula province as well as in service and refresher training for all clinical staff. Specific training includes training on provision of HIV care and ART for pregnant women.

Increased emphasis will be placed and more staff time allocated to regular case reviews and on-going clinical mentoring of staff in HIV care and treatment. Implementation of supervision tools developed in the second year will ensure that supervision is standardized and objective.

In addition, EGPAF will collaborate with the Federal University of Rio de Janeiro (FURJ) to support the mentoring of laboratory staff; one week intensive mentoring at each site will help to improving the quality of laboratory tests and adherence to SOPs. EGPAF will recruit through a pre-contracting mechanism, additional health staff including counselors where this is needed.

EGPAF will support the District and Provincial Health Authorities in Gaza, Nampula and Cabo Delgado provinces to hold HIV and ART coordination meetings with partners and implementing agents to ensure coordination of activities, exchange experiences between sites and address problems in program implementation and service quality. Efforts will be made to ensure that case reviews are included as part of these meetings. EGPAF will provide technical support to facilitate these case reviews.

Objective 2: Improve and expand pediatric care and treatment services for HIV-exposed and infected infants and children

To further expand access to pediatric treatment and to achieve EGPAF's objective to ensure that 15% of people on ART are children, EGPAF will support similar activities as for adult treatment but focusing specifically on pediatric treatment, i.e. (refresher) training of clinical staff at provincial and district levels, on the job training, supervision and mentoring. Further training on IMCI/HIV/AIDS, early infant diagnosis and DNA-PCR will be provided.

Through a collaborative relationship with Baylor, EGPAF will provide the opportunity to Mozambican medical doctors and medical assistants (técnicos de medicina) for two-week attachments in pediatric HIV care and treatment, thus receiving much needed hands on training and intensive mentoring. These attachments with Baylor/BIPAI have been very successful in improving skills to provide pediatric care and treatment and boosting confidence of clinical staff to initiate infants and children on ART.

To expand access to pediatric treatment in the northern part of the country and increase capacity of responsible Provincial and District Health Authority (DPS and DDS) staff to manage this program, EGPAF will second a pediatric HIV/AIDS technical advisor to the DPS in Nampula. This person will work closely with the pediatric treatment coordinator for the 3 Northern provinces, Dr. Zeferino and support provincial level pediatric treatment scale up, monitoring and supervision in Nampula, Cabo Delgado and Niassa.

A significant proportion of children on treatment are adolescents. However, the special challenges these children face in dealing with chronic illness and lifelong treatment, the special needs as they become sexually active and challenges related to disclosure are currently hardly dealt with in the program. To address this important gap, EGPAF, in collaboration with the Ministry of Health and other treatment partners, will work to adapt, test and implement counseling and psychosocial support materials and activities for adolescents and their families to be implemented within the health facilities and community-based programs.

Finally EGPAF will work to ensure linkages between existing OVC programs and the care and treatment program, particularly in Gaza Province. Working through community-based and other organizations with programs targeting OVC and their families, EGPAF will promote HIV counseling of OVC and ensure their access to HIV care and treatment programs.

Objective 3: Build capacity of health facilities and community to provide psychosocial, nutritional and educational support to PLWHA and their family members and to sensitize the population on HIV/AIDS. EGPAF will continue to train lay counselors and increase their role in providing counseling and psychosocial support for patients enrolled in the care and treatment program. Activities will include developing subagreements with CBOs to provide community-based education on HIV, PMTCT and treatment literacy; establish support groups and conducted active tracing of defaulting patients. The number of CBO subgrantees will increase to ensure that in each district the program is linked with community-based support activities.

In addition specific activities targeting children and adolescents will be enhanced by providing training, workshops, continuous technical assistance and the provision of counseling and IEC materials. EGPAF will organize three-day Children's Camps to enable children to share with peers their experiences and problems

Activity Narrative: related to having to deal with a chronic disease requiring life-long treatment and affecting their lives and relationships. Children will receive relevant HIV, adherence and positive living education and psychosocial support through play, discussions, individual and groups counseling.

Objective 4: Build institutional capacity of the MOH to plan, monitor and manage the national ART program EGPAF will increasingly focus on district level support and technical assistance to DPS to oversee and manage the care and treatment programs. Involvement of province and district level staff in joint supervision functions not only as a means to train and mentor site level staff, but also to train MOH supervisors in formative supervision skills, the use of supervision tools and providing constructive feedback. EGPAF will provide coordination support and technical assistance to the HIV and ART meetings at provincial and district level as a forum to ensure coordination of activities, identify and address problems, and provide technical inputs. EGPAF will also support proper forecasting and management with a focus to the laboratory and pharmacy departments at provincial and district level.

EGPAF will continue to provide technical assistance at the national level by participation in central level working groups to develop and update guidelines and training. Our specific focus will be on pediatric care and treatment (National Pediatric ART Committee) including psychosocial support.

Funding will also be used to implement infrastructure and space improvements (treatment services, pharmacy, laboratory) at sites where EGPAF plans to implement care and treatment programs.

Objective 5: Improve monitoring and evaluation systems and implement quality assurance mechanisms to enhance care and treatment services

The implementation of the Patient Tracking system will be expanded to all supported sites; this will be an important tool to monitor program progress and quality. EGPAF will continue working to support and expand implementation of QI tools and processes (HIVQual) in the supported sites, ensuring that quality monitoring becomes routine and staff is capacitated to assess program quality and adequately address problems as well as document lessons learned. In addition, through district and provincial level support, EGPAF will contribute to quality improvement within the district that EGPAF supports treatment services by participating in supervision and program monitoring jointly with the MOH staff.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8593

Related Activity: 15784, 15718, 16276, 13195

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23763	5182.23763.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10291	3574.09	Track 1 ARV Moz Supplement	\$1,726,690
23762	5182.23762.09	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	10291	3574.09	Track 1 ARV Moz Supplement	\$8,456,284
8593	5182.07	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	4869	3574.07	Track 1 ARV Moz Supplement	\$5,934,660
5182	5182.06	HHS/Centers for Disease Control & Prevention	Elizabeth Glaser Pediatric AIDS Foundation	3574	3574.06	Track 1 ARV Moz Supplement	\$2,905,600

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15784	15784.08	6414	6124.08	CDC CARE INTL	CARE International	\$663,000
13195	8580.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$335,000
16276	16276.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$13,825,000

Emphasis Areas

Construction/Renovation

Gender

- * Increasing women's access to income and productive resources

Human Capacity Development

- * Training

*** Pre-Service Training

*** In-Service Training

Wraparound Programs (Health-related)

- * Child Survival Activities

- * Malaria (PMI)

- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	30	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	9,147	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	14,226	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	12,092	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	130	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Cabo Delgado

Gaza

Maputo

Nampula

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3528.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Mechanism: Peace Corps-Peace Corps-GHAI-Local

USG Agency: Peace Corps

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 9472.08

Planned Funds: \$550,000

Activity System ID: 12959

Activity Narrative: Peace Corps is continuing the same activities from the FY '07 COP. The amount from '07 has increased to support the growth in the number of Volunteers in FY '08. It will also provide Volunteers with the opportunity to apply for Volunteer Activities Support & Training (VAST) grants used to support small-scale, capacity-building projects among CBOs, FBOs, and/or NGOs that work with or provide services to, local communities to fight HIV/AIDS.

Volunteers will be placed at PEPFAR-funded organizations that already report to PEPFAR.

In FY '08 Peace Corps Mozambique will provide the services of 5 Peace Corps Volunteers to work with USG funded organizations and community organizations in the development of the organizational, human and programmatic capacity and systems necessary to improve quality of care and treatment services, including psychosocial and adherence support, patient follow up and treatment literacy. These Volunteers will be placed in the three Emergency plan focus provinces of Zambezia, Sofala, and Nampula where they will work with the relevant treatment and community based organizations that provide care and treatment service.

Working closely with these organizations both at treatment site and community level, the Peace Corps Volunteers will work to improve program planning and development processes with respect to the following interventions: supporting the delivery of quality care and treatment services, and improving the networking and referral mechanisms between ARV treatment sites and NGOs, Community Based Organizations (CBOs), Faith Based Organizations (FBOs), and government departments/institutions. The Volunteers will also, as needed, assist with improving site level monitoring and evaluation systems; improve coordination with Provincial and District bodies of the National AIDS Council through development of planning and activity implementation systems; establish community linkages to referral systems at district levels; develop/improve information systems that relate to treatment; and assist treatment partners in the organization of community networks.

With this additional Peace Corps support, it is envisaged that 5 ART sites in Zambezia, Sofala and Nampula provinces will have increased support and referral resources and enhanced capacity for monitoring, reporting and evaluation. Additionally, Peace Corps plans to facilitate the training of at least 100 individuals in adherence support and treatment literacy.

In support of the above activities, and those of other Peace Corps Volunteers working in treatment-related areas, the COP '08 proposed budget for Treatment will cover: technical staff, materials, and training activities for pre-service training; costs associated with in-service trainings and planning meetings, including language and technical trainers, and support for Volunteers, counterparts, and community members to participate in and benefit from these training activities; project exchange visits, allowing Volunteers and their counterparts to visit each other's programs and activities to share best practices; support for special community projects, trainings, events, and activities with components intended to improve treatment success; an all-Volunteer conference on HIV-AIDS; materials development, translation, and reproduction, including the development and printing of an organizational development and capacity building toolkit for Health Volunteers and their colleagues; in-field technical support by PC/M staff, including staff and Volunteer travel and associated costs; PC/M staff capacity building through in-service activities, including post exchanges and conferences; and staff and office supplies to facilitate the above activities. Finally, PEPFAR funds will be used for enhancements so that Volunteers can be placed in less-served areas, primarily through the provision of housing where ordinarily, communities and organizations could not afford to house Volunteers according to PC's security standards. PEPFAR resources will also be used for special school or community events and projects related to Treatment.

Per Agency instructions, approximately 15% of the budgeted amount will be directed to PC/HQ to cover overhead costs for supporting PC PEPFAR activities in this program area.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9472

Related Activity: 12956, 12957, 12958, 12960

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21519	9472.21519.09	Peace Corps	US Peace Corps	9341	3528.09	Peace Corps-Peace Corps-GHAI-Local	\$337,500
9472	9472.07	Peace Corps	US Peace Corps	5198	3528.07	Peace Corps-Peace Corps-GHAI-Local	\$448,960

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12956	5011.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$620,000
12957	4921.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$300,000
12958	5062.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000
12960	5009.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Coverage Areas

Sofala

Zambezia

Inhambane

Nampula

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3520.08

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5215.08

Activity System ID: 12952

Mechanism: DOD-DOD-GHAI-HQ

USG Agency: Department of Defense

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$126,000

Activity Narrative: Continuing activity. FY08: During 2007 DOD funded a rehabilitation of a military facility to be converted into a new day hospital in Tete province. The FY08 funds will be used to train staff who will provide HIV care and treatment services at this and other DOD supported military facilities. In addition the funds will be used for the procurement of supplies and equipment for military ART facilities.

Fy07: DOD will fund HIV/AIDS related international courses for military and police health care providers. This activity focuses on developing the capacity of health providers responsible for ARV roll-out at the Military Hospital because, an effective response to the HIV/AIDS epidemic requires expertise, experience, and training in the prevention and management of people infected with HIV. Therefore, part of the Mozambican military medical staff will be trained in San Diego – California through the Military International HIV Training Program (MIHTP) is a collaboration of the Naval Medical Center San Diego (NMCSD) and two San Diego, California universities - the University of California, San Diego (UCSD) and San Diego State University (SDSU). The Naval Health Research Center (NHRC) provides operational support through the US Department of Defense (DoD) HIV/AIDS Prevention Program (DHAPP). The MIHTP was established to use the HIV expertise in three closely associated San Diego institutions namely, the Naval Medical Center San Diego (NMCSD), the University of California, San Diego (UCSD) and San Diego State University (SDSU). It provides training of medical military personnel actively caring for HIV-infected patients. Supporting prevention and treatment programs in military forces of countries requesting DOD assistance, we provide clinical training in HIV-related patient management, epidemiology, and public health. The mission of the Military International HIV Training Program is to provide flexible training in support of prevention of HIV transmission and management of infected persons in military organizations. Its top priority is to train key medical personnel (clinicians in practice) both in San Diego and abroad with the goal of transferring appropriate knowledge and technology to each country. The training programs and projects are developed in collaboration with each military organization to meet specific needs. Emphasis is placed on training, consultation, and operational support for prevention and clinical management of HIV and its complications as well as courses in epidemiological surveillance and laboratory diagnosis from a clinical physician perspective. A large emphasis is placed on the experiential part of the program to understand the military's policies and procedures regarding service members with HIV/AIDS.

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8564

Related Activity: 12929, 16276

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21511	5215.21511.09	Department of Defense	US Department of Defense	9340	3520.09	DOD-DOD-GHAI-HQ	\$75,000
8564	5215.07	Department of Defense	US Department of Defense	4882	3520.07	DOD-DOD-GHAI-HQ	\$100,000
5215	5215.06	Department of Defense	US Department of Defense	3646	3646.06		\$70,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16276	16276.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$13,825,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

Special populations

Most at risk populations

Military Populations

Coverage Areas

Sofala

Maputo

Nampula

Tete

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 8784.08

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 8547.08

Activity System ID: 13208

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$1,047,000

Activity Narrative: Continuing Activity with updated Narrative

This program area is comprised of two separate components: Continuation of support for ART site infrastructure (supported by FY06 Plus Up funds and FY07 funds) and support for a new gender activity.

ART Site Infrastructure: \$950,000

One of the major barriers identified by the hospitals to improving infection prevention and control practices to decrease the medical transmission of blood borne diseases, such as HIV/AIDS, is the lack of adequate proper instrument processing and infectious waste disposal. Proper isolation systems to prevent nosocomial transmission of Tuberculosis (TB) are also needed. Lack of appropriate equipment and inadequate physical structure are among the main causes of these gaps in most of the hospitals. Since 2006, JHPIEGO has been providing technical assistance to improve sterilization systems and waste management in USG-supported ART treatment sites, including provision of incinerators.

The purpose of the program area is to continue to support the improvement of instrument processing, proper isolation systems, and waste management in USG-supported ART treatment sites, to be selected in coordination with the Ministry of Health and USG.

These activities are continuing and will be complementary to those occurring in FY07.

Objectives are to: (a) Implement instrument processing and sterilization systems in treatment sites; (b) implement waste management through provision of incinerators in treatment sites; and (c) improve isolation measures to minimize nosocomial TB infection among HIV infected patients and healthcare workers

Main Activities will be to: (1) Support and improve central sterilization units in at least two selected USG supported ART facilities, including provision of equipment and rehabilitation; (2) Select and purchase incinerators for up to four USG supported ART sites; and (3) Design plans for the rehabilitation of isolation units for infectious TB patients (Maputo, Sofala and Zambezia provinces).

Gender: \$97,000

Gender-based violence (GBV) is an urgent public health problem worldwide, particularly in the context of the HIV/AIDS epidemic. WHO (2002) reports that between 10 and 69% of women experience physical abuse at the hands of a male partner at least once in their lives. When combined with a woman's increased vulnerability to sexually-transmitted diseases including HIV in any given heterosexual encounter, violence and other gender-related norms guiding male and female behavior greatly exacerbate the situation.

Since 2006, JHPIEGO has been providing technical assistance to the MOH to update and disseminate PEP guidelines for HIV occupational exposures; and it is now expanding these guidelines to other vulnerable groups such as victims of gender-based violence. Particularly in countries such as Mozambique, with an estimated HIV prevalence of 16.2% and with the main mode of transmission being heterosexual intercourse, and where women suffer a generally lower status of development than men, gender-based violence and gender norms that influence women's vulnerability to HIV must be incorporated into the context of existing HIV programs.

The purpose of this program area is to support the MOH to rapidly incorporate and address the needs of gender-based violence clients within the health care service delivery system and to ensure linkages between different levels of interventions.

Key objective of this activity is to provide support to the MOH to expand the concept of gender "mainstreaming" into health care service delivery, through integration of gender-based violence components into existing HIV programs and strengthening linkages to services for victims of gender-based violence, beginning with the review, and updating of current policy and materials.

Main Activities will be to: (1) Conduct a desk review of current policy and materials to determine appropriateness and coverage of issues relating to identification of, and support and referral for, victims of gender-based violence; (2) Disseminate and utilize findings in desk review, create recommendations for updating of policy and guidelines; and (3) Update service delivery guidelines for HIV accordingly, to incorporate gender-based violence issues.

FY07 Narrative: This activity is linked to Activity 8593 in ARV Treatment Services. Proposed funding would cover some activities initiated in FY06 and currently supported through a sub-agreement of EGPAF with Vanderbilt University as well as new activities described below.

Zambezia province is the most populated of Mozambique's 11 provinces and also has the most number of PLWHAs (est: 211,703). The provincial staff working in Zambezia are also said to face one of the biggest challenges in delivering quality health services owing to deficient infrastructure and human resources even by Mozambican standards.

The USG, with its new 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

Activity Narrative: care for patients receiving care and treatment services and that function as down referral sites.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8547

Related Activity: 13190, 15775, 14325, 12954

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26733	8547.26733.09	HHS/Centers for Disease Control & Prevention	JHPIEGO	10412	8784.09		\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15775	5177.08	8784	8784.08		JHPIEGO	\$900,000
14325	5259.08	6776	3656.08	Track 1	John Snow, Inc.	\$1,792,993
13190	8582.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$250,000
12954	8586.08	6348	3520.08	DOD-DOD-GHAI-HQ	US Department of Defense	\$175,000

Emphasis Areas

Construction/Renovation

Gender

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

Human Capacity Development

- * Retention strategy

Wraparound Programs (Health-related)

- * TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	9	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	990	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	1,080	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,040	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	30	False

Indirect Targets

Coverage Areas

Zambezia
 Maputo
 Sofala

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 6127.08	Mechanism: CDC-Vanderbilt CoAg
Prime Partner: Vanderbilt University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 12270.08	Planned Funds: \$7,022,000
Activity System ID: 13215	

Activity Narrative: Objective 1: Increase output (numbers) and quality of trained allied health personnel in the Province.
Objective 2: Increase provincial capacity to support and expand clinical laboratory services for AIDS care and treatment.
Objective 3: Increase country capacity to support and expand AIDS prevention, care and treatment research activities.

Targets:

- Basic training for allied health personnel (nurses, medical technicians, pharmacists, and lab technicians) for at least 180 new professionals in Zambezia.
- Improvement in the continuing education training program for lab technicians having an impact on the training of at least 40 laboratorians in Zambezia.
- Improvement of the continuing education program in Zambezia, which will benefit directly at least 95 HC workers.

Activities:

- Support the basic training of health care personnel at Zambezia Institute of Health Science (Instituto de Ciencia de Saude Quelimane -ICSQ). We propose to support 6 pre-service training courses (mid-level) for medical technologists, general nurses, MCH nurses, pharmacists, and laboratorians.
- Support the continuing education program of the Zambezia Provincial Health Directorate by improving the capacity of the continuing education for health professionals in the following areas: Creation of a computer training room, installation of a digital library, financial and technical support of key trainings, and infrastructure support.
- Support the creation of a laboratorian training course at the Quelimane Institute of Health Science (Instituto de Ciencia de Saude -ICSQ). There is currently no laboratorian course offered there, and VU would propose to establish a partnership with ICSQ to implement needed infrastructure improvements in Quelimane and recruitment of teaching staff. The laboratory at Quelimane Provincial Hospital would serve as training ground for laboratorians in training.
- Support the creation and implementation of a system of sample and information transport from primary care units, to districts to province and back for the different diagnostic and confirmatory tests required for the appropriate care and treatment of HIV patients, including HIV testing, TB testing, STIs and opportunistic infections. Federal Express, a TN based company may be a potential partner to support this effort making use of its tremendous inventory control and shipping experience.
- Support the secondment of a technical advisor to the DPS Zambezia for coordination, improvement and expansion of diagnostic and reference laboratory activities related to clinical management of HIV care and treatment
- Support a national collaboration with Eduardo Mondlane University (Department of Community Medicine, and Department of Anthropology), MISAU's National Institute of Health, and the newly created Ministry of Science and Technology for Public health evaluation training on HIV/AIDS. This collaboration would provide added benefit to Mozambique with little additional cost for developing training materials. These activities include in-country, short term training and mentoring, medium term regional training, and scholarships for long-term training outside Mozambique, in collaboration with other institutions. Current partnerships that make VU uniquely suited for this include: The Fogarty International Center (FIC)-National Institutes of Health (NIH) sponsored Vanderbilt-Meharry Framework Program in Global Health, the Fogarty International Clinical Research Scholars (FICRS) program (partnership with the Association of American Medical Colleges - <http://www.aamc.org/students/medstudents/overseasfellowship/start.htm>), and the AIDS International Training and Research Program (AITRP) supported by FIC-NIH, with a special Zambia supplement for in-country PHE and operations research training from PEPFAR through CDC. In addition, VU has discussed potential collaborations for such trainings with several Universities. For example, the University of Melbourne –UM (Australia) and the University of Cape Town (S.A.) have agreements with VU for training and research collaboration, and University of Maryland has historically trained many Mozambican professionals in areas spanning from Agronomy to Public Health. Similar collaborative opportunities exist with several US based Universities.

Activities:

- Continue support to the Province Health Directorate for planning, scaling up and monitoring ARV program implementation through technical assistance.
- Expand support and oversight of comprehensive care and treatment services to a total 3 health units in addition to the district hospital.
- Create and support 4 mobile clinics that will provide care and treatment services in 4 districts in areas where the population does not have access to health care.
- Continue and expand implementation of HIV/Qual quality measurement and improvement system in all sites in 6 districts.
- Improve early diagnosis of Neonatal and Pediatric HIV infection at existing treatment sites linking all access points for entry into care: PMTCT, neonatal wards, in-patient wards, well child clinics/EPI
- Continue and expand comprehensive care and ARV services to HIV-infected infants and children including OI management, early access to routine immunization programs, early identification and management of malnutrition, malaria/TB/diarrhea prevention.
- Continue and expand comprehensive pediatric care for HIV-exposed non-infected infants while at risk due to maternal breast feeding including well child care, malaria/TB/diarrhea prevention, nutrition education and monitoring of HIV status.
- Expand community-based NGOs partnerships to strengthen community care linkages in Zambézia Province. Agreements are currently being negotiated with World Vision (WV) and Medical Service Corporation International (MSCI). Program areas will include home based care, community education, adherence and PLWHA support.
- Engage communities in VCT, PMTCT, care and treatment efforts in the rural catchment areas of our projects, through community outreach, community theater, houses of worship, womens' organizations, schools, and tribal leaders through CBOs.
- Continue to expand and support the electronic medical record system that will be established in collaboration with MISAU and the DPS.
- Continue to support and expand community outreach programs aimed at increasing community and patient education about care and treatment, encouraging patients to adhere to medication through understanding of treatment, follow up on visits, etc. This will include the set up of active case finding and management teams, which in collaboration with CBOs will ensure appropriate follow up of patients and

Activity Narrative: continuum of care.

- Evaluate patient flow at each district and subordinated primary care clinic to improve referral, follow up and integration of services. This will include innovations on transportation / mobile clinics to increase coverage of health services as well, as increase community participation.
- Installation of containers to be used as additional storage facilities at the provincial level for care and treatment medications in support of the provincial drug warehouse.
- Installation of information system and IT connectivity to manage warehousing and distribution of health supplies and medicines in a timely and reliable fashion.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 12270**Related Activity:** 15784, 12966, 16276, 13195**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23623	12270.2362 3.09	HHS/Centers for Disease Control & Prevention	Vanderbilt University	10249	6127.09	CDC-Vanderbilt CoAg	\$657,634
23622	12270.2362 2.09	HHS/Centers for Disease Control & Prevention	Vanderbilt University	10249	6127.09	CDC-Vanderbilt CoAg	\$3,227,357
12270	12270.07	HHS/Centers for Disease Control & Prevention	Vanderbilt University	6127	6127.07		\$195,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15784	15784.08	6414	6124.08	CDC CARE INTL	CARE International	\$663,000
12966	5182.08	6352	3574.08	Track 1 ARV Moz Supplement	Elizabeth Glaser Pediatric AIDS Foundation	\$7,250,000
13195	8580.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$335,000
16276	16276.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$13,825,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities

* Malaria (PMI)

* TB

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	28	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	4,560	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	6,240	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	5,200	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	300	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Zambezia

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3720.08

Prime Partner: American International Health Alliance

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 8799.08

Activity System ID: 13203

Mechanism: Twinning

USG Agency: HHS/Health Resources Services Administration

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$1,028,200

Activity Narrative: AIHA will continue to implement Prevention with Positives (PwP) programs in the six existing sites in Mozambique. In 2006, AIHA developed and initiated a partnership between the University of California, San Francisco and two HIV/AIDS service sites in the Maputo Province: Namaacha Health Center and Esperanza-Beluluane VCT Center. Since 2006, partners have joined efforts to conduct and develop programs and interventions, specifically targeting the clientele at each site. Working under the assumption that the patient-provider relationship contains vast opportunities to carry-out HIV-transmission interventions, partners developed provider and patient specific goals and objectives to track behavior changes in both populations. The primary goals of the intervention are the same: both the health care providers from Namaacha Health Center, and community based workers and PLWHA support group members from Beluluane-Esperanza VCT Center develop skills to address the prevention needs of HIV-infected individuals accessing their services or participating in PLWHA support group activities. This includes discussions about:

- HIV risk behavior
- Counseling and support
- How to disclose HIV to partners and family members
- How to produce or maintain healthy families
- Individualized prevention plans and risk reduction techniques

Currently this program is in the scale up phase, where the overall partnership is to provide healthcare workers at the facility-based site and PLWHA and counselors at the community-based site with the competencies, comfort, and the desire to discuss risk behavior and prevention needs, thereby decreasing HIV transmission, and encourage HIV testing (including partner testing). During FY07, the project has met with additional sites and other stakeholders and proposed to expand to include 4 additional sites, 2 sites in Sofala Province and 2 site in Zambezia Province. In Sofala, a VCT satellite center in Mutua District has been proposed for the community-focused intervention and the Ponte Gea Hospital de Dia, in Beira for the provider focused intervention. In Zambezia Province, the community-focused intervention was proposed for Namacurra District working with Chinde community and provider focused intervention for the Namacurra Health Centre.

In FY08, the partnership focus will be on the completion of solid training materials and an intervention package designed and developed through the work at the above described pilot or demonstration sites, to now make these materials available for other sites and partners in Mozambique to develop PwP programs. The partnership will train other partners to develop their own individual PwP programs and prevention messages.

Additional PwP activities will include a ToT for facility based care and treatment program managers and staff including the provision of PwP toolkits to staff and participating organizations; a PwP ToT for community based care and treatment program managers and staff targeting national NGOs and CBOs; and a study tour for PwP implementors in-country to visit other PwP sites to establish close collaboration among all sites. Partners will continue to support existing PLWHA groups through either small sub-grants and/or procurement of items needed by the group (e.g. seeds, T-shirts, transport funds for ART sites, etc).

Partners will explore collaboration opportunities with a nascent Mozambican treatment literacy organization (MATRAM) to incorporate PwP messages into their activities. This initial exploration is expected to lead to strengthening of partnerships in the subsequent year. In addition, project implementers will develop partner opportunities with the organization Women Organized to Respond to Life-Threatening Diseases (WORLD) and a TBD Mozambican Womens' Association(s) to create prevention messages targeting women and women's empowerment opportunities.

Measurable project outcomes tracking behavior changes in PLWHA and direct service providers and implementing and managing M&E systems and tools to monitor outcomes. It is anticipated that 195 individuals (both service providers and individuals) will receive prevention with positives training.

Goals

Although continued specific partnership objectives will be jointly developed by both partners, AIHA and CDC -Mozambique during workplan development, initial focus areas, based on AIHA's experience thus far, include the following: (a) To increase the knowledge and skills of healthcare workers, counselors and PLWHA peer educators to address prevention counseling, adherence counseling, disclosure of HIV status, partner notification and risk reduction techniques among PLWHA; (b) To increase the capacity of staff and PLWHA peer educators at the PwP program sites to monitor and evaluate PwP activities; and (c) To increase the level of PLWHA patient monitoring/surveillance in conjunction with PwP activities.

Project Management

Twinning Center staff in Washington DC will continue to work with and support this partnership by developing a workplan including goals and objectives, partnership communication plan, and monitoring and evaluation plan. Both partners have identified partnership coordinators who work with Twinning Center staff to monitor the partnerships' progress and to help identify areas where technical assistance might be required. The Twinning Center will also be responsible for day-to-day project administration including budget monitoring and logistical support. The Twinning Center can also provide training to the individual organizations on financial administration and subgrant management.

Monitoring and Evaluation

AIHA Twinning Center staff and UCSF technical and PwP experts have assisted partners to develop a monitoring and evaluation system for the partnership. AIHA and UCSF will continue to assist the partners in implementing this system and developing training-specific monitoring tools. In collaboration with USG stakeholders, AIHA and partners will continue to select the appropriate PEPFAR indicators and other relevant indicators based on planned activities in the workplan. AIHA and UCSF continue to assist partners to develop the appropriate tools and systems necessary to collect and report relevant data and provide technical assistance when necessary. AIHA reports these data to USG teams quarterly and will further evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the workplan period.

Twinning Partnership Philosophy

In keeping with its mission to advance global health through partnerships that mobilize professionals,

Activity Narrative: institutions, and communities to better address delivery and quality of health care, the American International Health Alliance established the Twinning Centre to help integrate and improve HIV/AIDS prevention, care and treatment in the countries most affected by the global AIDS pandemic. Operating under a cooperative agreement with the Health Resources and Services Administration (HRSA), and in collaboration with the various USG agencies coordinating the President's Emergency Plan for AIDS Relief (PEPFAR), the Twinning Centre establishes and manages both north- south and south-south partnerships which focus on strengthening institutional capacity to create a sustainable response to the HIV pandemic. The partnerships focus on a peer-peer methodology and leverage resources through volunteerism and in-kind contributions. Most twinning partnerships are able to leverage substantial resources to greatly increase the value of the partnership.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8799

Related Activity: 15787

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23402	8799.23402.09	HHS/Health Resources Services Administration	American International Health Alliance	10112	3720.09	Twinning_AIHA	\$757,520
8799	8799.07	HHS/Health Resources Services Administration	American International Health Alliance	4940	3720.07	Twinning	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15787	15787.08	6347	3529.08	GHAJ_CDC_POST	US Centers for Disease Control and Prevention	\$357,020

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Coverage Areas

Maputo

Sofala

Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3580.08

Prime Partner: Columbia University

Funding Source: Central GHCS (State)

Budget Code: HTXS

Activity ID: 5181.08

Activity System ID: 13948

Mechanism: Track 1 ARV

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$4,125,000

Activity Narrative: Continuing activity: Columbia University's (CU) scale-up of treatment services is supported by USG and guided by Mozambique's national HIV strategic plan. In collaboration with the Ministry of Health (MOH), CU will continue long-standing support HIV care and treatment facilities at 10 secondary and tertiary-level hospitals in Maputo City (3), Xai Xai in Gaza Province (1), Inhambane City in Inhambane Province (1), Nampula City in Nampula Province (1), and Quelimane, Mocuba, Milange and Gurue in Zambezia Province (4). To accomplish this, CU will continue to:

- 1) finance, train and mentor 15-20 MOH clinic staff per facility (200 total),
- 2) provide equipment and supplies to maintain facility operations,
- 3) conduct additional renovations as needed,
- 4) improve patient management, drug management and strategic information systems,
- 5) reinforce follow-up and referral systems,
- 6) strengthen linkages with organizations providing services for PLWHA, VCT outlets, TB clinics and pMTCT centers
- 7) strengthen linkages with services to increase HIV case-finding (e.g. TB, PMTCT, Youth Centers)

Specific activities include:

Human Resources: Continue financing the salaries of MOH health-care workers (200). These providers include, doctors, medical technicians, nurses, counselors, pharmacists, data technicians and administrative staff. This activity will be financed through subagreements with Provincial Health Authorities (DPS) plus the Central Hospital in Maputo.

Training and Mentoring: Continue supporting CU clinical-support teams at the facility level. The clinical-support teams provide clinical mentoring, technical assistance and logistical support to staff at the HIV care and treatment facilities supported by CU. They provide refresher training for facility staff to reinforce guidance received through national training programs. The teams are based at provincial-level hospitals and travel regularly to other CU-supported facilities in the province. Each team includes a Clinical Supervisor, 1-3 Clinical Officers, 1-2 Logistics Officers and a Data Officer. All team members are hired directly by CU.

Infrastructure: Continue providing supplies and additional equipment to maintain and expand facility services. In addition CU will support minor renovations as needed.

In addition, CU will continue to provide technical support at the central level to the Department of Medical Assistance (DAM). This support is used to assist the Government of Mozambique in developing and updating policies and guidelines for managing the national ART effort. Specifically, CU technical staff will provide the following support: guidance to HIV Management and ARV Committees, revision of clinical guidelines and HIV service decentralization plan, revision of training curricula and materials, adaptation of adherence and psychosocial support materials and guidance to the National Adherence Support Work Group, and refinement and roll-out of a CU-developed computer and paper-based patient-tracking system.

As an integral part of its efforts, CU will work to improve pediatric treatment services and support at least 3,800 children on treatment and 22,000 children receiving HIV care at all CU supported facilities.

FY07 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.

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8837

Related Activity: 16278

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23665	5181.23665.09	HHS/Centers for Disease Control & Prevention	Columbia University	10262	3580.09	Track 1 ARV	\$4,500,000
8837	5181.07	HHS/Centers for Disease Control & Prevention	Columbia University	4765	3580.07	Track 1 ARV	\$4,500,000
5181	5181.06	HHS/Centers for Disease Control & Prevention	Columbia University	3580	3580.06	Track 1 ARV	\$4,500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16278	16278.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$0

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	10	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	5,900	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	15,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	13,500	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	200	False

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 persons on ART programs in the country.

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Zambezia

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3692.08	Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11

Activity ID: 5282.08

Planned Funds: \$97,000

Activity System ID: 13353

Activity Narrative: This is a continuing activity under COP08.

AED will work with USG treatment partners nationwide to facilitate knowledge and best-practice transfer across all treatment partners. AED will work in close collaboration with treatment partners as well as Ministry of Health delegates to ensure broad participation in provincial level meetings and site exchange visits between the treatment partners. Following consultation with partners, within the USG, and with the OGAC adult treatment working group, it was decided to move towards a district level model. To that end, AED will facilitate site exchange visits between treatment partners to more fully develop their understanding of what a district support model entails. Treatment partners, with leadership from the Ministry of Health, will also work towards standardizing a minimum package and AED's role is to facilitate open communication through the creation of an enabling environment and a communication framework from which to work within.

The FY2007 narrative below has not been updated.

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

All AED activities interlink with each other for the overall purpose of building capacity of local NGO/CBO/FBO to stand on their own and for grants management under the Capable Partners Program (CAP); some activities have specific components assigned to it. In COP07, AED has responsibilities for several component which represent a major scale-up of AED current program in NGO capacity building and grants management. AED will continue to work with Mozambican networks and organizations that provide services to OVC, home based care clients, PLWHA groups and association members which together have national reach. FY07 represents year 2 of a planned 3 year activity that began with FY 06 funding. Special activities will be focused in Sofala and Zambezia Provinces.

This activity addresses the treatment component of AED activities. Under this activity, supported by USAID_HBHC_AED and USAID_OHPS_AED, ANEMO's involvement in treatment adherence for ARV and TB will be strengthened. ANEMO will be assisted to develop mechanisms and curriculum for training and hiring retired and unemployed treatment adherence care workers (TACW). The Master Trainers will expand their expertise into treatment adherence and train and supervise the TACWs who will be based at clinic sites, and will refer ART patients to community based care providers for continued support, follow-up and referrals. This activity is expected to keep clients in the clinical system by monitoring their adherence and referring any complications identified.

AED more general work with ANEMO, professional association of nurses, will be to strength their institutional capacity in two areas: 1) the Training of Trainers section to be able to provide training services in a variety of clinic related areas and 2) expansion of the service delivery section. Under a \$300,000 sub-grant, ANEMO will be able to maintain their Master Trainers duties and responsibilities to continue to train trainers for improved HBC. Refresher courses will be developed by MOH for the Master Trainers to roll out. In addition, OI and STI trainings can be provided by these same Master Trainers who can train clinical staff as well as home-based care providers. In collaboration with activity USAID_OHPS_AED, ANEMO will be able to develop their professional association responsibilities.

AED other activities also support and strengthen NGO/CBO/FBO what work in the programmatic areas of AB, OVC and home-based palliative care. COP07 activities in treatment and TB adherence will train 94 NGO/CBO/FBO staff who in turn will reach 750 PLWHA.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9109

Related Activity: 13349, 13350, 13351, 13352, 13354

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24131	5282.24131.09	U.S. Agency for International Development	Academy for Educational Development	10359	3692.09	Capable Partners Program	\$0
9109	5282.07	U.S. Agency for International Development	Academy for Educational Development	5037	3692.07	Capable Partners Program	\$300,000
5282	5282.06	U.S. Agency for International Development	Academy for Educational Development	3692	3692.06	Capable Partners Program	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13349	5293.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,760,000
13350	9154.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$822,600
13351	9131.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$560,000
13352	5323.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,676,441
13354	9212.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3583.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 8806.08

Activity System ID: 13218

Mechanism: I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$1,736,000

Activity Narrative: Summary:

I-TECH has been committed to providing technical assistance to the Ministry of Health in support of their ambitious HIV program expansion plans. (\$1,686,000)

In 2008, in partnership with MISAU, I-TECH will establish a training center in one of the MISAU / PEPFAR focal provinces (Sofala, Zambezia or Nampula, TBD), linked with one of the Ministry's pre-service training centers. The new training center will offer a range of training support services to the Mozambique and will establish a link between pre- and in-service trainings.

In COP 08, I-TECH will continue its support to MISAU through the provision of technical assistance and training to conduct a number of critical HIV-related initiatives, including the rollout of a Pediatric ART course, country-wide; validation research related to opportunistic infections; and the development of a pre-service curriculum for TdM, including, for the first time, HIV-related topics in the course.

I-TECH's COP 08 objectives are as follows:

Objective 1: Provide training and support to mid-level health workers in the provision of ART and PMTCT services

Objective 2: Increase the capacity of mid-level practitioners to provide pediatric ART services

Objective 3: Provide support for OI validation research

Objective 4: Provide technical support to MISAU in the development of the TdM pre-service curriculum

Objective 1: Provide training and support to mid-level health workers in the provision of ART and PMTCT services. In 08, I-TECH will establish a training center in one of the priority provinces (Sofala, Zambezia or Nampula) in order to better support a range of training services in the region.

Activity 1.1. In a selected province, work with the training institute, provincial training unit, NGO partners, clinics and hospitals to establish a training center with a regional focus, which would offer a range of training services, for example, refresher courses for clinicians; trainings for trainers and mentors on a range of HIV-related topics; and workshops on curriculum development and training methodology. The center would link pre-service and in-service activities, and didactic and hands-on training.

Activity 1.2. Provide individualized capacity building assistance to training partners in assessing, planning, organizing, implementing and evaluating HIV-related training activities through assistance from specialists based at the center.

Objective 2: Increase the capacity of mid-level practitioners to provide pediatric ART services. In 2008, I-TECH will assist MISAU in rolling out the pediatric ART in-service course for mid-level providers country-wide.

Activity 2.1. Revise the pediatric ART curriculum and training materials based on the pilot course evaluation.

Activity 2.2. Plan, coordinate and facilitate the national roll-out of the Pediatric ART training: conduct two national Training of Facilitators courses for MISAU trainers (2 facilitators per province); facilitate one training per province (x 11 provinces) with MISAU trainers. Conduct training evaluations; adapt materials as appropriate.

Objective 3: Provide support for OI validation research through the development of a validation proposal, and pilot of the OI component of the Basic Course on HIV.

Activity 3.1. Serve a supportive role (TBD) in the implementation of 07 proposal for validation research related to the opportunistic infection (OI) guidelines.

Objective 4: Provide technical support to MISAU in the development of the TdM pre-service curriculum. In 2008, I-TECH will provide technical assistance to MISAU to support them in the management of the phased development of the TdM pre-service curriculum, envisioned to be a multi-year project.

Activity 1: I-TECH will assist MISAU's Training Unit and Technical Working Group to lead and manage a phased approach to expanding the course outline by developing the content of the TdM pre-service course, first prioritizing prerequisites needed for HIV and related courses. I-TECH will collaborate and/or subcontract with international or regional training institutions to develop the course content. The amount of course material able to be developed will depend on depth/complexity of a standard module (TBD). Funding may include related costs of the working group.

This activity sheet also proposes funding (\$50,000) for the following activities: The MoH currently provides its workers with free ARV treatment and, according to the MoH, as of May, 2007 ARVs were available in 146 sites covering all 128 districts of Mozambique (and all ARV service sites are integrated with counseling and testing services). As with accessing other HIV-related services, however, it is unclear that among HIV-infected and eligible health workers uptake of, and adherence to, ARVs is at an optimal level and what could be done to improve this situation. According to anecdotal information, concerns around confidentiality of information and fears of discrimination within one's work environment are concerns of health care workers when considering whether to access treatment. These concerns present significant barriers for health workers to accessing ARVs but it is unlikely that increased access to ARV services can occur without both a clearer understanding of service-seeking behavior and subsequent efforts to address informational and behavioral gaps. This understanding will be based on the quantitative and the qualitative health workers studies currently being undertaken and supported through FY06/07 funds. FY08 funds are being requested to support the University of Washington and its partner Global Health Communications (GHC) with experience in the successful development and evaluation of Behavior Change Communication (BCC) interventions in the African context. Activities that this partner will support in Mozambique include:

(a) Providing technical assistance to MoH in applying quantitative and qualitative assessments to the task of BCC intervention design with the goals of improving access to ARVs, facilitating uptake of ARV services, and promoting adherence to ARV regimes;(b) Guiding the development and piloting behavioral and educational interventions focused on issues of ARV access and adherence; and (c) Assisting MoH in evaluating pilot interventions relating to ARV access and adherence.

Activity Narrative:

(b) Guiding the development and piloting behavioral and educational interventions focused on issues of ARV access and adherence; and

(c) Assisting MoH in evaluating pilot interventions relating to ARV access and adherence

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8806

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23225	8806.23225.09	HHS/Health Resources Services Administration	University of Washington	9948	3583.09	I-TECH	\$0
23224	8806.23224.09	HHS/Health Resources Services Administration	University of Washington	9948	3583.09	I-TECH	\$0
8806	8806.07	HHS/Health Resources Services Administration	University of Washington	4941	3583.07	I-TECH	\$680,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	65	False

Coverage Areas

Cabo Delgado
 Gaza
 Inhambane
 Manica
 Maputo
 Nampula
 Niassa
 Sofala
 Tete
 Zambezia

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 6124.08	Mechanism: CDC CARE INTL
Prime Partner: CARE International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 15784.08	Planned Funds: \$663,000
Activity System ID: 15784	

Activity Narrative: This is a continuing activity from FY07

This activity is linked to Emergency Plan funded treatment activities through and complements treatment expansion being implemented by other partners who also receive funds from the emergency plan (Columbia University, Health Alliance International, Vanderbilt University, Elizabeth Glaser Pediatric AIDS Foundation)

During FY08, CARE International proposes to work in Inhambane province to continue implementation of FY07 funded treatment activities that were started in Inhambane province (Vilankulos) as well as expand and scale- up similar services to two other districts; Inhassoro and Mabote.

Therefore, in addition to continued support to Vilankulos for ART, the funding to CARE International will be used to undertake the following activities:

- 1) Continue and initiate in- service and refresher trainings for MOH staff in Vilankulos, Inhassoro and Mabote on HIV care and treatment, using national guidelines in order to improve clinical skills for provision of HIV care treatment for adults and children and to strengthen supply chain and inventory systems in supported districts. This will be through clinical mentoring, exchange visits to facilities already providing ART and financing the participation of staff to local and national trainings.
- 2) Support program monitoring and evaluation and reporting in the 3 districts where CARE International will implement services.
- 3) Develop links with and train Community Based Organizations and Activists (Home Based Care volunteers) for follow -up of patients on ART, provision of psycho-social support, and treatment adherence
- 4) Provide logistical support to enhance laboratory linkages between Vilankulos district hospital and Inhambane provincial hospital for CD4 count and PCR testing with Maputo central laboratory. Vilankulos district hospital would coordinate delivery of blood samples and laboratory reports to and from Mabote and Inhassoro district health facilities.
- 5) Support the District Health Directorate (DDS) in Vilankulos, Inhassoro and Mabote to enhance linkages between ART, PMTCT, pediatric services and TB programs to promote better follow up, referrals and treatment adherence. Working in partnership with the MoH and HBC volunteers linked to Community based organizations (CBOs), the project will work to address the known barriers to ART services including HIV-related stigma, lack of support for people living with HIV and AIDS and their families, limited access to accurate information on HIV and AIDS including treatment literacy, and inadequate information on positive living and impact mitigation.
- 6) Provide technical assistance through technical advisor, to the district medical; directors office responsible for HIV care and treatment in program monitoring including site visits and supervision to ensure expansion of the ART program and provision of quality treatment services.

CARE will recruit 2 clinical district supervisors, 1 laboratory technical staff and 1 M&E officer to provide technical support, train and mentor Mozambican staff at the 3 sites and provide assistance to the district coordinators. Additionally, 6 ART lay counselors will be recruited and, trained using MoH approved curriculum and deployed to support the 3 ART sites.

Through these activities CARE will support ART for 750 people (including 75 of whom will be children) at 3 sites in the country.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15718, 13215, 16276

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16276	16276.08	7403	3568.08	Track 1 ARV Moz Supplement	Columbia University	\$13,825,000
13215	12270.08	6415	6127.08	CDC-Vanderbilt CoAg	Vanderbilt University	\$7,022,000

Emphasis Areas

Construction/Renovation

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	3	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	750	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	675	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	30	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Inhambane

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3529.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 15787.08

Activity System ID: 15787

Mechanism: GHAI_CDC_POST

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$357,020

Activity Narrative: Continuing Activity: Replacement Narrative.

Funding under this activity will be used to support CDC Mozambique treatment related activities that include: Costs for travel, accommodation and expenses for supervision and monitoring of partner supported ART programs; participation in regional and international HIV related meetings; and support in-service training of health staff in Zambezia as part of the provincial focus support to that province.

An additional component of this activity is funding for 5 staff positions that contribute part of their time in supporting the treatment program as follows:

HIV Prevention Specialist, working with ART and HIV/AIDS service partners to support and guide the development, implementation and monitoring of Prevention with Positives (PwP) activities at six PwP demonstration sites as well as facilitating PwP training of trainers for USG-funded ART partners and national NGOs/CBOs supporting PLWHA groups.

Pediatric treatment specialist, who serves as the technical officer responsible for planning, organizing and monitoring pediatric HIV care and treatment projects in order to scale up and improve the provision of HIV care and treatment for children. In this capacity, provides technical guidance for all CDC-Mozambique supported pediatric care and treatment activities in the context of both the Ministry of Health (MOH) and overall CDC-Mozambique strategic programs that aim to expand and improve prevention, follow-up, care and Antiretroviral treatment (ART) services for children infected with HIV.

Laboratory technical assistant who provides oversight for a range of broad laboratory related programs and activities that are carried out by CDC as well as all partners implementing HIV care and treatment. The basic function of this position is to provide expert advice and guidance for helping to develop and expand adequate laboratory infrastructure and for establishing and implementing sound laboratory practices.

ART site support assistants (2); who work within the treatment team to Support care and treatment scale-up at site level--this involves frequent travel and close linkages with staff from partner organizations in the field as well as support activities to improve quality of treatment scale-up (e.g. HIVQUAL)

ETR manager a new position proposed this year to support implementation and scale of the Electronic TB register by the MOH. The position involves working closely with the MOH data manger on coordinating training, supervising sites implementing the program as well responding to questions and problems and linking to CDC regional and HQ for technical support. This position will also interface with the treatment program with respect to monitoring HIV/TB indicators relevant to both programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 13203

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13203	8799.08	6411	3720.08	Twinning	American International Health Alliance	\$1,028,200

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3529.08	Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 15788.08	Planned Funds: \$0
Activity System ID: 15788	
Activity Narrative: PHE/Continuing activity - Activity ID # (from COP 07): 8639	

Title of study: Evaluation of cost and cost-effectiveness of HIV treatment to support resource planning

Time and money summary: FY 2007 (292,000). There are no funds being requested for FY 2008. The initial activities will start in September 2007, with an initial planning trip from the Atlanta based team to Mozambique.

The local co-investigators are: Dr Americo Assane Chief of Department of Medical Assistance, Mozambican Ministry of Health; Dr. Florindo Mudender, Department of Medical Assistance, Mozambican Ministry of Health. Dr Francisco Mbofana, National Institute of Health, Mozambican Ministry of Health.

This activity proposes a public health evaluation to measure the costs of comprehensive HIV treatment in a sample of PEPFAR-supported facilities, and to evaluate the cost-effectiveness of these programs. This project builds upon and complements concurrent evaluations to assess treatment program outcomes and cost-effectiveness and contributes to a national ART program evaluation. The evaluation will facilitate USG and partner program planning and resource allocation by assessing the potential reach of ART programs given available financial resources, informing selection of optimal program models, and locating areas where potential efficiency gains could free-up resources to expand service provision.

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

The first planning/assessment trip will take place in September 2007. Study protocol is in development and should be finalized in October 2007. Protocol submission to local IRB and CDC ethical review should occur in October 2007. The team of investigators should start field data collection in January 2008.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3526.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 15790.08

Activity System ID: 15790

Mechanism: GHAI_CDC_HQ

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$0

Activity Narrative: PHE/Continuing activity : Activity ID # (from COP 07): 8632

Title of study: National ART Program Evaluation

Time and money summary: FY 2007 (200,000). Additional \$300,000 were requested under plus-up in 2007 to cover study design changes that will allow more sites to be included in the sample, thus allowing every province in the country to be represented with at least one large facility/urban site and one smaller/rural site. This change makes programmatic sense but will increase costs - such as additional site managers, data abstraction, patients follow up and travel costs. There are no funds being requested for FY 2008. Since the protocol is in final stages of development, funds have not been spent so far.

The local co-investigators are: Dr Americo Assane Chief of Department of Medical Assistance, Mozambican Ministry of Health; Dr. Florindo Mudender, Department of Medical Assistance, Mozambican Ministry of Health. Dr Francisco Mbofana, National Institute of Health, Mozambican Ministry of Health.

The National ART evaluation project was modeled after similar projects currently ongoing in other countries such as Rwanda and Kenya. Dr. Tedd Ellerbrock, Team Leader, HIV Care and Treatment, GAP, recommended that this evaluation should also be carried out in Mozambique. The evaluation is unique in that it involves population-based sampling of patients initiated on ART in country, intended to provide a national "snapshot" of program quality. The project involves the evaluation of patient retention, weight, CD4 outcomes and viral load suppression at 6 and 12 months after ART initiation, using both a retrospective and a prospective approach.

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

Funds allocated to this PHE will be used to support study staff needed to carry out this activity, data collection related costs and laboratory supplies. Travel expenses to study sites and areas covered by the study, as well as travel for international experts, are included.

The study protocol is in final stages of development, in collaboration with counterparts at the Ministry of Health and should be finalized in October 2007. Protocol submission to local IRB and CDC ethical review should occur in October 2007. The team of investigators should start field data collection in January 2008.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 3526.08

Mechanism: GHAI_CDC_HQ

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV
Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 15812.08

Planned Funds: \$215,869

Activity System ID: 15812

Activity Narrative: Continuing activity: replacement narrative

This activity includes funding to partially support 3 staff positions within the CDC Mozambique that are related to the treatment program namely:

ART site coordinator: Works to support all aspects of care and treatment scale-up at site level, this involves frequent travel and close linkages with staff from partner organizations in the field including supporting activities to improve quality of treatment scale-up (e.g. HIVQUAL). The position holder is responsible to coordinate monthly USG Treatment Partner's Meeting; oversees all USG-funded renovation and construction activities and supervises the ART site assistant

Senior treatment coordinator: Is responsible for USG-supported HIV treatment scale-up, chairs the USG Interagency Treatment Working Group, is the main liaison with SCMS (Supply Chain Mgmt. System) for ARV drug related issues, oversees COP planning related to HIV treatment activities, provides technical leadership to MOH, USG and partners on treatment issues and supervises the Pediatric Treatment position (to be recruited)

Treatment/lab/M&E officer :Works within the treatment team to support ART and lab related program monitoring activities including: evaluating progress in program implementation, compiling, maintaining and reporting on data records related to partner reports and proposal submissions; data compilation needed for routine program monitoring, COP preparation and semi-annual and annual reports

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 3629.08

Prime Partner: Health Alliance International

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 5229.08

Activity System ID: 15869

Mechanism: USAID-Health Alliance
International-GHAI-Local

USG Agency: U.S. Agency for International
Development

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$18,311,184

Activity Narrative: This is a continuing activity under COP08.

Health Alliance International will expand its reach within the 23 districts of Sofala and Manica provinces and begin to provide district-level support in the province of Tete this year. COP 08 is the year in which it is widely expected for the HAI model to hit its stride and provide the quantity of patients and the quality of services for which it has been working its way towards over the last several years. HAI will continue to strive to improve the capacity of the health system for those already infected with HIV and upgrade the laboratory testing capacity and the quality of services the laboratory offers a s means to support the referral system of samples and results. HAI's longstanding commitment to fully integrate HIV/AIDS services into a cohesive health network, provides support along the continuum of care and strengthen the capacity of provincial and district directorates of health to manage the HIV program will continue under COP08. In addition, HAI will provide approximately \$500,000 in support of a scholarship program for laboratory technicians, pharmacists, medical technicians, as well as MCH and general nurses, eight classes in all, totaling approximately 240 students. Students will be chosen from districts, offered pre-service training, and returned to their district to work for at least two years in repayment of their scholarship; whilst waiting to be absorbed into the MOH system, HAI will provide salary support. HAI will also construct six facilities (2,500,000), twenty staff houses (800,000) and repair and renovate 18 service outlets (1,580,000). Finally, HAI will continue to work with a number of wrap-arounds including developing sustainable strategies to guarantee food security for PLWHA, the provision of SP to pregnant women, and collaborative work with PMI in the distribution of bed nets as well as TB-CAP to more effectively integrate tuberculosis and HIV care and treatment. Like other partners HAI will continue to foster linkages with the Child at Risk Consult (CCR) as well as treatment services. The referral system between PMTCT, treatment services, and the CCR will be the first line of approach, which has broad Governmental support. However, HAI is already exploring ways to reinforce testing and treatment linkages with vaccination campaigns, well baby visits, and weighing stations.

The activity narrative below from FY2007 has not been updated.

Health Alliance International implements HIV care and treatment activities in Mozambique in Manica and Sofala provinces. This is a continuing activity and is linked to palliative care and TB/HIV activities being implemented by HAI and its sub-grantees. These activities are described elsewhere in this document.

There are four main component to this activity, the first one being support to human resources development. HAI will provide technical and financial support pre and in-service training and mentorship of medical technicians, nurses, doctors, pharmacists and other health staff focusing on HIV care and treatment. This will be through use of existing training materials that have been developed by the MOH with donor and other partner support. Through this activity, HAI will contribute to the training of 216 health personnel in existing 18 sites; 240 trained in additional 30 sites; and 90 medical technicians, nurses, laboratory technicians and pharmacists.

The second component is infrastructure development that will involve, repair (11sites) renovation (11 sites) and construction (7) of health facilities for the provision of ART services. Included in this component is the construction of 2 health centres including two staff houses per health facility for Sofala province as part of the Emergency Plan's focus on this high HIV burden province. Equipment and supplies such as computers and furniture will be procured and placed in the new sites. In total HAI plans to open 30 new treatment sites, most of which are small satellite sites surrounding larger day hospitals in Sofala and Manica Province at a cost of \$550,000. This is addition to the 18 current sites. This support will result in 12, 500 receiving ART including 1250 children.

The third component of this activity is to provide quality supervision and support through mentorship of staff, improvement of the M&E system at site and provincial level by supporting staff training and procurement of computer equipment; in addition to provision of technical assistance and participation in regular planning and program monitoring meetings with the provincial Health Directors office. Maintain ongoing activities in 18 ART treatment sites and open an additional 30 treatment sites through provision of basic equipment and training (rehabilitation in 11 sites in addition to expansion of outpatient department, construction of new health centres and housing for staff.

The last component is to maintain and develop community linkages working with Community based organisations to strengthen adherence support at a cost of \$380,000 and disseminate IEC materials related to HIV care and treatment.

Sofala Province is a focus province for emergency plan activities in FY07. HAI will implement the following as part of this focus activity: construct two health centres and 4 staff houses to improve staff retention, collaborate with ITECH and the catholic university in the same province, to provide pre-service training for 90 medical technicians, nurses and pharmacists and recruit technical advisors to work in the Provincial Health authority to support ART program implementation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9164

Related Activity: 14524, 16305, 15866, 15867,
15868

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24058	5229.24058.09	U.S. Agency for International Development	Health Alliance International	10337	3629.09	USAID-Health Alliance International-GHAI-Local	\$0
24057	5229.24057.09	U.S. Agency for International Development	Health Alliance International	10337	3629.09	USAID-Health Alliance International-GHAI-Local	\$0
9164	5229.07	U.S. Agency for International Development	Health Alliance International	5041	3629.07	USAID-Health Alliance International-GHAI-Local	\$9,714,320
5229	5229.06	U.S. Agency for International Development	Health Alliance International	3629	3629.06		\$2,750,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16305	16305.08	6858	3628.08	USAID-World Food Program-GHAI-Local	World Food Program	\$400,000
14524	5280.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$1,714,000
15866	5146.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$3,150,000
15867	6442.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$1,473,748
15868	5235.08	7278	3629.08	USAID-Health Alliance International-GHAI-Local	Health Alliance International	\$2,750,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Malaria (PMI)

* Safe Motherhood

* TB

Wraparound Programs (Other)

* Food Security

Food Support

Estimation of other dollars leveraged in FY 2008 for food \$923,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of PLWHA trained/supported to strengthen treatment adherence	N/A	True
11.1 Number of service outlets providing antiretroviral therapy	89	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	24,836	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	50,125	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	42,511	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	920	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Manica

Sofala

Tete

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: \$11,408,185

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

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 Ministry of Health (MOH). These include central hospital labs in each of the three regions, 7 provincial hospital labs, 35 rural hospital labs, and 194 health center labs, integrated within the tiered health care system. There are 3 national reference labs which include the virology and malaria reference labs which fall under the Mozambican National Institute of Health and the tuberculosis (TB) reference lab which falls under the National TB Program. The US government (USG) provides support to the reference labs—3 central, 7 provincial and 40 district and health center labs.

The public health laboratory system faces multiple challenges which include inadequate numbers and skills of existing lab personnel, deficient physical infrastructure and sub-optimal coordination between laboratory and clinical services. In addition, low salaries and lack of career development opportunities in the public health sector impede staff retention and therefore the full implementation of laboratory programs.

The MOH has developed a National Laboratory Strategic Plan which describes the organizational structure of the lab network, services to be offered at each level and the following goals:

1. To improve capacity and access to testing services by strengthening the organizational structure of the lab services; implementing a hierarchical system for testing, reinforcing and standardizing equipment; putting in place staff development programs; and promoting research
2. To increase the quality of lab services by establishing a quality management system; strengthening information management and establishing a bio safety program
3. To increase the cost-effectiveness of lab services through strengthening the procurement system

The USG in Mozambique seeks to support the MOH to improve and expand the clinical laboratory capacity for the provision of quality diagnostic services to support HIV prevention, care and treatment. The implementing partners have focused on supporting infrastructure renovations, procurement of equipment and reagents, building human resource capacity by giving technical assistance and supporting the training of laboratory personnel. All of these efforts are consistent with the MOH goals as defined in the Strategic Plan.

Other support to the Ministry of Health is from the World Bank for HIV test kit procurement, the Sant' Egidio Community which procured CD4 machines for 3 labs, the Clinton Foundation providing technical assistance, the Irish Corporation and the Italian Corporation providing microbiology and biochemistry equipment. In addition, USAID, through the TB-Country Assistance Program mechanism is providing assistance for TB laboratory strengthening.

The Emergency Plan provides funding to the lab partners to support lab services in Mozambique and to the treatment partners that contribute to rehabilitation of lab infrastructure.

The achievements of the combined efforts of all these partners to date include:

1. Completion of 3 referral laboratory renovations situated at Mavalane General Hospital in Maputo City, Quelimane and Xai-Xai provincial hospitals and 7 lower-level labs. Temporary lab containers have been procured and put in place at two sites to counter delays in the rehabilitation process. Rehabilitation is currently in progress at 2 central hospitals in the central and northern regions.
2. Equipment and reagents for the determination of CD4 have been distributed to 14 labs (every province has access to CD4 lab services) and hematology and biochemistry instruments have been distributed to 6 laboratories. Distribution will continue to be expanded as laboratory infrastructure is completed.
3. More than 100,000 CD4 tests have been performed and this number is expected to increase to 250,000 by the end of FY08; approximately 500 DNA PCR tests per month are run for the pediatric treatment program, for all provinces. 15 laboratories performing CD4 tests participate in an external quality assurance program, conducted by the Mozambican National Institute of Health, which runs 3 panels a year.
4. An HIV serology external quality assurance (EQA) program has been set up by the Mozambican National Institute of Health to assess testing proficiency at 80 sites which include clinical laboratories, blood banks, PMTCT and VCT sites and will be expanded in FY08.
5. An electronic laboratory information system (LIS) has been implemented in 2 sites, 2 more sites are to be completed in '07 with Country Operational Fund 2006 (COP06) funding and 6 additional sites are planned for COP07.
6. In-service training was provided through the South-to-South partnership mentorship program in 3 provincial labs with 24 people trained. A laboratory management workshop was also run for 35 lab supervisors.
7. A logistics system design workshop was run for the distribution of Rapid HIV, Malaria and Syphilis Test Kits.

Areas that continue to require strengthening include decentralization of the operation of the serology EQA to the provincial level, improvement of the specimen referral system needed for early infant diagnosis, development of an integrated logistics management system for all lab commodities, and improved coordination between the laboratory with HIV, Malaria and TB programs.

In FY08, funding will continue to support the strengthening and expansion of the laboratory network by implementation of the following activities:

1. Rehabilitate 10 district and health center level laboratories, provide start-up technical assistance, and equipment and reagents

for biochemistry, hematology and CD4 enumeration. In addition, TA will be provided to improve laboratory designs and develop model plans for labs at different levels within the health care system to assure safe and efficient laboratory facilities.

2. Transition from Association of Public Health Laboratories (APHL) to Supply Chain Management System (SCMS) in the management of procurement and distribution of lab commodities. SCMS will give technical assistance to the MOH to integrate the management of laboratory reagents and consumable supplies into the existing drug management system (SIGM) and to train staff from Lab Section, Central Medical Stores (CMAM), Provincial Warehouses and Hospitals to manage lab commodities using this system.

3. Provide in-service training through the mentorship program, management, quality assurance and bio-safety workshops and training technologists through the South-to-South partnership with a training school in Brazil. Develop pre-service and in-service laboratory training centers, assist in curriculum revision, and provide training for faculty.

4. Strengthen the lab infrastructure and improve human resource capacity in clinical microbiology to support improved diagnosis of opportunistic infections.

5. Support establishment of a quality assurance (QA) program for hematology and biochemistry through an appropriate institution in-country.

6. Implement the LIS and provide user training in 6 provincial labs; implement a WAN for provincial lab sites and a paper-based system at district level.

7. Development and roll-out of a national specimen referral transport system that is for and will be managed by MOH that standardizes specimen identification, tracks specimens and provides timely delivery of specimens to referral lab services.

8. Increase capacity for the scale-up of DNA PCR testing for pediatric HIV diagnosis.

9. Monitor genotypic resistance to ARV drugs for a selected number of patients.

10. Support the national QA programs, training and supervision for CD4 T-cell counting and for HIV serology and implement EQA for viral load testing.

11. Provide technical assistance to improve access to and the capacity of TB diagnostic services.

12. Collaborate with the President's Malaria Initiative to improve the quality of malaria smear and rapid test diagnosis, through the setting up referral labs and quality assurance programs.

These efforts follow closely the strategies and priorities of the Mozambican Ministry of Health to support HIV prevention, care and treatment through increased access to quality laboratory services.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	52
12.2 Number of individuals trained in the provision of laboratory-related activities	155
12.3 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	1558400

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3576.08

Mechanism: Technical Assistance

Prime Partner: Association of Public Health Laboratories

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 15719.08

Planned Funds: \$60,000

Activity System ID: 15719

Activity Narrative: Replacement Narrative

Evaluation of new CD4 testing technology targeting resource limited settings. (Activity Number from COP 07: 8532)

This project aims evaluate new and simple CD4 counting technologies in field conditions of resource poor settings. The evaluation of these laboratory technologies will be conducted in two phases: in the first phase, the work will be performed in the reference laboratory, while in the second phase, the evaluation will be conducted at a rural laboratory.

Time and money summary: Year of activity 2007; year started 2007 & expected year of completion 2008; \$60,000 proposed in COP 2007; \$60,000 requested for 2008. Due to delays in funds getting transferred to APHL, there has been no money spent to date.

Results yielded by the tested methodologies will be compared to those generated by gold standard flow cytometry. Specifically, absolute and percentage CD4 counts will be compared. The study will systematically evaluate new methodologies as soon as these become available. Both phases of the evaluations will be performed in laboratories linked to HIV clinics that already have cohorts of patients under follow-up and for whom CD4 counts are requested regularly. Samples from adults and children as well those from HIV/TB co-infected patients will be evaluated.

Those technologies that prove to be precise and accurate and show optimal operational potential will be considered for use in rural setting where treatment and care is now becoming available. Furthermore, the current protocol as developed can easily be adapted for the evaluation for other new instruments that will become commercially available in the near future.

This activity was conceptualized in FY07 and discussions to refine study design and implementing issues have taken place. The protocol is currently in the final phase of development and will be vetted through the appropriate ethical reviews in the US as well as the Mozambican Bioethics Committee in October 2007. The evaluation phase should start in January 2008 and end by March 2008.

Principal investigator is Ilesh V. Jani, Department of Immunology, Instituto Nacional de Saude (INS – National Health Institute).

Stakeholders (INS, CDC) will participate in the planning and presenting of the data at meetings and conferences, as well as disseminating information through routine channels within the USG partners community and MOH organizational structure.

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

Budget Justification for FY08 monies:

Salaries/fringe benefits: 5,000
Equipment: 10,000
Supplies: 15,000
Travel: 10,000
Participant Incentives: 0
Laboratory testing: 20,000
Other: 0
Total: 60,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Maputo

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3576.08

Prime Partner: Association of Public Health Laboratories

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 15720.08

Activity System ID: 15720

Mechanism: Technical Assistance

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$59,000

Activity Narrative: Continuing activity: Evaluation of new simple and rapid HIV tests for resource limited settings.

Activity Number from COP 07: 8532

Time and money summary: Year of activity 2007; year started 2007 & expected year of completion 2008; \$59,000 proposed in COP 2007; \$59,000 requested for 2008. Due to delays in the transfer of funds to APHL, no money has been spent to date.

The main objective of the study is to evaluate new simple and rapid HIV tests in field conditions of resource-poor settings. The network of laboratories, testing centers and point-of-care sites that use rapid HIV tests is growing at a fast rate. As a consequence, HIV testing is increasingly available in sites with minimal infrastructure. In this context, it is of paramount importance that a program for the systematic evaluation of rapid tests be established in order to identify new cost-efficient tests to be considered for the national algorithms.

The evaluation of these laboratory technologies will be conducted in two phases: in the first phase, the work will be performed in the reference laboratory while in the second phase, the evaluation will be conducted at the point-of-care locations or at testing centers. Results produced by the new methodologies will be compared to those generated by gold standard methods such as Enzyme Immunoassay, Western Blot and PCR. Both phases of evaluations will be performed in locations that routinely receive specimens for HIV diagnosis from potentially infected individuals or referrals from voluntary testing.

This project will investigate sensitivity, specificity and operational features of methods under evaluation. It is anticipated that the evaluations will identify simple and rapid HIV tests that are most cost-efficient than those currently used in the national algorithm. Those technologies that prove to be sensitive and specific and show optimal operational characteristics will be considered for use in the national HIV diagnosis algorithm.

This activity was conceptualized in FY07 and discussions to refine study design and implementing issues have taken place. The protocol is currently in the final phase of development and will be vetted through the appropriate ethical reviews in the US as well as the Mozambican Bioethics Committee in November 2007. The evaluation phase should start in January 2008 and end by May 2008.

The Principal Investigator is Ilesh V. Jani, Department of Immunology, Instituto Nacional de Saude (INS – National Health Institute).

The results of the evaluations will be described in a report that will be sent to the Ministry of Health, CDC and all PEPFAR partners. Additionally, stakeholders (INS, CDC) will participate in the planning and presenting of data at meetings and conferences.

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

Budget Justification for FY08 monies:

Salaries/fringe benefits: 7,000

Equipment: 5,000

Supplies: 25,000

Travel: 12,000

Participant Incentives: 0

Laboratory testing: 10,000

Other: 0

Total: 59,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Maputo

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3529.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 15692.08

Activity System ID: 15692

Mechanism: GHAI_CDC_POST

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$49,143

Activity Narrative: This activity will partially fund the salary and benefits package for three approved but yet to be filled positions which are: the ART Site Assistant, the Art Site Support Assistant, and the Lab Technical Assistant.

Laboratory Technical Assistant - This position serves as the Laboratory Technical Assistant within the CDC -GAP laboratory section. The employee will have oversight of broad laboratory related programs and activities that are carried out by CDC as well as all implementing partners in the area of laboratory support to the national laboratory network for monitoring patients in HIV care or on antiretroviral therapy.

ART Site (Support) Assistant (2) - To provide technical guidance and support to CDC partners as ART services expand, such as ensuring quality of care, tracking patients, ensuring medication, etc.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 3576.08

Mechanism: Technical Assistance

Prime Partner: Association of Public Health Laboratories

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 5184.08

Planned Funds: \$4,469,600

Activity System ID: 13188

Activity Narrative: Continuing activity: The main components of this activity are to support the Mozambique Ministry of Health (MOH) in its efforts to increase the quality laboratory testing services for HIV/AIDS diagnosis and ARV treatment by providing technical assistance and support in the following areas:

1. Conduct quality assurance / quality control workshops for supervisors and senior lab technicians to improve quality of laboratory services. In addition, training tools will be provided for Provincial labs to train lower level labs. Training will be presented in 4 provinces with 40 people trained and will cover: QA/QC, preventive maintenance, inventory control, lab process flow, test reporting, and communication. Curriculum will be modified in consultation with CDC/Mozambique and MOH, and materials translated into Portuguese. This activity will be coordinated with the Federal University of Rio de Janeiro mentorship program.
2. Evaluate instrument operations at testing sites and develop an assessment tool to evaluate staff competencies and testing quality at sites after introduction of new technology for CD4, hematology and biochemistry; assess 10 laboratories.
3. Develop pre-service and in-service laboratory training centers, initial center in Maputo at a Medical Technology pre-service school to include: training center renovation and equipping.
4. Modify the Laboratory Management Workshop to provide a set of curricula for management and basic laboratory operations training for laboratory technicians working at the different levels of the health system (central, provincial and district level). This activity will include translation of all materials, training of trainers at province level laboratories. Curriculum is to be used by provincial laboratories to train district staff. 6 training workshops will be provided in 2008-2009 including development of trainers as co-faculty, with 60 people trained.
5. Develop, in collaboration with MOH, JHPIEGO and CDC, laboratory safety manuals, training materials and SOPs and a training curriculum for a safety workshop series. In addition conduct site assessments for safety practices and provide on-going workshops through a train-the-trainer program.
6. Collaborate with Immunology Laboratory at the National Institute of Health (NIH) to perform HIV DNA PCR for early infant diagnosis; support services for viral load testing; advance the quality of laboratory testing through EQA programs for HIV rapid tests and CD4 Enumeration; monitor testing quality through supervision; and develop training programs to improve testing quality.
7. Improve design standards for laboratory facility safety, efficiency and ease of adapting to changing needs. Coordinate MOH, partner and local professional architect/engineer meetings with US laboratory design expert institution (CUH2A) to develop standard guidelines for laboratory design. Provide model plans for different laboratory levels and functions and training for local MOH and engineering staff.
8. Continue implementation of a laboratory information system and paper based strengthening. The electronic LIS will be installed at 6 Provincial laboratories, training will be provided in basic computer skills and the use of the LIS. The standard paper based laboratory documentation shall be reviewed and implemented in 15 District level labs; all standard forms including patient demographics/specimen acquisition, preventive maintenance, QC, inventory control and test reporting forms developed and technicians trained in use of forms and registers. In addition, a Wide Area Network (WAN) for provincial laboratory LIS sites will be implemented.
9. Develop and pilot a model national specimen referral and specimen tracking system in three provinces (Maputo, Nampula and Zambezia). Approve paper based and electronic specimen acquisition process, implement forms and LIS where needed, train users and evaluate timeliness of transport systems and accuracy of specimen tracking. In addition APHL will pilot an electronic test reporting system.
10. Improve capacity of and access to quality TB testing services by providing APHL TB experts as needed to support the NTP. As requested by CDC/Mozambique, APHL will provide laboratory experts to supplement partner activities for TB diagnostic mentoring and training in testing such as fluorescence microscopy, culture and drug sensitivity testing. In addition provide a 2-3 month mentored advanced training in TB methods and quality assurance at a US State Public Health Laboratory for 1-2 experienced TB laboratory technologists.

FY07: 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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8532

Related Activity: 15780, 13209, 13196, 16313, 15719, 15720

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23645	5184.23645.09	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	10257	3576.09	Technical Assistance	\$1,732,053
8532	5184.07	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	4874	3576.07	Technical Assistance	\$5,347,122
5184	5184.06	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	3576	3576.06	Technical Assistance	\$2,633,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15780	15780.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$275,000
13209	8549.08	8891	8891.08	CoAg	American Society of Clinical Pathology	\$200,000
13196	8581.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$480,000
16313	12277.08	7409	6129.08		The American Society for Microbiology	\$721,500
15720	15720.08	6407	3576.08	Technical Assistance	Association of Public Health Laboratories	\$59,000
15719	15719.08	6407	3576.08	Technical Assistance	Association of Public Health Laboratories	\$60,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	150	False
12.3 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	N/A	True

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Coverage Areas

Gaza

Inhambane

Maputo

Nampula

Zambezia

Cabo Delgado

Tete

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 6128.08

Prime Partner: Federal University of Rio De Janeiro

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 12276.08

Activity System ID: 13216

Mechanism: FURJ

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$2,598,000

Activity Narrative: April08 Reprogramming Change: Increase in funding by \$50,000 for training. Federal University of Rio De Janeiro will provide long term training in Brazil to a clinical pathologist from Mozambique. It is expected that the Mozambican pathologist will be able to draw on experiences and resources obtained while in Brazil to strengthen and reinforce the national lab services in Mozambique.

Continuing activity: This activity has several different components of continuing and new activities with emphasis on in-service and pre-service training. The Federal University of Rio de Janeiro is supporting the Ministry of health in its efforts to build the capacity of Laboratory technicians within the lab network. In FY08 FURJ will implement the following activities.

1 - Continuation of technical training for Mozambican Lab Technicians in Brazil

This training will provide a four month technical/practical training in immunology, biochemistry, hematology, as well as laboratory and quality management training for 15 (superior and medium level) Mozambican Lab technicians in Brazil.

2 - Continuation of TA for the PT program

FURJ will continue to support the National Institute of Health Immunology lab (NIH) to maintain and expand the national proficiency testing program for HIV serology to include sending out of dry plasma spots for remote laboratories performing HIV rapid tests and to introduce a PT program for HBsAg TA. In addition TA will also be provided to the NIH to in its efforts to become the MOH reference laboratory for serology in the country

3 - Continuation of TA for the implementation of Quality Systems and a Bio-safety program at the NIH. This will include supervision visits to maintain both programs

4 – Continuation of the In Country Project Manager (ICPM)

One Brazilian laboratory professional will be stationed in Mozambique as the ICPM and a second recruited. They responsibilities will include: preparation of training courses and technical material for lab staff, supervision visits to laboratories, as well as planning of continued education activities for lab network. They will also ensure collaboration between FURJ/FUJB, CDC-Mozambique and the MOH.

5 - Continuation of Mentorship training program in laboratories performing CD4 lymphocyte count by flow cytometry, biochemical and hematological tests. Three trainings for a period of 9 months will be conducted with 25 people trained and laboratories that received this training in COP'07 will receive supervision visits to support the maintenance of good laboratory practice.

7 - To provide three faculty to teach courses for the superior level laboratory technicians, for a period of one year. The aim of this activity is to assist the MOH increase the critical mass of well trained professionals. Teachers will follow curriculum developed by the MOH and Mozambican teaching institutions and 30 people will be trained.

8 – Conduct a workshop to promote collaboration between clinicians and laboratorians.

9 - Provide TA to the TB reference laboratories in Mozambique to implement TB culture diagnostics and DST in the regional labs in Beira, Maputo and Nampula.

10 – Develop curriculum for a course to upgrade the medium level technicians to superior level.

11- Support a position within the MOH Laboratory section, to build capacity of the department in strategic program planning and implementation.

FY07:

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 12276

Related Activity: 13196, 16313, 13188

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25609	12276.25609.09	HHS/Centers for Disease Control & Prevention	Federal University of Rio De Janeiro	10294	6128.09	FURJ	\$0
12276	12276.07	HHS/Centers for Disease Control & Prevention	Federal University of Rio De Janeiro	6128	6128.07	FURJ	\$1,400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13188	5184.08	6407	3576.08	Technical Assistance	Association of Public Health Laboratories	\$4,469,600
13196	8581.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$480,000
16313	12277.08	7409	6129.08		The American Society for Microbiology	\$721,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	70	False
12.3 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	N/A	True

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Teachers

Coverage Areas

Gaza

Maputo

Nampula

Sofala

Zambezia

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8891.08

Prime Partner: American Society of Clinical Pathology

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 8549.08

Activity System ID: 13209

Mechanism: CoAg

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$200,000

Activity Narrative: Continuing activity - FY08: The ministry of health conducts within its Science Institutes training for basic level and medium level technicians. These institutes are failing to meet the needs of the expanding laboratory network as few students are trained and the capacity of the training institutes requires strengthening.

Funding provided aims at improving the quality of laboratory technicians graduating from these institutes, as well as supporting the training institutes to operate at their full potential, through implementation of the following activities:

Conduct a training needs assessment in training institutes, evaluate existing curriculum, developing a training plan and ensure its implementation. In addition funding will be provided to develop and implement monitoring and evaluation tools to assess the success of training efforts being implemented within the network and identifying areas of possible improvement.

In addition funding is provided to identify and support a suitable partner in Mozambique to set up an EQA program for biochemistry and hematology.

FY07: Plus-up: This activity is related to laboratory activity number 8549 and involves provision of Technical assistance to the MoH to develop and implement systems for the improved diagnosis of cryptococcal meningitis and other common opportunistic infections through laboratory infrastructure improvement and training of laboratory personnel. The main activities include feasibility assessment of laboratory needs with respect to OI diagnosis; development of an implementation plan; training of staff at selected sites procurement and distribution of supplies and equipment.

Original COP: This activity is related to activities 8632, 8546 and 8581 and contributes to the strengthening of the laboratory network in Mozambique.

There are several continuing and new components to this activity which will be implemented by various partners through new and existing cooperative agreements (including from the centrally funded laboratory consortium of APHL, American Society of Clinical Pathology-ASCP, American Society for Microbiology-ASM, and Clinical and Laboratory Standards Institute-CLSI, and possibly a South-to-South Brazilian partner). The appropriate partners will be identified based on their area of expertise to undertake the following activities:

- 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) Provide technical assistance in curriculum development, training center renovation including placement of equipment and faculty, for the development of one laboratory training centre. This will increase the support both pre-and in-service training of laboratory technicians to provide services in the country. The outcome of this activity will be the development of one equipped laboratory centre for clinical microbiology with appropriate staff needed to deliver training.
- 4) 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.
- 5) Assist the MoH to strengthen the TB and microbiology reference laboratories in support of diagnosis of opportunistic infections through training, procurement of commodities, development and implementation of standard procedures and quality assurance programs
- 6) 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 collection for infant diagnosis. The in-country MOH and CDC technical staff have since developed a DBS/PCR roll-out plan for PMTCT service sites, with DBS samples collected from HIV exposed infants, and sent to the NIH laboratory for PCR. Services will be offered to first PMTCT pilot sites in Maputo City for three months, after which services will gradually be expanded to serve PMTCT and pediatric treatment sites where exposed infants are seen in other provinces. FY07 funds will support up to two visits from the Brazilian laboratory expert to provide technical assistance during the pilot phase, to help refine the roll-out plan according to lessons learned from the first phase and help review training materials as needed.

All selected partners will work in coordination with other Emergency Plan funded partners to ensure the integration of laboratory logistics management into systems developed for other health-related commodities that are being procured in partnership with the Supply Chain Management System.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8549

Related Activity: 13196, 16313, 13188, 13216

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23002	8549.23002.09	HHS/Centers for Disease Control & Prevention	American Society of Clinical Pathology	9861	8891.09	CDC_ASCP_Co Ag	\$20,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13188	5184.08	6407	3576.08	Technical Assistance	Association of Public Health Laboratories	\$4,469,600
13216	12276.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$2,598,000
13196	8581.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$480,000
16313	12277.08	7409	6129.08		The American Society for Microbiology	\$721,500

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	30	False
12.3 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	N/A	True

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3570.08	Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 8581.08	Planned Funds: \$480,000
Activity System ID: 13196	

Activity Narrative: Continuing Activity: This activity is a continuation of activities initiated in FY06 to support 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 improve the capacity, access to and the quality of diagnostic laboratory services in Mozambique to support health care.

FY08 funding will continue to support this broad objective through implementation of the following activities:

1. Support to carry out supervision visits to assess laboratory operations, institute corrective action where necessary and therefore ensure improvement and maintenance of laboratory quality standards.
2. Purchase of laboratory reagents for hematology, biochemistry and CD4 to support HIV care and treatment. This activity aims at assuring availability of continuous testing services.

FY07:

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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8581

Related Activity: 15780, 16313, 13188

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23793	8581.23793.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	10296	3570.09	Cooperative Agreement	\$50,000
8581	8581.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	\$604,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15780	15780.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$275,000
16313	12277.08	7409	6129.08		The American Society for Microbiology	\$721,500
13188	5184.08	6407	3576.08	Technical Assistance	Association of Public Health Laboratories	\$4,469,600

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 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	N/A	True

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3526.08

Prime Partner: US Centers for Disease Control and Prevention

Mechanism: GHAI_CDC_HQ

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 5268.08

Planned Funds: \$240,942

Activity System ID: 12939

Activity Narrative: Continuing activity: Funding in this activity will be used to pay partial salary and benefits packages for the Sr. Treatment Coordinator. Additionally, the full salary and benefits package of a newly filled position - Sr. Laboratory Specialist - will be paid by this activity's funding. Another approved, but yet-to-be-filled position for the Treatment/Lab M&E Officer will also be partially funded by this activity. Each of these positions provides significant support to the Laboratory Infrastructure program, one of the key PEPFAR programs.

FY07: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8623

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24437	5268.24437.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10462	3526.09	GHA1_CDC_HQ	\$183,687
8623	5268.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHA1_CDC_HQ	\$201,275
5268	5268.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHA1_CDC_HQ	\$340,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 6129.08

Mechanism: N/A

Prime Partner: The American Society for Microbiology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 12277.08

Planned Funds: \$721,500

Activity System ID: 16313

Activity Narrative: FY08 Narrative: Opportunistic infections and sexually transmitted infections (STIs) are common in HIV populations and are a major threat to People Living with HIV/AIDS (PLWHA) both prior to diagnosis as well as during care and treatment programs. Basic microbiology laboratory services for blood stream and other infections, which have high morbidity in the HIV infected patients, are limited and lack quality.

SUPPORT TO MICROBIOLOGY LAB NETWORK IN MOZAMBIQUE (\$521,000)

In (FY) 2008, the American Society for Microbiology (ASM) technical experts (mentors) will continue to provide in-country support for microbiology and opportunistic infections, laboratory systems and strategic planning, standardization of protocols for cost effective testing, and good laboratory and clinical practice.

ASM's major emphasis area will continue to be human capacity development. Activities conducted will include: (1) Providing onsite training and supervision to lab supervisor/technologists at central level laboratories. Mentors will provide follow-up for training in new technologies and basic bacteriology at the central laboratories. Proposed laboratories are located at central hospitals in Maputo, Beira, and Nampula. Mentoring will include onsite supervision and training as needed. Mentors will also work with laboratory supervisors and MISAU to develop and implement a Quality Assurance program within the Mozambique Lab Network. Costs include two three-month trips for two mentors. (2) Holding regional workshops (3 regions) for provincial laboratory personnel in basic bacteriology. These 3-5 day workshops will rollout new SOPs and standardized training materials and provide practical and didactic training on basic bacteriology techniques. At least one workshop will be held in each region (southern, central, and northern). Costs include mentors to facilitate course, transportation/per diem expenses of participants, site and supply expenses. Costs for production of training materials are included as well. (3) Providing a faculty person for clinical microbiology training course. A faculty person will be assigned to teach the clinical microbiology portion of a proposed training course. This person will teach a practical and didactic course at three training centers over the course of one year.

ASM mentors will also work to improve the quality of laboratory services by:

(1) Developing an external quality assurance program for routine clinical microbiology procedures. (2) Providing onsite training of central lab personnel in monitoring and evaluation. Laboratory supervisors/managers will be trained by monitoring and evaluation consultant to collect and analyze data in their region. This will include an initial one month trip as well as an additional trip for follow up.

ASM will assist in the strengthening of the national laboratory network infrastructure by providing onsite expertise in upgrade of lab space at provincial level as needed. A technical consultant with engineering expertise will spend one month or two, two-week trips to advise on lab space at the central or provincial level.

SUPPORT TO IMPROVE STI ETIOLOGICAL DIAGNOSIS (\$200,500)

ASM technical experts will conduct an assessment of existing STI services at central and provincial laboratories providing services to major hospital ART sites. Final report from the assessment will include an identification of infrastructure equipment, supply, training and monitoring and evaluation needs, as well as recommendations and a plan and timeline for next steps.

Based on assessment findings, ASM mentors and trainers will return to start onsite training and supervision of new and existing techniques for laboratory staff from selected central and provincial hospital labs in FY08. This will require multiple trips of varying lengths (two weeks-three months).

In addition ASM will collaborate with the President's Malaria Initiative to improve the quality of malaria smear and rapid test diagnosis, through the setting up referral labs and quality assurance programs.

FY07: 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..

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12277

Related Activity: 13196, 14558, 13188, 13216

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23006	12277.2300 6.09	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	9865	6129.09		\$367,000
12277	12277.07	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	6129	6129.07		\$534,400

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13188	5184.08	6407	3576.08	Technical Assistance	Association of Public Health Laboratories	\$4,469,600
13216	12276.08	6416	6128.08	FURJ	Federal University of Rio De Janeiro	\$2,598,000
13196	8581.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$480,000
14558	9254.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,530,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	30	False
12.3 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	N/A	True

Indirect Targets

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 3650.08

Prime Partner: Partnership for Supply Chain
Management

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 9254.08

Activity System ID: 14558

Mechanism: Supply Chain Management
System

USG Agency: U.S. Agency for International
Development

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$2,530,000

Activity Narrative: This is a continuing activity under COP08.

The Supply Chain Management System (SCMS) project supports MOH to strengthen its logistics management of the medicines and consumable supplies necessary for a range of HIV/AIDS prevention, care, and treatment services. 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 assists 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, OI and STI drugs, HIV Rapid Test Kits, Laboratory Reagents, HIV DNA PCR Tests and Clinical Microbiology equipments and reagents quantification, procurement, importation, distribution and storage.

Forecasting: SCMS Mozambique staff will collaborate with CMAM, CHAI, and any other sources of financing and procurement of commodities to the Mozambique HIV/AIDS program by providing technical assistance in the monitoring and management of the incoming pipelines and distribution of commodities in country. SCMS will facilitate quarterly updates to the national forecast and supply plan, enabling timely identification and response to any inbound supply constraints that may arise. SCMS will help CMAM to facilitate the communication of commodity availability between the MOH and PEPFAR.

Importation: Because SCMS will procure and transport commodities 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 commodities arriving on time.

Distribution and Storage: Given the increasing volume and value of ARVs and other commodities 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 sites.

Logistics Information System Implementation: SIGM is an information management tool which greatly increases the quality of management data available to CMAM and provinces in managing MOH's integrated logistics system for all commodities, including ARVs. The SIGM software has been developed with previous USAID funding, and has been implemented at the Central level sites of CMAM and Medimoc Headquarters the three Central Warehouses and Provincial Warehouses. During COP08, SCMS will assist CMAM in implementing the SIGM at 3 central hospitals and 3 general hospitals, fund a service-level agreement (SLA) including help desk support and Support CMAM's ability to use information produced by SIGM for monitoring, management and evaluation.

SCMS will procure laboratory equipment, reagents, and consumable supplies (\$2,000,000) in support of existing APHL supported sites and in support of the laboratory capacity scale up plan. SCMS will provide Technical Assistance (\$200,000) to support the systems strengthening goals set out in the national laboratory strategic plan.

SCMS will procure purchase specimen collection kits and commodities for HIV DNA PCR for infant diagnosis of HIV (\$80,000).

SCMS will purchase equipment and reagents to support the implementation of automated blood culture in 3 central hospital labs, by the American Society for Microbiology (ASM), to improve pathogen isolation in the diagnosis of OI's. This activity will also include the purchase of other materials required to strengthen OI diagnosis at central level. (\$250,000)

The FY2007 narrative below has not been updated.

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

Activity Narrative: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9254

Related Activity: 14554, 14555, 15796, 14556, 14557

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24307	9254.24307.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10421	3650.09	Supply Chain Management System	\$3,955,024
9254	9254.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5045	3650.07	Supply Chain Management System	\$914,709

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14554	9142.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$600,855
14555	9136.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$2,500,000
15796	15796.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$0
14557	5232.08	6868	3650.08	Supply Chain Management System	Partnership for Supply Chain Management	\$21,017,161

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	50	False
12.2 Number of individuals trained in the provision of laboratory-related activities	25	False
12.3 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	1,558,400	False

Indirect Targets

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: \$9,031,710

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

The USG PEPFAR Interagency Team has developed a comprehensive strategic information (SI) package to support health management information systems (HMIS), monitoring and evaluation (M&E), and surveillance/surveys in Mozambique. This package aims to ensure that the SI Team, USG partners, and the Government of Mozambique (GoM) have access to and utilize quality data to describe the HIV/AIDS epidemic, monitor the multi-sectoral response, and inform policy and program decision making.

The Emergency Plan (EP) supports a comprehensive approach to SI, building capacity at national, district, and community levels. In pursuing "Three Ones," the SI team actively supports the "Third One": one harmonized and functional M&E system for the national response to HIV/AIDS.

Current SI systems at all levels in Mozambique are primarily focused on reporting needs. Weak infrastructure, including human capacity, supervision, and information and communications technology, leads to a lack of timely and quality data. Systems for data feedback and use, especially at provincial and programmatic levels, remain weak.

Major SI activity changes from FY 2007 and priorities for FY 2008 include a) increased investment in strengthening HIV-related routine M&E systems, b) decentralizing USG support for SI with a provincial focus; c) planning and implementing key new surveys, including a Behavioral Surveillance Survey, an AIDS Indicator Survey, and a national mortality survey; d) increased emphasis on data analysis and use for decision making, and e) facilitating new "South to South" collaborations in SI.

Strategic Information Team

The SI Team's role is primarily to plan, implement, and oversee SI activities in the PEPFAR 5-Year Strategic Plan and annual Country Operational Plan (COP). Based on recommendations from a headquarters-based assessment of SI staffing in Mozambique conducted in May 2007, the interagency SI Team will expand and reorganize in FY08 with the addition of several new staff members so that the SI Team is comprised of expertise in

a) Informatics (including an Informatics Advisor/Coordinator assigned to CDC and a Sr. Health Information Specialist at Ministry of Health [MOH]);

b) Monitoring and Evaluation (two M&E Advisor [one each at USAID and CDC], one Site Monitoring Specialist at USAID, an ASPH Fellow for M&E, three M&E Officers for Prevention, Care, and Treatment at CDC, and two M&E Officers assigned to two focus provinces); and

c) Surveillance/Epidemiology (including the Senior SI Coordinator/Liaison, an ASPH Fellow for surveillance/surveys, and a Surveillance/Surveys Officer at CDC).

An Interagency Planning & Reporting Specialist and a Program Management Specialist complete the SI team to support COP and APR data collection, entry, and analysis.

Key areas of Focus for FY08 Funds

i. Strengthening Routine M&E Systems at National and Provincial Level

FY08 EP funds will provide continued technical assistance to USG partners including MOH to strengthen and coordinate M&E systems, particularly in ART, CT, TB, palliative care, sexually transmitted infections, and PMTCT. In FY08, USG will work to strengthen and harmonize partner-supported M&E systems with national systems. As the Global Fund in Mozambique relies on MOH M&E systems to monitor its investments, USG support for national M&E systems at MOH will support M&E of Global Fund efforts. USG will continue support to the Training Information Management Systems to support M&E of human capacity development efforts. In FY08, to support capacity building at decentralized levels, two M&E officers will be placed in USG focus provinces to build M&E capacity, coordinate activities, and monitor partner performance.

Similarly, USG will continue strengthening the M&E capacity of the Ministry of Women and Social Action (MMAS) whose mandate includes the care of orphans and vulnerable children and people living with HIV and AIDS. With FY08 funds, USG will continue to place a technical advisor at national level and will provide support to Provincial and District Directorates of Women and Social Action (DPMAS) to coordinate M&E of service delivery.

Additionally, USG will also place a technical advisor within the National AIDS Council (NAC) to strengthen and harmonize M&E systems across sectors involved in the response to HIV and AIDS. The USG has been integral in harmonizing health indicators through discussions around use of the Country Response Information System (an internationally standardized reporting system developed by UNAIDS) with the NAC and WHO and will continue to assist NAC in creating, revising, and disseminating routine program reporting forms.

ii. Enhancing Informatics Infrastructure at the Ministry of Health

To complement systems strengthening activities in specific program areas, and in support of a longer term strategy to ensure sustainability of strategic information, the SI Team will expand health information systems (HIS), particularly at MOH. Whereas support in previous years was focused on provision of hardware and connectivity at MOH, FY08 funds help to put into place key "building blocks" for a strengthened and sustainable HIS.

The USG will help MOH to formalize, disseminate, and implement an "information architecture" plan developed in 2007 in collaboration with WHO to strengthen and expand HMIS. In addition to continued investment in needed hardware, software, and connectivity at the national level, FY08 activities will include expansion of informatics infrastructure in selected provinces and tertiary care facilities and developing, piloting, and disseminating standards in medical definitions and unique identifiers within the health sector. MOH is currently completing a national inventory of health facilities, which includes geomapping facilities, and with FY08 funds, USG will support the development of a system to maintain the registry so that it provides up-to-date information on health facility-based HIV services.

iii. Supporting Development and Dissemination of Surveillance and Surveys

FY08 funds will be used to build on surveillance accomplishments in F07 to support population-based surveys and surveillance activities to monitor trends in HIV prevalence and associated behaviors. Results from the 2007 Sentinel Surveillance Survey are soon to be released; with FY08 funds, the SI Team will assist MOH to plan, coordinate, and implement the next round of HIV Sentinel Surveillance (currently scheduled for mid 2009). USG will also support an AIDS Indicator Survey with a biomarker to result in the first national population-based estimate of HIV prevalence in Mozambique. The EP will financially and technically support Mozambique's first ever Behavioral Surveillance Survey (BSS) to establish baseline data in HIV-related knowledge, attitudes, and behaviors among the most at risk populations identified in formative work for BSS conducted in early FY08; the BSS will also include a biomarker to estimate HIV prevalence for these groups. Additionally, USG and the National Institute of Statistics will complete the analysis of data collected in the July 2007 post-census mortality survey using Sample Vital Registration with

Verbal Autopsy (SAVVY) methods, providing important statistics on the number and causes of deaths. Other special surveys with FY 2008 support will include continued support for ART resistance monitoring and support for an HIV seroprevalence survey among the military and peacekeeping troops.

iv. Facilitating Data Analysis and Use for Decision Making

With increasing availability and quality of data in Mozambique, USG will support activities that facilitate data utilization. Building on key findings and research questions generated through the data synthesis workshop conducted by NAC, USG, WHO and UNAIDS in early 2008, FY08 funding will support two rounds of an iterative data analysis and synthesis process to obtain a comprehensive picture of the HIV epidemic utilizing multiple available data (e.g. data triangulation workshops). Furthermore, USG will strengthen the capacity within Mozambique to analyze and interpret results and apply findings to improve HIV/AIDS programs through technical assistance to the Multisectoral Technical Group.

v. Build SI Capacity among Implementing Partners

EP will continue to build organizational capacity among USG partners for data management, analysis, and use. FY08 EP funds will provide technical assistance in strategic information to 56 local organizations and train more than 4,000 individuals in SI. Through FY08 funds, expanded M&E staffing within USG will build M&E capacity for data collection, management, analysis, and use within the USG PEPFAR program and technical teams. Using FY08 funds, USG will also begin the initial phase of a long-term effort to build SI capacity in Mozambique, by strengthening M&E training at the Eduardo Mondlane University, holding a training course on operations research, and developing plans for a Field Epidemiology Training Program.

vi. Target Setting and Results Reporting for the PEPFAR Mozambique Program

EP funds will ensure that systems are in place, and provide technical assistance as needed, for both USG agencies and implementing partners to effectively monitor and evaluate funded projects and to utilize SI data for better planning. Assistance includes setting annual targets, based on past partner performance and results, planned activities, and available resources for planned activities. As implementing partners continue to have internal SI systems of variable quality, a priority for FY08 is to ensure systems are in place to improve the quality of data collected. In FY08, USG will establish a contract with a local partner to develop and provide a field monitoring system for Mozambique and to identify partners to assist the USG team, and particularly the USAID Mission, in providing adequate oversight and monitoring of implementation.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	56
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	4228

Custom Targets:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3686.08	Mechanism: Health Policy Initiative (ex-PDI)
Prime Partner: The Futures Group International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 5304.08	Planned Funds: \$310,000
Activity System ID: 14531	

Activity Narrative: Reprogramming August08: Funding decrease \$40,000. HPI has reached its ceiling and will not be able to take all of the funds planned for FY 08. \$40,000 in HVSI funds will be reprogrammed to Measure III for M&E assistance to new partners under the public-private partnerships to be put in place in CY 08

April08 Reprogramming Change: Reduced \$150,000.

This is a continuing activity under COP08, funded at the same level since FY05, which provides support to the multisectoral working group and produces data analysis reports and summaries.

The FY2007 narrative below has not been updated.

The Multisectoral Technical Group (MTG) is recognized by government and civil society as a forum for discussion and production of official sources of strategic information, including provincial, regional and national estimates of HIV prevalence rates and projections of impacts of HIV/AIDS. The MTG brings together the Ministry of Health, the National Statistics Institute, National AIDS Council, two departments of the Eduardo Mondlane University, and other line ministries. In addition, the central MTG stimulated the formation of provincial technical groups (PTG) in Niassa and Manica provinces; these PTGs are officially recognized by their respective provincial governors, include public and civil society members and receive assistance from the central MTG.

Constella Group will strengthen the capacity of national and provincial analysts to implement surveillance systems and population-based surveys, analyze and interpret results and apply findings to improve HIV/AIDS programs.

Activities:

- Provide training and refresher training to the MTG and PTG members on surveillance data and analysis, impact projections, and other methodologies
- Support the participation of MTG members in strategic information fora and activities, including maintenance and analysis of sentinel surveillance, updating impact projections as needed, and national program monitoring
- Provide local language material and training for their use by provincial, district and community leaders
- Develop and apply new analytic tools to enhance the reliability of existing data sources

Indicators and Targets:

Number of people trained in strategic information (50)

Number of organizations provided with technical assistance (5)

Provincial Technical Groups (PTG) are officially recognized by their respective provincial governors and serve as a key entry point into both provincial and district directorates as well as into civil society networks and institutions. HPI TO1 will assist the existing provincial technical groups in Niassa and Manica provinces to establish new PTGs in Zambezia and Sofala, obtain official government recognition and strengthen their capacity to better analyze data and interpret results and apply strategic information to advocacy, program design and monitoring and evaluation. Because of geographic proximity and shared issues, it will be more cost-effective for the existing PTGs to work with the new groups than to implement these activities from 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)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9116

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24343	5304.24343.09	U.S. Agency for International Development	The Futures Group International	10430	3686.09	Health Policy Initiative (ex-PDI)	\$250,000
9116	5304.07	U.S. Agency for International Development	The Futures Group International	5044	3686.07	Health Policy Initiative (ex-PDI)	\$500,000
5304	5304.06	U.S. Agency for International Development	The Futures Group International	3686	3686.06	Health Policy Initiative (ex-PDI)	\$500,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	7	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7411.08

Prime Partner: US Bureau of the Census

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 16315.08

Activity System ID: 16315

Mechanism: USAID-BUCEN SCILS Follow
On HQ

USG Agency: U.S. Agency for International
Development

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$150,000

Activity Narrative: This is a continuing activity in COP08.

This is the continuation of activity 9123.07 through the BUCEN-SCILS mechanism, entered here as a new activity because it will be implemented through the follow-on agreement between USAID Global Health Bureau, Office of HIV and the Census Bureau. The INCAM mortality survey is currently being carried out in the field (September, 2007). FY08 funding will be used to expand the scope of the data demand and information use activities. No target population was selected because this is a survey and data analysis activity.

The narrative below from FY2007 has not been updated.

The purpose of this activity is to strengthen Mozambique's national capacity to generate and use reliable mortality statistics, with a focus on HIV/AIDS and malaria, using validated verbal autopsy procedures. It will be implemented in collaboration with Mozambique's Presidential Malaria Initiative (PMI).

Through the provision of technical and field support by MEASURE and Bureau of Census (BUCEN) (described in Activity X), Mozambique will conduct a mortality survey (called INCAM) in follow-up to the 2007 National Census. INCAM will determine the levels of HIV and malaria mortality over the previous twelve months as initially reported during the Census. A total population of approximately 844,000 residents in all 11 provinces will be covered by the INCAM survey. This survey, which will be implemented by National Institute of Statistics (INE) with assistance from the Ministry of Health (MoH) and the Center for Health Investigation in 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.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 16295, 12930

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16295	16295.08	7413	7413.08	MEASURE Phase III Evaluation	University of North Carolina at Chapel Hill, Carolina Population Center	\$565,000
12930	8499.08	6343	3620.08	Technical Assistance	Association of Schools of Public Health	\$150,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	2	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7413.08

Mechanism: MEASURE Phase III Evaluation

Prime Partner: University of North Carolina at Chapel Hill, Carolina Population Center

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 16295.08

Planned Funds: \$565,000

Activity System ID: 16295

Activity Narrative: Reprogramming August08: Funding increase \$40,000. Measure III will provide M&E assistance to new partners under three public-private partnerships (PPP) that will be implemented this year. Partners include construction companies, private foundations and mining companies. Measure will support the development of PPP-related indicators and will provide training to PPP partners in data collection, analysis and reporting. Measure III will work in coordination with HPI as the latter will provide leadership and technical assistance to those same PPP partners, using HVAB and HVOP funds, to establish workplace programs to prevent HIV/AIDS.

This is the continuation of Measure/Evaluation II activities from FY2006 and FY2007. It has three components: 1) Completion of the INCAM mortality survey; 2) Technical assistance to the Ministry of Women and Social Action; 3) Technical assistance to the National AIDS Council (CNCS). This activity is entered here as a new activity because it will be implemented through the follow-on Measure III project.

1) INCAM (\$125,000): The INCAM mortality survey is currently being carried out in the field (September, 2007). FY08 funding will be used to expand the scope of the data demand and activities planned for using the information gathered. No target population was selected because this is a survey and data analysis activity. The program narrative from activity 9121.07 is copied below in order to provide the background to this "new" continuing activity.

The purpose of this activity is to strengthen Mozambique's national capacity to generate and use reliable mortality statistics, with a focus on HIV/AIDS, using validated verbal autopsy procedures. Through the provision of technical and field support by MEASURE and Bureau of Census, Mozambique will conduct a mortality survey (called INCAM) in follow-up to the 2007 census. INCAM will determine the levels of HIV mortality over the previous twelve months as initially reported during the census. A total population of approximately 844,000 residents in all 11 provinces will be covered by the INCAM survey. This survey, which will be implemented by the National Institute of Statistics (INE) with assistance from the Ministry of Health (MoH) and the 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.

2) Technical Assistance to the MMAS (\$200,000): This activity, partially funded under HKID (15805.08) in COP08, allows USG to continue strengthening the monitoring and evaluation capability of the Ministry of Women and Social Action (MMAS) whose mandate includes the care of orphans and vulnerable children and people living with HIV and AIDS.

This TA and associated training will reinforce the ability of central, provincial and district level MMAS systems and staff in 11 provinces to plan, coordinate, and monitor implementation, and oversee basic quality control of services through standardized data collection tools, reporting cycles, and data analysis. Systems developed will track USG-funded home-based palliative care and OVC activities as well as those funded from other sources. The systems will be coordinated with those of the Ministry of Health and the National AIDS Council, also supported with PEPFAR funds.

A fulltime, locally hired Resident Advisor has been placed in the Ministry of Women and Social Action to ensure that the implementation of the MMAS M&E plan takes place nationwide. The Resident Advisor has completed an assessment of MMAS strengths and weaknesses and is ready to move forward with implementing recommendations to improve M&E systems.

MMAS is also charged with developing and implementing programs related to social policies and programs for women. Strengthened M&E systems will contribute to improved reporting and use of information from key HIV/AIDS programs which MMAS manages, including home-based care and OVCs. Components of this activity are: 1) Working with MMAS at the provincial level to monitor and adapt the M&E Plan to meet its needs and limitations; 2) M&E trainings and technical assistance at the provincial level; and 3) Guidance at the provincial level in the implementation of the M&E plan, which includes setting up data collection systems, such as tools and data quality control. OVC targets are not applicable to this activity because it is technical assistance for M&E systems.

3) Technical Assistance to the CNCS (\$200,000): Measure/Evaluation II has provided technical assistance to the CNCS in response to specific requests. For the most part, this technical assistance has been provided by US based staff. The current Measure/Evaluation II partner with FY06 funding continues to work with the CNCS to define their needs and to provide the requested assistance. A Memorandum of Understanding is being developed.

Funding was not included in FY07 for the technical assistance activities to MMAS and the CNCS because there was a pipeline and because the needs for funding the INCAM were so great. However, in FY08 we

Activity Narrative: would like to assure continuity of technical assistance support to the MMAS and CNCS by providing funding through the TBD Measure/Evaluation III.

The 4 organizations to be provided with technical assistance in M&E are the MOH, INE, MMAS and CNCS. 40 individuals trained represents 10 per organization.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15805, 14310, 16315

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16315	16315.08	7411	7411.08	USAID-BUCEN SCILS Follow On HQ	US Bureau of the Census	\$150,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3576.08

Mechanism: Technical Assistance

Prime Partner: Association of Public Health Laboratories

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 15916.08

Planned Funds: \$860,000

Activity System ID: 15916

Activity Narrative: Continuing activity:

This activity is comprised of a number of subactivities. These include:

- 1) Procurement of laboratory tests, supplies and equipment for ART resistance monitoring
- 2) Procurement of tests, medicines, and sample collection and processing supplies and equipment for Sentinel Surveillance
- 3) Procurement of laboratory tests, and sample collection and processing supplies and equipment for an AIDS indicator survey

1) Procurement of laboratory tests, supplies and equipment for ART resistance monitoring \$20,000
For ART monitoring one MOH-supported treatment site will be selected to pilot drug resistance monitoring in a pediatric or adult cohort. Expected sample size is 100 patients, for whom baseline data will be collected. Routinely-collected blood samples will be used for preparing baseline and 12 month genotyping and viral load samples. Funds will cover procuring sample collection supplies and equipment. This is related to activities 12267.08 and 8639.08.

2) Procurement of tests, medicines, and sample collection and processing supplies and equipment for Sentinel Surveillance \$240,000
This activity is associated with Mozambique's SI five year strategy to technically and financially support surveillance to monitor HIV/AIDS-related illnesses, understand the behaviors that influence transmission, improve access to and use of care and treatment services, strengthen the effectiveness of program activities, and ensure a supportive environment for USG efforts. This is related to activities 10211.08 and 8639.08.

The Ministry of Health, in coordination with donor and technical assistant partners, began implementing routine HIV/AIDS sentinel surveillance among pregnant women in 1998 in 10 sites. In 2007 during the latest round, sentinel surveillance was conducted at 36 sites throughout the country and dry blood spot (DBS) technology, BED incidence assays, and threshold ARV resistance monitoring were introduced. Data from the sentinel surveillance round are used to describe the current burden of disease among pregnant women and to produce estimates of the burden and impact of HIV/AIDS in the country and to monitor trends in disease over time. Sentinel surveillance data are the cornerstone of allocating resources in the country as well and are currently the national source for HIV prevalence estimates. For example, data are used to determine priority areas for opening new treatment sites and focusing prevention efforts.

Since 2001, CDC has provided complete financial and technical support for sentinel surveillance activities in Mozambique. In 2008, funds will be used to procure sample collection equipment and supplies, sample processing equipment and supplies, and test kits necessary to conduct sentinel surveillance.

3) Procurement of laboratory tests, and sample collection and processing supplies and equipment for an AIDS indicator survey \$600,000
The only source of nationally-representative HIV indicator data in Mozambique to date was collected during the 2003 DHS. In order for the US Census Bureau to be able to estimate the number of infections averted, a key element of the 2-7-10 goals, a second HIV indicator data point is required by mid 2009. In addition, as of yet no nationally-representative HIV serosurvey has been performed in Mozambique. While both of these needs could be met by performing another DHS, due to the recent population census, upcoming elections, and competing survey priorities the National Statistics Institute (INE) has indicated that they will not conduct a DHS until 2010. This is related to activity 10211.08. Early funding for this subactivity is being requested since the procurement must begin by April.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 12949, 13210, 13197

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12949	8639.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$510,110
13210	10211.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$1,350,000
13197	8589.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$865,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support**Public Private Partnership****Table 3.3.13: Activities by Funding Mechanism****Mechanism ID:** 8784.08**Mechanism:** N/A**Prime Partner:** JHPIEGO**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Strategic Information**Budget Code:** HVSI**Program Area Code:** 13**Activity ID:** 19728.08**Planned Funds:** \$50,000**Activity System ID:** 19728

Activity Narrative: April08 Reprogramming Change: Developing a QA/M&E system for male circumcision efforts (\$50,000) This activity is related to activities 15684.08, 15736.08, and 9064.08, as part of the overall strategy to support a safe, effective, and scalable approach to expansion of male circumcision services in Mozambique. In addition to the surgical procedure, other essential elements of MC services that must be taken into account include informed consent, post-operative care and risk reduction counseling, and a minimum package of other male reproductive health services, such as sexually transmitted infections treatment, condom distribution, and HIV counseling and testing. To ensure that all these elements are in place it is important to establish a QA mechanism to monitor and ensure safe MC services.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.13: Activities by Funding Mechanism****Mechanism ID:** 9708.08**Mechanism:** N/A**Prime Partner:** Kula**USG Agency:** U.S. Agency for International Development**Funding Source:** GHCS (State)**Program Area:** Strategic Information**Budget Code:** HVSI**Program Area Code:** 13**Activity ID:** 22528.08**Planned Funds:** \$6,300**Activity System ID:** 22528

Activity Narrative: September 2008 Reprogramming: TBD activity with new prime partner. Funding increase by \$6300.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:**

Related Activity:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8898.08

Prime Partner: University of California at San Francisco

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 19910.08

Activity System ID: 19910

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$416,929

Activity Narrative: This partner has been identified for this TBD activity component.

This activity is comprised of a number of subactivities. These include:

- 1) TA to strengthen M&E capacity within USG program areas and prime partners
- 2) TA to build provincial-level M&E capacity
- 3) Develop a quality assurance (QA)/M&E system for male circumcision efforts
- 4) Develop plans to establish a Field Epi Training Program
- 5) Support integration of M&E into MPH program at local University
- 6) Triangulation and impact evaluation
- 7) Support training, supervision and logistics for Sentinel Surveillance
- 8) Support for an AIS+

1) TA to strengthen M&E capacity within USG program areas and prime partners (\$280,000)

One priority for the USG SI Team in FY 2008 is to build monitoring and evaluation (M&E) capacity within the USG PEPFAR program and technical teams and the USG prime partners, and at the national, provincial, and community levels in Mozambique. TA provided will a) introduce the fundamentals of M&E for program planning, management, and improvement to persons new to M&E, and b) orient program and project managers to M&E for program management.

Specific activities in FY 2008 will include a) a preliminary site visit to assess M&E capacity at the staff, organization, and system levels, b) tailoring several previously-developed M&E courses and their modules to meet the needs of the USG PEPFAR program and technical teams working in the areas of prevention, care, treatment, and laboratory, the USG prime partners, and M&E staff members at the national, provincial, and community levels, and c) providing follow-up technical assistance to review action plans, draft tools or materials, or help guide partners' M&E-related activities.

2) TA to build provincial-level M&E capacity in focus provinces (\$75,000)

CDC is working to improve the analytic and program management capacity of provincial M&E staff in the focus provinces of Zambezia and Sofala. In order to complement the addition of new staff to strengthen provincial M&E of HIV programs, this activity will fund a partner (south to south through TA in Brazil) to conduct regional or provincial M&E trainings based on materials developed with PEPFAR support by UCSF in COP 2005.

4) Planning to establish a Field Epi Training Program (\$50,000)

In order to address the lack of qualified human resources in the area of epidemiology and public health program management, CDC proposes the creation of a Field Epidemiology Training Program (FETP) in Mozambique. These funds will support a partner, ideally through a south to south collaboration with a Brazilian partner, to develop plans for establishing an FETP in Mozambique in collaboration with MOH. This activity will fund necessary travel and meetings for preliminary contacts and discussions with counterparts at other FETP sites by MOH and/or CDC staff.

5) Support integration of M&E into MPH Program at Eduardo Mondlane University (\$50,000)

This activity plans to expand M&E training capacity in Mozambique by formally integrating an M&E component into the Master's in Public Health Program at the local Eduardo Mondlane University. The CDC GAP Brazil office will offer expertise via south to south collaboration to develop curricula with key Mozambican faculty. Funds will be used to facilitate information exchange between Brazil and Mozambique (i.e., travel, meetings to discuss development of new courses and inclusion of new modules in existing courses). This activity will complement the broader programmatic development planned in activity 8635.08 with a specific focus on epidemiology and M&E.

6) Triangulation and impact evaluation (\$419,929)

This activity is part of the overall SI strategy of Mozambique to build capacity to assemble, analyze, and better reutilize multiple sources of existing data to answer key program questions. Triangulation is a short-hand term for synthesis and integrated analysis of data from multiple sources for program decision making. The goal of this activity is threefold: to conduct the country-driven data triangulation process to answer key questions prioritized by the country team; to specifically address the impact of the scale up of the national response to the HIV epidemic from 2004-2008; and to build long-term in-country capacity of country stakeholders to use data from multiple sources to provide an evidence base for decision-making.

The process will build on a triangulation activity planned for early 2008. It will be guided by the in-country team, led by the NAC, in close collaboration with MOH and USG staff. An in-country task force will identify priority questions and identify data available to answer the questions. The partner will then work with in-country data analyst(s) to review, synthesize and analyze the data. Two workshops will be conducted with the allocated funding; one workshop will address specific questions selected in the 2008 workshop; the second workshop will specifically focus on the impact of the scale up of the national response to HIV/AIDS in order to help evaluate the PEPFAR program in Mozambique.

Funds will be used for planning, facilitating and conducting the processes for the two rounds of triangulation workshops. Funds may also be used to conduct follow-up analytic and capacity-building activities upon request of the country team.

7) Training, supervision, and logistics for sentinel surveillance \$60,000

This activity is associated with Mozambique's SI five year strategy to technically and financially support surveillance to monitor HIV/AIDS-related illnesses, understand the behaviors that influence transmission, improve access to and use of care and treatment services, strengthen the effectiveness of program activities, and ensure a supportive environment for USG efforts.

MOH, in coordination with donor and technical assistant partners, began implementing routine HIV sentinel surveillance among pregnant women in 1998 in 10 sites. Since 2001, CDC has provided complete financial and technical support for sentinel surveillance activities in Mozambique. In 2007 during the latest round, sentinel surveillance was conducted at 36 sites throughout the country and dry blood spot (DBS) technology, BED incidence assays, and threshold ARV resistance monitoring were introduced.

Activity Narrative: In 2008, funds will be used to train survey personnel including maternal and child health nurses, laboratorians, district and provincial supervisors, as well as prepare data collection instruments, move supplies to and from surveillance sites, and conduct site assessments and supervision. This activity is related to activities 15916.08 and 8639.08.

8) Support TA, fieldwork, supervision and logistics for an AIDS indicator survey with HIV testing \$1,410,000
The only source of nationally-representative HIV indicator data in Mozambique to date was collected during the 2003 DHS. In order to estimate the number of infections averted, a second HIV indicator data point is required by mid 2009. In addition, as of yet no nationally-representative serosurvey has been performed in Mozambique. While both of these needs could be met by performing another DHS, due to the recent population census, upcoming elections, and competing survey priorities, the National Statistics Institute (INE) has indicated that they will not conduct a DHS until at least 2010.

The National Institute of Health (INS) of the MOH has indicated that they wish to conduct National Survey on HIV prevalence, risk behaviors, and information about HIV/AIDS in 2008. Sample design will cover approximately 6,000 households and will include HIV testing of approximately 18,000 individuals including children. The sample design will allow estimation of prevalence by province, sex, and age group. The survey will include a social mobilization component prior to fieldwork to ensure adequate response rates.

This activity will fund a partner to provide a technical assistance, social mobilization, fieldwork, supervision, and survey logistics. Procurement of sample collection and processing equipment and supplies will be performed by a different partner and is described in a related activity. The budget will not fully fund the survey and it is expected that other donors will also contribute to the full cost of the survey. This activity is related to activity 15916.08.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3526.08	Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 4993.08	Planned Funds: \$1,273,549
Activity System ID: 12940	

Activity Narrative: 1) This activity provides funding for the salary and benefits packages for five positions - (1) M&E Advisor, (2) Surveillance/Surveys Officer, (3) Sr. M&E Advisor (ADS), (4) Informatics Advisor and (5) Sr. SI Specialist

(1) M&E Advisor. Under the guidance of the CDC Country Director and the Senior Technical Advisor for Strategic Information (SI), the Monitoring and Evaluation (M&E) Advisor plays a critical role in strengthening capacity and systems for M&E in the Government of Mozambique's Ministry of Health to measure the national response to HIV/AIDS in Mozambique. As well, the M&E specialist works with USG partners at both implementer and national levels to quantify progress towards targets set for PEPFAR.

The M&E Specialist advises the CDC Senior Technical Advisor for SI on all matters related to the development and strengthening of routine HIV/AIDS related program reporting systems in Mozambique. Specifically, the M&E Specialist works to strengthen systems and staff capacity at the MOH to collect, manage, and use quality M&E data to inform programs and policies in the national response to HIV and AIDS. The M&E Specialist also has responsibility for assisting the PEPFAR team in measuring the USG contribution toward achieving the Emergency Plan targets through MOH reporting systems, and to adapt PEPFAR-supported M&E and other Strategic Information tools to improve Emergency Plan programming and service delivery.

(2) The Surveillance/Surveys Officer will oversee technical assistance provided for surveillance activities and surveys which CDC supports, including sentinel surveillance, and national seroprevalence and behavioral surveys. The Surveillance/Surveys Officer will provide technical assistance to the MOH to assist with development of its surveillance program and its ability to conduct national surveys. Finally, the surveillance/surveys officer will be the primary point of contact with multisectoral bodies such as the Multisectoral Working Group, coordinating CDC participation in and support of data triangulation activities with the NAC and UNAIDS.

(3) Sr. M&E Advisor. The main duties of the Sr. M&E Advisor are to plan, initiate, conduct, evaluate, and coordinate complex HIV/AIDS applied epidemiologic research, surveillance, monitoring, evaluation, epidemiological response, and program activities in Mozambique concerned with the reduction of HIV transmission and mitigating the impact of HIV and AIDS. The Advisor assists and provides oversight in the design and implementation of epidemiological studies, public health evaluation, and operations research activities in Mozambique. The Advisor is also responsible for building capacity among USG partners in developing and implementing PHE and operations research projects and protocols, ensuring ethical standards are met, and tracking IRB and other ethical approval submissions.

(4) Informatics Advisor. Under the guidance of the CDC Country Director and the Senior Technical Advisor for Strategic Information (SI), the Informatics Advisor plays a critical role in strengthening capacity and systems for informatics in the Government of Mozambique's Ministry of Health to measure the national response to HIV/AIDS in Mozambique. This position serves as a technical expert and consultant in the areas of informatics, data analysis, software analysis, design, development, electronic communications (including the Internet) and computer hardware support. Within the SI team, this advisor helps to establish the direction and scope of the technical informatics activities of CDC/Mozambique and provides consultation on the information resources and technologies needed to perform program activities. Finally, this advisor provide technical leadership and oversight in directing, managing, planning, developing, coordinating and evaluating public health informatics programs and activities in support of the Ministry of Health (MOH).

(5) Medical Epidemiologist (Sr. Strategic Information Coordinator) (USDH):

The incumbent is the team lead for the CDC SI team and is an integral member of all SI-related activities in PEPFAR. She is responsible for the principle management and oversight of the collaborative program design, implementation, monitoring and evaluation of primary prevention activities, analyzing program data through statistical methods, and disseminating study results through scientific journals, periodic reports and public presentations. The Sr. SI Coordinator also supports SI activities at the Ministry of Health and other partner organizations. These activities include HIV-related surveillance and surveys, informatics, Public Health Evaluations and M&E.

2) Support coordination and implementation of Behavioral Surveillance Survey+ \$578,000

This will build on preliminary activities initiated with FY07 plus-up funding. Mozambique has not yet implemented a round of Behavioral Surveillance. Formative work will be done in FY08 to identify key risk groups (Phase 1) and to develop plans and protocol for BSS+ implementation (Phase 2). FY08 EP funds will be used to provide financial and technical support for implementation of the Behavioral Surveillance Survey; the BSS will monitor and assess baseline information in HIV-related knowledge, attitudes, and behaviors among the at risk populations that are identified in the Phase 1 formative work. The survey also includes a biomarker to estimate HIV prevalence for these groups. Funds will be used for technical assistance needed to plan and implement Phase III, required commodities and lab supplies for BSS implementation, contracting of local field teams for data collection and entry, and technical assistance for data analysis and dissemination. Early funding (50% or \$289,000) is requested for this activity as activities will need to commence in April 08.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8632

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24438	4993.24438.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10462	3526.09	GHAI_CDC_HQ	\$843,152
8632	4993.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	\$1,395,805
4993	4993.06	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	3526	3526.06	GHAI_CDC_HQ	\$957,500

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	0	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	False

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3529.08	Mechanism: GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 8639.08	Planned Funds: \$510,110
Activity System ID: 12949	

Activity Narrative: This is a new activity (local funds) but consists of many sub-activities, many of which are existing sub-activities under an existing/previous mechanism/activity (CDC HQ funding)

- 1) CDC - GHAI-Local-Salary Distribution
- 2) Monitoring of early warning indicators by MOH
- 3) Host regional IRB/ethics training workshop
- 4) Support 3 - 5 proposed Operations Research-related projects stemming from the CY2007 OR Workshop
- 5) Support TA to develop a STI database
- 6) Technical assistance for sentinel surveillance

1) CDC - GHAI-Local-Salary Distribution \$150,110. Funding in this activity provides full salary and benefits packages for three positions - (1) a SI Reporting Specialist (existing) and (2) two Provincial M&E Officers (proposed).

(1) SI Reporting Specialist (existing) The SI Reporting Specialist plays a critical role to review and disseminate SI related developments and requests. If needed, the specialist provides follow-up or assist in completion of the SI-related task. This position is also responsible for assisting in coordinating, gathering, inputting, storing, and analysis of PEPFAR COP targets, SAPR and APR results, as well as providing interpretation of OGAC guidance.

(2) Two Provincial M&E Officers (proposed)

Mozambique's provincial-level HIV programs suffer from lack of human resources to implement the M&E activities necessary to track the rapid geographic expansion of ART programs in FY07. Two Provincial M&E Officers will be hired to work in Zambezia and Sofala to provide institutional support to the Provincial HIV program at the Provincial Health Departments (DPS). These officers will develop data quality assurance programs and supervision at the district and provincial level, monitoring HIV program components at the district and provincial level, tabulate and analyse program data for routine and ad hoc reports, and providing decision support for DPS planners. The positions will report to the CDC SI team to help ensure program consistency and quality across focus provinces.

2) Support implementation of drug resistance monitoring by MOH \$20,000

Monitoring and controlling the emergence of drug resistance in Mozambique is important in order to be able to ensure the quality of the ART program and to rationally plan national treatment regimens. MOH has assigned responsibility for ART drug resistance monitoring to the ART monitoring committee of the MOH. The committee, in consultation with CDC and WHO has developed a plan to monitor the emergence of drug resistance. The plan calls for a) monitoring of routinely-collected Early Warning Indicators (EWI) from treatment sites, b) monitoring of treatment failure, adherence and drug resistance in cohorts at a sample of treatment sites, and c) threshold surveillance of transmitted drug resistance during sentinel surveillance. This activity will allow CDC to provide technical assistance to the ART committee and ART resistance coordinator to help conduct these activities. Additionally, funds may be used to pay for data entry personnel, development of data collection and data entry tools. This activity is related to activity 12267.08.

3) Host regional IRB/ethics training workshop for regional CDC/GAP Associate Directors for Science, USG program/ technical staff members, and in-country IRB/bioethics committee members \$75,000

This activity will entail bringing together experts from the US, neighboring countries and Brazil to share expertise with regional ADSs. The goal of this workshop is to provide participants with training in evaluating protocols, seeking IRB approval following CDC regulations and ethical standards and to promote exposure to experienced staff that can guide local participants in establishing/strengthening ethical review procedures in country.

4) Support 3 - 5 proposed Operations Research-related projects stemming from the CY2007 OR Workshop \$75,000

As a follow up activity from the FY07 funded OR workshop, funds will be used to provide 5 provincial program staff and their mentors the ability to carry out small operational research projects. Each of those five will have had its draft protocol produced during the workshop, and the FY 08 money will allow them to conduct small scale primary data collection, perform secondary data analyses using program data and will facilitate contact between the mentors, most of whom are based in Maputo, and the workshop participants by funding travel to the field. Note that CDC will ensure that all ethical considerations are included in the proposals and that any ethical approvals are acquired by local and Atlanta-based IRBs as appropriate.

5) Support TA to develop a STI database \$100,000

During FY 2007 CDC has provided technical assistance to the STI program at MOH to develop and pilot updated case notification forms for syndromic reporting of STIs. The updated notification system will allow tracking of STIs in HIV-positive individuals in care and treatment. The STI program database was originally designed to match the previous version of the forms and must be updated to allow data to be entered from the new forms. During 2008 CDC will provide additional technical assistance to the STI program to ensure introduction of STI reporting in HIV care and treatment facilities and update the STI program database to reflect the changes to the layout of the forms. Early funding for the entire amount of \$100,000 is being requested in order to allow database development to begin in early 2008 soon after completion of the pilot.

6) Technical assistance for sentinel surveillance \$90,000

This activity is associated with Mozambique's SI five year strategy to technically and financially support surveillance to monitor HIV/AIDS-related illnesses, understand the behaviors that influence transmission, improve access to and use of care and treatment services, strengthen the effectiveness of program activities, and ensure a supportive environment for USG efforts.

The Ministry of Health, in coordination with donor and technical assistant partners, began implementing routine HIV/AIDS sentinel surveillance among pregnant women in 1998 in 10 sites. In 2007 during the latest round, sentinel surveillance was conducted at 36 sites throughout the country and dry blood spot (DBS) technology, BED incidence assays, and threshold ARV resistance monitoring were introduced. Data from the sentinel surveillance round are used to describe the current burden of disease among pregnant women and to produce estimates of the burden and impact of HIV/AIDS in the country and to monitor trends in disease over time. Sentinel surveillance data are the cornerstone of allocating resources in the country as well and are currently the national source for HIV prevalence estimates. For example, data are used to determine priority areas for opening new treatment sites and focusing prevention efforts.

Activity Narrative:

Since 2001, CDC has provided complete financial and technical support for sentinel surveillance activities in Mozambique. In 2008, funds will be used to provide technical assistance to the MOH to prepare trainings and conduct supervision, and assist with organization of logistics such as shipping of specimens and study instruments from the sites to the MOH, to prepare study databases and contract data entry personnel, and to assist with data analysis. This activity is related to activities 12267.08 and 15916.08.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8639

Related Activity: 13197

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8639		HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4867	3529.07	GHA1_CDC_PO ST	\$517,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13197	8589.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$865,000

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	5	False

Indirect Targets**Table 3.3.13: Activities by Funding Mechanism**

Mechanism ID: 3620.08

Mechanism: Technical Assistance

Prime Partner: Association of Schools of Public Health

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 8499.08

Planned Funds: \$150,000

Activity System ID: 12930

Activity Narrative: Continuing activity: This is a continuation of an activity in support of USG Mozambique's five-year SI strategy to technically and financially support high priority HIV/AIDS-related health management information systems, monitoring and evaluation, surveillance, and behavioral and population-based surveys. Specifically, this activity will fund two first-year ASPH Fellows to work in-country with the CDC/GAP SI Team on its activities related to strategic information to support prevention, care, and treatment initiatives.

One of the first-year ASPH Fellows will work primarily on helping to build the overall capacity of CDC/GAP's partners, including the MoH, in monitoring and evaluating HIV/AIDS programs. To achieve this, the Fellow will help a) provide broad HIV/AIDS-related technical assistance and guidance in program monitoring and evaluation, and b) strengthen the capacity of CDC/GAP's partners to monitor program implementation, document results, and translate data into meaningful policy and program improvements. The Fellow will also be a key contributor to strengthening the health management information systems within CDC/GAP's partners, including the MoH. The Fellow will be supervised by the SI Team's M&E Specialist. This activity is related to activity 12667.08.

The other first-year ASPH Fellow will work primarily on helping to coordinate two large, nationally-representative surveys planned for calendar year 2008 – the AIDS Indicator Survey (AIS+) and the Post-Census Mortality Survey (INCAM). For the AIS+, the Fellow will help a) facilitate the development and submission of appropriate documentation to the Mozambican and U.S. ethical review committees, b) determine procurement needs to support the survey, c) coordinate and monitor the delivery of supplies and the pick-up, transfer, and storage of samples, d) provide oversight and supervision of data collection and/or data entry staff, e) review preliminary findings and draft reports for content, and f) manage feedback and input from other partners. For the INCAM, the Fellow will help a) coordinate data analysis activities between the US Census Bureau, CDC, National Statistics Institute, MoH, and other partners, b) implement the data dissemination strategy, and c) conduct secondary analyses of the survey data on adult and child mortality in Mozambique. The Fellow will be supervised by the SI Team's Senior Medical Epidemiologist. This position is related to activities 10211.08 and 6443.0

FY07: This is a continuation of an activity in support of USG Mozambique's five-year SI strategy to technically and financially support high priority HIV/AIDS-related health management information systems, monitoring and evaluation, surveillance, and behavioral and population-based surveys. Specifically, this activity will fund two first-year ASPH Fellows to work in-country with the CDC/GAP SI Team on its activities related to strategic information to support prevention, care, and treatment initiatives.

One of the first-year ASPH Fellows will work primarily on helping to build the overall capacity of CDC/GAP's partners, including the MoH, in monitoring and evaluating HIV/AIDS programs. To achieve this, the Fellow will help a) provide broad HIV/AIDS-related technical assistance and guidance in program monitoring and evaluation, and b) strengthen the capacity of CDC/GAP's partners to monitor program implementation, document results, and translate data into meaningful policy and program improvements. The Fellow will also be a key contributor to strengthening the health management information systems within CDC/GAP's partners, including the MoH. The Fellow will be supervised by the SI Team's M&E Specialist. This activity is related to activity 12667.08.

The other first-year ASPH Fellow will work primarily on helping to coordinate two large, nationally-representative surveys planned for calendar year 2008 – the AIDS Indicator Survey (AIS+) and the Post-Census Mortality Survey (INCAM). For the AIS+, the Fellow will help a) facilitate the development and submission of appropriate documentation to the Mozambican and U.S. ethical review committees, b) determine procurement needs to support the survey, c) coordinate and monitor the delivery of supplies and the pick-up, transfer, and storage of samples, d) provide oversight and supervision of data collection and/or data entry staff, e) review preliminary findings and draft reports for content, and f) manage feedback and input from other partners. For the INCAM, the Fellow will help a) coordinate data analysis activities between the US Census Bureau, CDC, National Statistics Institute, MoH, and other partners, b) implement the data dissemination strategy, and c) conduct secondary analyses of the survey data on adult and child mortality in Mozambique. The Fellow will be supervised by the SI Team's Senior Medical Epidemiologist. This position is related to activities 10211.08 and 6443.08.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8499

Related Activity: 16315, 13197, 13210

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8499	8499.07	HHS/Centers for Disease Control & Prevention	Association of Schools of Public Health	4860	3620.07	Technical Assistance	\$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
16315	16315.08	7411	7411.08	USAID-BUCEN SCILS Follow On HQ	US Bureau of the Census	\$150,000
13210	10211.08	6347	3529.08	GHA1_CDC_POST	US Centers for Disease Control and Prevention	\$1,350,000
13197	8589.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$865,000

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	2	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1	False

Indirect Targets

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3570.08	Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 8589.08	Planned Funds: \$865,000
Activity System ID: 13197	

Activity Narrative: This existing activity is comprised of several sub-activities designed to build and strengthen MOH capacity in strategic information. Subactivities include:

- 1) Provide IT infrastructure and TA support to help formalize, disseminate, and implement MOH "infrastructure architecture" plan in collaboration w/ WHO
- 2) Monitoring of early warning indicators by MOH, including CDC field support to contract survey teams
- 3) Support resistance monitoring in ART patients at one MOH site
- 4) Expansion of informatics infrastructure in the Provinces of Manica and Tete; similar support for 2 hospitals in Maputo City (Mavalane and Jose Macamo)
- 5) pilot the implementation of a national mortality system in the country
- 6) create, train and strengthen a group within the MoH to define standard definitions for medical procedures and related systems at the Health Information Department of the MoH
- 7) strengthen the linkages between public laboratories and epidemiological surveillance activities
- 8) continue support for activities linked to the health facilities inventory, including the creation and maintenance of a national registry of health facilities

1) Provide hardware, equipment, and TA support to help formalize, disseminate, and implement MOH "infrastructure architecture" plan \$275,000
FY08 funds will be used to support DIS/MISAU in project management activities with regards to the Hospital Information System. Technical expertise will be provided to DIS in the assessment, development, adoption, and upgrading of existing health information systems. Funds will also support DIS/MISAU to design, testing and deployment of the others national health information systems, such as mandatory disease notification, National Immunization Database, and other epidemiologic surveillance systems (specific programs such as Malaria, TB, AIDS and others), construction of the national health data warehouse strategy, national registries of birth and deaths. Funds will also be used to procure hardware and other needed informatics equipment.

2) Monitoring of early warning indicators by MOH, including CDC field support to contract survey teams \$80,000
Monitoring and controlling the emergence of drug resistance in Mozambique is important in order to be able to ensure the quality of the ART program and to rationally plan national treatment regimens. MOH has assigned responsibility for ART drug resistance monitoring to the ART monitoring committee of the MOH. The committee, in consultation with CDC and WHO has developed a plan to monitor the emergence of drug resistance. The plan calls for a) monitoring of routinely-collected Early Warning Indicators (EWI) from treatment sites, b) monitoring of treatment failure, adherence and drug resistance in cohorts at a sample of treatment sites, and c) threshold surveillance of transmitted drug resistance during sentinel surveillance. This activity will support the MOH coordination and setup of these activities. The committee will appoint a coordinator for drug resistance monitoring activities, and will produce an annual drug resistance report combining data from all three resistance monitoring activities. If necessary, this activity will provide salary support for the coordinator.

For EWI monitoring, this activity will support development and implementation of a set of indicators adapted from the WHO recommended list of EWI indicators. The Committee will adapt and translate data abstraction forms and data entry programs for local use. The Coordinator will oversee data abstraction teams that will be responsible for abstracting data at sentinel sites on a rotating basis. Funds will cover development of data entry programs, abstraction forms, and salaries and travel costs for the coordinator and data abstraction teams. This activity will provide technical assistance to the MOH and will train 2 persons in M&E. This activity is related to activity 12267.08.

3) Support resistance monitoring in ART patients at one MOH site \$35,000
For ART monitoring one MOH-supported treatment site will be selected to pilot drug resistance monitoring in a pediatric or adult cohort. Expected sample size is 100 patients, for whom baseline data will be collected. Routinely-collected blood samples will be used for preparing baseline and 12 month genotyping and viral load samples. Funds will cover development of data entry programs, abstraction forms, and salaries and travel costs for the coordinator, and sample collection. Threshold surveillance is implemented and funded through sentinel surveillance. This activity is related to activity 15916.08.

4) Expansion of informatics infrastructure in the Provinces of Manica and Tete; similar support for 2 hospitals in Maputo City \$225,000
Currently, limited informatics infrastructure exists at isolated health care facilities throughout Mozambique. Funds will be provided through a contractor for the acquisition of informatics hardware to link and network existing hardware and equipment in two provinces as well as at 2 hospitals in Maputo City, including establishing a contract with an ISP.

5) Establish a national mortality system in the country \$50,000
FY08 funds will be used to establish a new integrated system for mortality surveillance in the country, comprising all data generated at health facilities and elsewhere, so that a unique consolidated database can be generated and managed by DIS, after appropriate processing, revision and correction. Currently, the Department of Health Information (DIS), along with the National Directorate for Medical Assistance (DNAM), hospitals and the Ministry of Justice plan to revise the death certificate requirements/procedures. In calendar year 2008 DIS will develop, pilot, and implement an information system for mortality data generated through the new system. The national database on Mortality will be publicly available, through various mechanisms, i.e., published reports or web access.

6) Establishment of a group to define standard definitions for medical procedures and related systems at the DIS \$50,000
FY08 funds will be used to establish communication standards to facilitate interoperability among systems. A key final product of this activity will be a Mozambican implementation guide describing different national health communication standards, such as disease reporting, immunization, referral and counter-referral, discharge summary and death and birth registration.

7) Strengthen the linkages between public laboratories and epidemiological surveillance activities \$50,000
Support will be provided to strengthen the laboratory network as it relates to epidemiological surveillance, referral systems, laboratory confirmation of clinical cases, monitoring of pathogens resistance and reporting

Activity Narrative: of cases to the central level. To achieve this goal, DIS will develop or revise guidelines, procure equipment, strengthen the quality control procedures at all levels.

8) Creation and maintenance of a national registry of health facilities \$100,000
 This activity plans to support the development of an online database, in collaboration with the Provincial Directorates of Health, which will provide information of health facilities – an online registry. This is a follow up activity of the national inventory of health facilities which was just carried out by the Ministry of Health.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8589

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23794	8589.23794.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	10296	3570.09	Cooperative Agreement	\$350,000
8589	8589.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	\$300,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1	False

Indirect Targets

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 3520.08	Mechanism: DOD-DOD-GHAI-HQ
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 8586.08

Planned Funds: \$175,000

Activity System ID: 12954

Activity Narrative: Continuing activity - Narrative Update for FY08: This continuing activity is comprised of two components:
1) Analysis, dissemination, and utilization of data from the prevalence and behavioral study conducted within the military forces (\$100,000) and
2) Surveillance in new recruits and peacekeeping forces (\$75,000)

1) Analysis, dissemination, and utilization of data from the prevalence and behavioral study conducted within the military forces (\$100,000)

This activity is a continuation of activity 8586 in COP 07. Utilizing FY08 funding, PEPFAR will support training Mozambican Armed Forces (FADM) SI officers in data collection, analysis and dissemination for use policy makers, clinical staff and prevention programming. PEPFAR funding will also support the FADM Public Health Surveillance system integrating HIV data with malaria, TB, STI, and other health indicators. FADM is working closely with the MOH on PH Surveillance systems. Presently this is a completely paper based system. Strengthening the PH surveillance system will have wide-ranging benefits for the FADM to better respond to health threats. DOD (NHRC) will provide some assistance with trainings related to the database, data processing and analysis, report writing, etc.

2) Surveillance in new recruits and peacekeeping forces (\$75,000)

This activity is a continuation of activity 8576 in COP 07. Since 2007, the military doubled the recruits' annual intake from 2000 to 4000 people being trained in two training centers (Manhiça and Montepuez). Aware of this change in numbers and expecting that the military will make official their HIV policy, DOD will provide funds to be used for HIV testing for recruits. Under the new policy, these new recruits will be tested for HIV for the first time in the Mozambican military and procedures will be followed accordingly. The tests are expected to be linked and all potential recruits will receive pre and post test counseling and, if necessary be, referral for care and treatment will be given.

We will need \$50,000 for supplies and logistics required to implement this activity.

DOD will also support HIV mandatory testing for the Mozambican military (including the peace keeping force) every two years. The HIV testing will be part of a general check up of the troops to assess their health status and determine their readiness. The check up will include TB screening and STIs among other health and mental problems.

This activity is estimated to cost \$25,000 that will cover supplies and logistics.

FY07: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8586

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8586	8586.07	Department of Defense	US Department of Defense	4882	3520.07	DOD-DOD-GHAI-HQ	\$75,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	False

Target Populations

Special populations

Most at risk populations

Military Populations

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3529.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 10211.08

Activity System ID: 13210

Mechanism: GHAI_CDC_POST

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$1,350,000

Activity Narrative: August 2008 Reprogramming: Increase funding by \$617,542.

Support TA, fieldwork, supervision and logistics for an AIDS indicator survey with HIV testing. The only source of nationally-representative HIV indicator data in Mozambique to date was collected during the 2003 DHS. In order to estimate the number of infections averted, a second HIV indicator data point is required by mid 2009. In addition, as of yet no nationally-representative serosurvey has been performed in Mozambique. While both of these needs could be met by performing another DHS, due to the recent population census, upcoming elections, and competing survey priorities, the National Statistics Institute (INE) has indicated that they will not conduct a DHS until at least 2010.

The National Institute of Health (INS) of the MOH has indicated that they wish to conduct National Survey on HIV prevalence, risk behaviors, and information about HIV/AIDS in 2008. Sample design will cover approximately 6,000 households and will include HIV testing of approximately 18,000 individuals including children. The sample design will allow estimation of prevalence by province, sex, and age group. The survey will include a social mobilization component prior to fieldwork to ensure adequate response rates.

This activity will fund a partner to provide a technical assistance, social mobilization, fieldwork, supervision, and survey logistics. Procurement of sample collection and processing equipment and supplies will be performed by a different partner and is described in a related activity. The budget will not fully fund the survey and it is expected that other donors will also contribute to the full cost of the survey. This activity is related to activity 15916.08.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10211

Related Activity: 15684, 15736, 13207, 12949,
15916, 13211, 12950, 12930,
13197

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10211		HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15684	15684.08	8784	8784.08		JHPIEGO	\$370,000
15736	15736.08	8784	8784.08		JHPIEGO	\$380,000
13207	8568.08	8784	8784.08		JHPIEGO	\$1,405,000
15916	15916.08	6407	3576.08	Technical Assistance	Association of Public Health Laboratories	\$860,000
13197	8589.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$865,000
12930	8499.08	6343	3620.08	Technical Assistance	Association of Schools of Public Health	\$150,000
12949	8639.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$510,110
12950	8635.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$88,037

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8941

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8941	8941.07	HHS/Health Resources Services Administration	American International Health Alliance	4940	3720.07	Twinning	\$106,122

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1	False

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3586.08

Mechanism: HRSA IAA

Prime Partner: New York AIDS Institute

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 5121.08

Planned Funds: \$550,000

Activity System ID: 13220

Activity Narrative: This is a continuing activity from FY07.

The goal of HIVQUAL-MZ is to allow individual health care providers to engage in a participatory process of quality improvement based on evidence and data collected locally by their own teams. Using the HIVQUAL model, Health Units, Districts, Provinces, and the MoH at the central level gauge the quality of the health services provided to HIV-positive persons using indicators based on national guidelines, and propose feasible and sustainable strategies to improve the quality through implementing established standards of care and treatment.

Established indicators measured through HIVQUAL-MZ determine the level of continuity of care, access to antiretroviral therapy and CD4 monitoring, TB screening, prevention education, adherence assessment, and PEP implementation. The specific focus of this activity is at the clinic level, adapting the methods of quality improvement to each facility's particular systems and capacities. An assessment tool to measure the capacity of the quality management program at each clinic is used, and measures the growth of quality management activities as well as guides the coaching interventions. Facility-specific data that are aggregated provide population-level performance data that indicate priorities for national quality improvement activities and campaigns.

The unique approach of HIVQUAL-MZ is that it targets regional networks of health care providers who engage in quality improvement activities to address problems that are unique to each area, like human resource shortages, coordination of care among multiple agencies, and adherence to care services. Quality improvement training is conducted for groups of providers, who help disseminate quality improvement strategies and activities throughout their networks.

This activity will continue to expand upon the work of HIVQUAL-MZ, which initially began in FY 2006. In FY 2007, the program a) met with the seven implementing partner agencies to introduce HIVQUAL-MZ, b) recruited a Mozambique Project Lead in collaboration with JHPIEGO, c) received official approval from the MoH, d) selected performance indicators for Year 1, e) engaged and selected 34 pilot sites with the partner agencies, f) conducted initial site visits with organizational assessments, g) finalized data collection tools including the HIVQUAL-MZ software, h) conducted software, performance measurement, and quality improvement training sessions with the partner agencies, and i) trained the Provincial Medical Coordinators in quality management including the HIVQUAL-MZ module.

Using FY 2008 funds, HIVQUAL-MZ activities will include a) conducting site visits to and organizational assessments of all 70 pilot sites (36 new sites will be added to the original 34 sites), b) orienting the Provincial Health Officials, c) completing the first baseline data submission and report, d) convening the regional networks to initiate their quality improvement projects, and e) completing the second data submission and report.

FY07: 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.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8803

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23591	5121.23591.09	HHS/Health Resources Services Administration	New York AIDS Institute	10242	3586.09	HRSA IAA	\$300,000
8803	5121.07	HHS/Health Resources Services Administration	New York AIDS Institute	4943	3586.07	HRSA IAA	\$500,000
5121	5121.06	HHS/Health Resources Services Administration	New York AIDS Institute	3586	3586.06	HRSA IAA	\$300,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5085.08

Prime Partner: United Nations Children's Fund

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 9221.08

Activity System ID: 14340

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

USG Agency: U.S. Agency for International
Development

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$0

Activity Narrative: Reprogramming August08: Funding decrease \$500,000. UNICEF is currently fully funded for another year. In addition, the COP review indicated that UNICEF is not the appropriate partner to provide the type of TA that the Ministry of Women, Children and Social Action requires. Funds will be reprogrammed to TBD until a new mechanism is identified.

This is a continuing activity under COP08. UNICEF will continue their M&E work at the national level and will start work to improve the performance of Provincial and District Directorates of Women and Social Action (DPMAS) in their coordination of monitoring and evaluating service delivery and in their role as coordinators of provincial technical working groups. In FY08, UNICEF will expand this effort to include all 11 provinces in Mozambique. This activity aims to train 4,000 MMAS staff working at local, district and provincial levels.

An additional component to this activity in FY08 will include work with MMAS to facilitate community participation in the planning, development and implementation of action plans that will ensure that 165,000 OVC have access to the six essential services via a community referral system.

The FY2007 narrative below has not been changed.

This activity is a follow-on to the COP06 activity #5386 and will continue the M&E work at the national level, but will also focus on the Provincial Directorates of Women and Social Action (DPMAS) to improve their performance in their role in monitoring and evaluating service delivery and in coordinating provincial technical working groups. Furthermore, linkages with district authorities and with the communities themselves will be strengthened to improve the monitoring of direct service delivery for OVC. Currently, UNICEF is strengthening the capacity of provincial staff in all 11 provinces to collect updated information in line with the national M&E system being developed. Funding from USAID would complement provincial level interventions, by improving monitoring and evaluation and coordination systems at the district and community level and establishing a model of best practice in Sofala and Zambezia Provinces.

The results would include: District level TWGs fully functional in at least 30 districts of Sofala and Zambezia Provinces capable of collecting and reporting on numbers of OVC reached with basic services to DPMAS officers on a quarterly basis. Approximately 65 MMAS provincial and district staff will be trained in monitoring and evaluation methods and in how to utilize the national M&E system for better information flow and better decision making. These activities fit with the aim of the Children and Family Initiative, and have an estimated cost of \$30,000.

The main component of UNICEF's support to MMAS, which is partially funded with COP06 money, is to continue strengthening the planning and supervision capacity of representations from MMAS, ensuring (i) that they are fully involved in the Provincial planning cycle; (ii) that they maintain updated information on the different civil society interventions at provincial and district levels and that this information is fed back to the DPMAS; (iii) that they are provided with the resources to play a effective supervision role for OVC service delivery; and (iv) that they are able to build stronger communication links with community committees.

During COP07, UNICEF, will work towards the aims of the Children and Family Initiative, and will assist the Ministry in drafting and disseminating appropriate legislation consistent with international standards for child protection. They will also train and develop the capacity of civil servants and staff of child welfare and social services. They will also work in creating international networks of child welfare and social service professionals. UNICEF will also assist in building the provincial/district capacity to assisting with information management challenges related to birth registration, case management and social service tracking. (\$30,000)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9221

Related Activity: 15817

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9221		U.S. Agency for International Development	United Nations Children's Fund	5085	5085.07	USAID-United Nations Children's Fund-GHAI-Local	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15817	15817.08	6784	5085.08	USAID-United Nations Children's Fund-GHAI-Local	United Nations Children's Fund	\$0

Emphasis Areas

Local Organization Capacity Building
 Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	43	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	4,000	False

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3570.08	Mechanism: Cooperative Agreement
Prime Partner: Ministry of Health, Mozambique	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 15706.08	Planned Funds: \$0
Activity System ID: 15706	

Activity Narrative: PHE: The Ministry of Health, with technical assistance (TA) from the Centers for Disease Control and Prevention (CDC), is currently preparing the implementation of the following qualitative study in Mozambique:

Title: "Assessment of acceptability and feasibility of intervention strategies that address HIV prevention, testing, care, and treatment among the Public Sector Health Care Workforce in Mozambique" (COP07 ID: 10211)

This activity is linked and will build on findings from the quantitative survey, entitled "Survey of HIV/AIDS Knowledge, Attitudes, and Practices (KAP) among health workers in Mozambique" (COP07 ID: 8639). While the results of the KAP survey completed at the end of FY07, will allow to establish nationally representative baseline data and describe knowledge, attitudes and behaviors among health workers and students, the proposed qualitative assessment will complement information obtained from the KAP survey, and inform the design and development of first interventions to be started at selected Ministry of Health (MOH) facilities and training institutes.

Funding requested and approved for this activity in FY07, i.e. \$75,000, will suffice for completion of this activity, and therefore now new funds are required for this activity in FY08.

Local Principal Investigator: Dr Francisco Mbofana, Researcher of the National Health Institute, Mozambique Ministry of Health

Local Co-Investigator: Felisbela Gaspar, MOH STI Program Director, and Adjunct HIV/AIDS Program Director

Project Description:

Evidence reveals high HIV prevalence rates among health workers in Africa. In Mozambique, a study conducted in Sofia (1997-2001) found an increase in annual mortality from 1.5-2.4% among medical staff and 1.4-2% among support staff. In 2004, of 1558 health workers accessing counseling and testing, 23% tested HIV-positive. It is estimated that 15% of Mozambique's health professionals will die of AIDS in the coming decade. Health workers are an extremely valuable resource, especially in Mozambique. This study will assess the acceptability and feasibility of intervention strategies that address HIV prevention, care, and treatment with recommendations to guide the development of effective interventions to reduce risk and increase service uptake among health workers.

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.

Evaluation Question: This qualitative research consists of two components: focus group discussions (FGDs) with health workers and interviews with key stakeholders. These qualitative data will be used to examine barriers and facilitators health care workers face with regard to HIV prevention, testing, care, and treatment; to assess acceptability and feasibility of various intervention strategies; and to provide recommendations for intervention development. Programmatic importance: The specific objectives of this study are to:

- A) Assess the feasibility and acceptability of HIV workplace interventions
- B) Assess health workers' risk perception related to workplace and personal exposures
- C) Identify strategies and methods to reduce high risk sexual behaviors among health workers
- D) Identify strategies and methods to reduce high risk workplace practices
- E) Identify social norms surrounding fidelity, partner reduction, and condom use
- F) Identify barriers and facilitators to VCT and ART uptake among health workers to provide recommendations for intervention development.

Methodology: FGDs and interviews will be conducted by two-person fieldwork teams trained in facilitation, interview, and note-taking techniques. FGD participants will be selected from selected health facilities in 2 provinces and be separated by sex and cadre. Eight focus groups will be conducted in each province, separated by sex and cadre (including medical and non-medical cadres).

Key stakeholder interviews will be conducted among leaders of labor, medical, and nursing associations who represent health workers in the 2 selected provinces. In addition, interviews will be conducted with key MOH staff, such as Directors from the Human Resource and Information Education and Communication departments.

Population of Interest: The population to be studied is health workers, including both medical and non-medical staff in MOH facilities. Medical cadres consist of doctors, medical technicians, and nurses. Non-medical cadres consist of support staff, such as administrative staff, laboratory staff, and janitorial staff.

Status of the Study:

A working group composed of MOH staff from various departments, including the human resources, training, health education departments, and the HIV/AIDS program, has been established, including CDC technical assistance providers for strategic information, human capacity development/training and prevention.

Visits to health facilities, including facilities with HIV/AIDS and ART services and facilities without such services, informal discussions with health workers, and discussions with selected PLWHA groups have informed the contents of the assessment protocol and FGD guide.

Activity Narrative: The assessment protocol and tools have been submitted and approved by the Mozambique Bioethics Committee. The translation of all documents to English has been completed, and documentation is prepared for submission to appropriate bodies in the US for approval prior to end of September 2007. Implementation of the study will start as soon as approval from the US has been obtained.
Lessons Learned:

- (a) High level MoH commitment (MoH Human Resources Director and the National Health Institute Director are Principal Investigators) is key to move these activities forward successfully.
- (b) Frequent changes and transfers of MoH personnel require constant re-briefing of new working group members from a variety of backgrounds and programs.
- (c) While the use of a very participatory approach allowing for staff from various departments and programs to participate, as well as providers and PLWHA being able to provide inputs, may make this process lengthier and slow, it enhances MOH ownership and contributes to highly relevant and appropriate tools being developed.

Information Dissemination Plan:

Findings will be shared with participants, study sites and provinces involved through sharing of the final study report. The Ministry of Health investigators will also present findings at a dissemination workshop where key Ministry of Health Program and Department Directors and Coordinators, as well as stakeholders will be invited to attend. Follow-up discussions with Heads of selected departments involved in activities that will occur as a result of the assessment, such as Human Resources, training etc. will take place. Results will be submitted for publication in an appropriate peer reviewed journal.

Planned activities are as described under the status report above: As soon as approval from the US has been obtained, implementation of the assessment, i.e. 16 FGDs and 29 in-depth interviews will be conducted in the two provinces selected.

Budget Justification:

No new funds will be required for FY08. FY07 funds will be used for implementation of this study as follows:

- Salaries for short-term consultancies - data collection, analysis: \$30,000
- Supplies: \$4,900
- Transcriptions: \$11,000
- Transport: Flights \$3,350; Car rental & fuel: \$6,800
- Per diems for staff travel: \$7,700
- Training: \$8,050
- Other: \$3,200
- Total: \$75,000

In line with MOH policies, no incentives are being issued to study participants.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 14064, 14070, 13207, 13208, 12950, 13197

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14064	14064.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$12,343
14070	14070.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$59,420
13207	8568.08	8784	8784.08		JHPIEGO	\$1,405,000
13208	8547.08	8784	8784.08		JHPIEGO	\$1,047,000
13197	8589.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$865,000
12950	8635.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$88,037

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support**Public Private Partnership****Table 3.3.13: Activities by Funding Mechanism**

Mechanism ID: 3526.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 15890.08

Activity System ID: 15890

Mechanism: GHAI_CDC_HQ

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$0

Activity Narrative: COP07 activity number: 8632

Title: HIV Risk in Sex Workers and Drug-Using Populations in Maputo, Beira, and Nacala Porto, Mozambique: An International Rapid Assessment, Response and Evaluation (I-RARE)

Time and money summary: Project implementation started in FY06 with the development and finalization of study protocol and, coordination with the various stakeholders. Data collection, analysis and project completion will occur in the first half of FY08. The total funding amount for the project is \$450,000 (FY06: \$250,000 Plus Up Funds; FY07: \$200,000); no additional funds will be requested for FY08.

Local Principal Investigators:

Dr. Alfredo MacArthur, Coordinator, National STI/HIV/AIDS Program, Ministry of Health, Mozambique
Pascoa Themba, Planning, Donor Coordination, Monitoring and Evaluation Coordinator, National AIDS Council, Mozambique

Local Co-Investigators:

Joaquim Matavel, Mental Health Department, Ministry of Health (MOH), Mozambique
Dr Nuno Gaspar, Counseling and Testing Program Director, MOH, Mozambique

Project Description:

The I-RARE assessment and training package will provide Mozambican health professionals and researchers with the skills to conduct qualitative assessments for vulnerable populations, including drug users, commercial sex workers and Men having Sex with Men (MSM). These groups frequently engage in illegal or socially stigmatised behaviours and have less access to HIV/AIDS services than the general population.

Evaluation Question:

This evaluation intends to answer the following questions:

- 1) Can vulnerable and hidden high risk populations be reached in order to implement HIV prevention interventions?
- 2) Can these populations be provided with risk reduction information and supplies to assist them in preventing HIV, and can they be linked to counseling and testing, HIV/AIDS care and treatment services, including diagnosis and treatment for opportunistic and sexually transmitted infections where needed?
- 3) Will these populations reduce their risk upon access to these interventions, including both drug-using and sexual behaviors?
- 4) Will these populations utilize the services they are referred to?

Methodology:

I-Rare relies on systematic qualitative data collection and an analysis technique complemented by survey information and direct observation. The methodology that will be used for the evaluation in Mozambique is composed of five key elements: (1) Use and in-depth analysis of existing Mozambique data (e.g. from surveillance and research previously conducted); (2) Oversight of the process by a professional ethnographer; (3) Training of Mozambican staff using the I-RARE evaluation and training package (existing materials will be translated to Portuguese and adapted to the Mozambican context); (4) Direct involvement of community leaders and health care providers; and (5) Final evaluation conducted by an independent evaluator

Data on key indicators including number reached, number referred, and sexual and drug using behavioral risk indicators, as appropriate, will be collected. Qualitative interviews will be carried out with stakeholders and members of the target population to evaluate acceptability and the need for adjustments.

Planned use of findings:

Results of the assessment will be used to strengthen community outreach to vulnerable groups and systems for referrals to HIV prevention, care and treatment services. The major emphasis will be the development of networks, linkages, and referral systems between outreach workers, NGO/CBOs and health care service providers.

Status of the Study:

PEPFAR funding has supported the participation of Mozambican MoH staff at a first meeting conducted in August/September 2005 in Tanzania, which has contributed to raising awareness within the MOH around the importance of alcohol and drug use in relation to HIV transmission and risk behaviors. Furthermore, in August 2006, a second MOH staff was invited to attend a National I-RARE dissemination and planning meeting in South Africa, which provided the Ministry with concrete examples of activities, opportunities, successes, and lessons learned within the African context.

A first pre-assessment and logistical coordination visit of CDC Atlanta technical experts with experience with most at risk populations, particularly drug users and commercial sex workers, and implementing rapid assessment projects was conducted in October/November 2006. During the visit, the team met with Government institutions (MoH, National AIDS Council), USG, UN, NGOs, and other groups; conducted a pre-assessment visit in Maputo city for preliminary observations and mapping of potential study areas; a working group for IRARE was created and assessment protocols and tools were drafted.

During FY07 the following activities were conducted: (a) finalization of development of protocol and tools and, submission to US review board and the Bioethics Committee in Mozambique. Approval from these boards and administrative authorization from Mozambique's MoH for study implementation were obtained; (b) two technical assistance visits from Atlanta; the first visit was conducted in May 2007, for orientation of newly hired CDC STI / Vulnerable Populations Advisor, continuation of pre-assessment visits, in Nacala and Beira cities, planning of training activities and data collection; (c) the second visit occurred in July/August 2007 for further planning, coordination and finalization of study related tools, development of plans for data analysis and initiation of collaboration with the Faculty of Anthropology & Medicine/University of Eduardo Mondlane as well as a South African technical assistance (TA) provider; (d) identification and recruitment of study teams (Team Managers, Team Coordinators, Field Team Members and, Counselors for HIV testing) in Maputo, Beira and Nacala cities. Training of study teams is scheduled to take place early November 2007 and, data collection will start immediately after training. Data collection is expected to be completed after 3 –

Activity Narrative: 4 weeks, and data analysis will take approximately 4 months.

Lessons Learned:

Awareness and acceptance of the need for evaluation and development of HIV/AIDS interventions for vulnerable and hard-to-reach populations was to start with comparatively low, in particular among high level government policy makers. Above-mentioned events and advocacy by in-country USG staff and partners has contributed towards creating an environment that is more open to assessing and addressing the needs and starting to develop HIV/AIDS interventions that can effectively reach these groups.

Dissemination Plan:

After data collection and analysis, a workshop for dissemination of study results will be conducted in Maputo city, chaired by the MOH and NAC, with TA provided by CDC, and participation from stakeholders involved in the development of the study protocol (e.g. UNAIDS, PSI, Pathfinder, GetJobs, National Network to Combat Drugs) and working with vulnerable populations in Mozambique. The study report will be widely distributed in-country. In addition, abstracts and papers will be produced for submission for presentation for international conferences and peer reviewed journals.

Planned FY08 activities:

The activities for FY08 include data collection, with ten Focus Group Discussions and 100 interviews at each of the 3 study sites (Maputo, Beira and Nacala) being conducted; transcriptions of group discussions and interviews; data entry and analysis; report writing and performance of a workshop for dissemination of study results. Data from the rapid evaluation will be used to develop/improve materials and intervention packages for work with and services for vulnerable populations in Mozambique. Funding for these interventions has been included in COP08, for various international and national NGOs.

Budget justification for FY08 monies:

Completion of project will be done using funds from FY06/07; no additional funding is being requested for FY08.

Salaries/fringe benefits: not applicable

Short-term contracts / consultancies for data collectors: \$90,000

Short-term contracts / consultancies for data analysts: \$50,000

Equipment: \$15,000

Supplies: \$10,000

Travel: \$60,000

HIV & Syphilis Testing: \$25,000

Transcriptions and translations: \$50,000

Training: \$70,000

Printing and reproduction: \$25,000

Dissemination Workshop: \$50,000

Other: \$5,000

Total: \$450,000

In line with MOH regulation no incentives will be provided to participants; however free HIV and syphilis counseling and testing will be provided, as well as a referral system be set up to ensure free and rapid assessment for eligibility and enrolment for ART for HIV-infected high-risk group members.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 15799, 15804, 15800

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
15799	15799.08	6417	3583.08	I-TECH	University of Washington	\$250,000
15804	15804.08	6417	3583.08	I-TECH	University of Washington	\$75,000
15800	15800.08	6417	3583.08	I-TECH	University of Washington	\$125,000

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	2	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Target Populations

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Coverage Areas

Maputo

Nampula

Sofala

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Total Planned Funding for Program Area: \$8,478,121

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

As a post-conflict nation, Mozambique has human resource shortages in every category, limited institutional capacity, and fledgling civil society. Human resources (HR) constraints represent the single greatest threat to meeting the President's Emergency Plan for AIDS Relief (PEPFAR) prevention, care and treatment targets. The Minister of Health identified human resource constraints as the health sector's number one problem in his meeting with HHS Secretary Leavitt in late August 2007. Other/Policy Analysis and System Strengthening (OPHS) activities are critical to meeting and sustaining PEPFAR goals in Mozambique, and other program areas also must address HR and system strengthening as part of implementation. Therefore, training and human resource development are funded within each program, as appropriate, while OPHS focuses on activities that are cross-cutting or do not fit within another program area. Fiscal year 08 priorities for OPHS are 1) pre-service training strengthening, 2) training systems development (e.g., development of a pre-service information system and standards for training activities), 3) non-governmental organization (NGO) organizational capacity strengthening, 4) workplace activities related to HIV, 5) better coordination of in-service training, and 6) ensuring that gender is included throughout the FY08 country operational plan (COP). Key results are strengthened pre-service training, continuation in development of training systems, improved capacity of Mozambican based NGOs, inclusion of gender throughout our activities, and supporting workplace activities related to HIV.

In FY08, most activities supporting HR will be undertaken through collaboration with partners. These activities include conducting an HR assessment for health including planning, in-service and pre-service training, and incentives; mapping out donor supported HR activities; and developing an incentives and retention policy for the MOH. CDC staff participates on the donors' Human Resource Technical Working Group. CDC supported technical advisors working within the MOH help to link activities between other international initiatives such as the Global Fund and PEPFAR. Mozambique was selected as one of the countries for the collaboration between PEPFAR and Department for International Development (DFID) on HR issues, although plans to operationalize this collaboration are still under discussion. In FY08, some PEPFAR implementing partners will provide pre-service scholarships to students who will be hired by a non-governmental organization (NGO) upon graduation. In exchange for their education, students agree to serve back in their district for a set period amount of time until they are absorbed into the National Health System.

Addressing the health sector HR crisis requires strengthening and standardizing MOH HR systems and training institutions in order to increase the number of health care workers and upgrade the skills of those already working. In August 2006, the MOH initiated an accelerated training plan for mid-level and basic level health care workers. FY07 funds were used to update HIV/AIDS information in the pre-service curriculum for clinical officers (tecnicos de medicina); however, the current pre-service curricula represent incomplete guides rather than true curricula that can be utilized by a variety of faculty with some degree of consistency in results. In FY08, requested funds will be used for development of standards and prototypes for clinical officer pre-service curricula and to pilot a clinical teaching model in which nursing students will be closely mentored and supervised at the ward-level in provincial hospitals.

Other continuing FY07 activities include scholarships for pre-service level students as noted in other program areas (i.e., nurses, pharmacists, lab technicians and clinical officers), faculty development, upgrading pre-service institutional libraries, identifying cost-effective options for nursing education, and identifying performance standards for nursing pre-service for basic and mid-level nurses, and clinical training practicums. Support to the two medical schools in Mozambique will take the form of continued support for the twinning partnership that includes the development of a clinical training facility at Catholic University in Sofala and renewing discussions around strengthening the Masters in Public Health program at Eduardo Mondlane University, including the area of surveillance, epidemiology and operational research.

In FY07 funding was provided to assess the extent that graduates of the antiretroviral treatment course (TARV) offered to clinical officers are able to adhere to the guidelines they learned once they return to work. This course was developed using PEPFAR funds as a way to task-shift responsibilities from the very small number of physicians in the public health system to the larger, but still not sufficient, number of clinical officers. Secondary questions look at usefulness of course information and effect of working environment on application of guidelines. In FY08, a PHE is proposed to examine numbers of students graduating from pre-service education who are incorporated into the national health system and factors that promote or inhibit entrance into this system.

Development of standards and systems designed to create consistency in data collection and development of training activities are also a priority for Mozambique. In FY07, support was provided to further develop a web-based version of the Training Information and Monitoring System (TIMS) for in-service training. In FY08, this web-based system will be expanded to more provinces, and work will begin on developing an information and monitoring system for pre-service education. FY08 funding is requested to identify an implementing partner to act as a training focal point for all PEPFAR implementing partners through provision of standards, guidance on training activities development and creation of a national training calendar and plan for in-service activities supported by PEPFAR.

Training activities proposed within other program areas throughout the COP will not be discussed in the OPHS program area narrative, except information about the expansion of services for children. In FY07, the MOH planned to hire a national pediatric AIDS focal point, but that has not yet occurred. However, PEPFAR, the MOH, and implementing partners have developed a pediatric AIDS treatment and care working group where issues around policy, guidelines, curriculum review and development, and monitoring and evaluation are examined. Review of the existing curriculum for training physicians and mid-level providers in pediatric AIDS treatment and care is underway. FY08 funds will support the roll-out of training, as well as a pediatric AIDS technical advisor in Nampula and continued support for advisors in Sofala and Zambezia, all of which are focal provinces.

Support for strengthening local organizations will continue. Emphasis will be on organizational capacity development to sustain programming, including development of a training-of-trainers approach reducing stigma and discrimination. This area was identified by many implementing partners as a priority area during an all-partner technical meeting in July 2007. Support for strengthening of the national association of nurses will continue via a twinning partnership. In addition, FY07 technical assistance activities will continue in management and leadership with an emphasis on work with religious leaders in Nampula, a proposed new focus province. Funding for the Sustainable Management Development Program has been discontinued in FY08 due to inability to develop a program that does not require substantial technical assistance from the USG. FY08 activities will include working with the MOH and other partners to identify how best to support management training activities for the MOH. Through

FY08 funds, CDC and one implementing partner will provide additional training experts based part-time within the MOH at their explicit request for the purpose of developing the capacity of the MOH staff to develop sound training activities and materials, especially at the pre-service level, through mentoring and sharing of best practices.

In FY08, support for the existing FY07 workplace HIV/AIDS policies and program worker wellness activities will continue, including the revision and implementation of a workplace policy for the MOH, a health worker study and design of interventions based on findings of this study, and development of job descriptions for clinical officers and nurses. Emphasis will be placed on “holistic workplace HIV” programs that include care and treatment. Also in FY08, all implementing partners will be requested to develop their own workplace HIV/AIDS policies.

In FY07, PEPFAR agencies completed the gender assessment of our activities identifying where gender-focused activities exist and where additional gender-conscious programming could occur. Two focal points were identified representing different agencies, genders and nationalities. In July at the PEPFAR technical meeting with partners, PEPFAR guidance for gender programming was presented. Through FY07 plus-up funds, gender-focused activities were added to develop a system for administering post exposure prophylaxis (PEP) to women who are victims of sexual abuse in one focal province. With FY08 funding, PEP activities will be expanded to include a larger number of providers and development of materials for providers. Also in FY07, Mozambique was chosen as one of two countries to participate in the centrally-funded Vulnerable Girls Initiative.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	53
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	133
14.3 Number of individuals trained in HIV-related policy development	148
14.4 Number of individuals trained in HIV-related institutional capacity building	1150
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	1277
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	452

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3721.08	Mechanism: Follow-on to PHRplus
Prime Partner: Abt Associates	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 5447.08	Planned Funds: \$558,121
Activity System ID: 15857	

Activity Narrative: Reprogramming August08: MOH Global Fund grants in Mozambique are fully implemented through pooled funding mechanisms (PROSAUDE), i.e. are implemented through the health sector SWAP, which includes over 15 bilateral agencies and multilateral agencies. Progress on the grant has been slow, with ongoing concerns about how to fulfill the Global Fund's performance-based mandate within the SWAP framework. Serious staffing shortages in the health sector, as well as poor infrastructure and capacity, exacerbate problems. The Government of Mozambique, through its Director of Planning and Cooperation, has requested USG assistance to manage Global Fund resources and activities. Specifically, the MOH has requested that we place a full-time advisor the Planning and Cooperation Division to improve the MOH's capacity to request disbursements and accelerate expenditures of GF grants. Abt Associates has been identified as the most appropriate partner for this assistance. Support may include assessments of the Government of Mozambique sector-specific management and financial systems; updating of sub-grant, financial management, and procurement manuals and guidance; identifying and proposing solutions to constraints that delay sub-grant approval and GFATM disbursements; and providing management and leadership training needed to strengthen the national response to the HIV/AIDS epidemic.

This is a continuing activity under COP08 with no changes in activity narrative or funding levels.

The FY2007 narrative below has not been updated.

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."

Deliverables/benchmarks

- Technical assistance and training to build management systems and procedures of the National AIDS Council (CNCS) at both central and provincial levels

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9119

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24121	5447.24121.09	U.S. Agency for International Development	Abt Associates	10356	3721.09	Follow-on to PHRplus	\$1,350,000
9119	5447.07	U.S. Agency for International Development	Abt Associates	5047	3721.07	Follow-on to PHRplus	\$375,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	20	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4978.08

Mechanism: PAO

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 5490.08

Planned Funds: \$75,000

Activity System ID: 15735

Activity Narrative: Continuing activity with new narrative, targets, target population, and emphasis area.

This activity will train and mobilize journalists and community leaders in HIV/AIDS issues (including stigma), communication skills, and HIV/AIDS leadership. Specific activities include: a. Training of 25-50 journalists and peer leaders through regional or US-based training programs; and b. Training and mobilizing 10-15 returned International Visitor Leadership Program exchange participants and funding 1-3 programs initiated by those participants. This activity originated on FY05 though the first leadership conference and journalist training only took place in FY06 due to a funding delay. These activities are crucial in Mozambique not only for engendering bold leadership in the face of the AIDS epidemic and ensuring that the leaders and potential leaders of Mozambique have an accurate and updated understanding of HIV and AIDS (including issues of stigma, but also transmission and prevention, etc.) but also to give the same information to the journalists (especially from community radios) that have the greatest potential to reach a larger portion of the population with accurate and sensitized information. The expected outcomes of these activities is greater depth and accuracy in HIV/AIDS reports and stories in the media allowing greater dissemination of accurate information to the population in general and encouraging a move away from the simple reporting of statistics. As for the leadership aspect the expected outcome is an increase in visible leadership by the participants in regards to the HIV/AIDS epidemic.

Deliverables/benchmarks

- Journalists and community leaders trained and mobilized in HIV/AIDS issues

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8506

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23024	5490.23024.09	Department of State / African Affairs	US Department of State	9874	4978.09	PAO	\$50,000
8506	5490.07	Department of State / African Affairs	US Department of State	4978	4978.07	PAO	\$75,000
5490	5490.06	Department of State / African Affairs	US Department of State	3648	3648.06	State	\$75,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	15	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	15	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3526.08	Mechanism: GHAI_CDC_HQ
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 15682.08	Planned Funds: \$280,812
Activity System ID: 15682	
Activity Narrative: Continuing Activities from 2007: This activity continues support for salary and benefits for the Senior Training Specialist and Training Advisor. The Training Advisor provides technical assistance directly to the Ministry of Health's Training Department on all MOH specific projects such as the development of the Training Information System, development of the yearly plan and budget, assisting implementing partners in their work with the MOH, co-facilitating trainings, and advising CDC technical staff on training and human resource priorities for the MOH. The Senior Training Specialist supervises the two CDC-based training advisors and works directly with PEPFAR funded partners and technical staff at CDC and USAID around training and Human Capacity Development planning and implementation. Senior Training Specialist acts as the lead training/HCD staff person and in that capacity leads the development of the COP and all other strategic planning.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3583.08	Mechanism: I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 15802.08	Planned Funds: \$0
Activity System ID: 15802	

Activity Narrative: Continuing activity:

FY07 COP activity number linked to PHE project : 8802

Title: Targeted Evaluation of ARV Training Course in Mozambique.

Time and money summary: this is a 07 COP activity, expected to be complete in early 2008; original budget request in 07 COP was \$88,000; we now estimate that \$100,000 will be expended on the actual evaluation. No funds are requested in 08 COP for the evaluation, but rather follow-on activities, to include the revision of the TARV course (see below).

Local Co-investigator: several individuals at the MOH's National Department of Medical Assistance are involved in this project, headed by Dr. Americo Assan

Project description: CDC and the Mozambican Ministry of Health (MoH) supported a new course to teach Mozambican mid-level health practitioners (tecnicos de medicina) to prescribe and manage active antiretroviral therapy (ART) for HIV patients. The two-week course includes classroom and practical components. The primary purpose of the evaluation in 2007 is to assess to what extent course graduates adhere to the guidelines taught in the course once they return to their work sites. Secondary questions are: Do course guidelines address the clinical questions most commonly encountered by the graduates? Are the guidelines learned by the graduates consistent with other guidelines currently in force in their work sites? Are the course graduates' working conditions conducive to guideline adherence? The anticipated outcome is a series of recommendations for revision or updating of the course curriculum, clinical guidelines, and/or post-course support and supervision systems. The study design will incorporate structured observation of course graduates as they attend patients in their usual work sites. The study will use two instruments, one for HIV-infected patients not yet on HAART and one for patients already on HAART. The structured observations will be supplemented by brief semi-structured interviews with course graduates and site supervisors. A convenience sample of course graduates will be generated using training lists and by consulting with provincial and local health authorities where the course graduates work. We will aim for a sample of 40-50 graduates and will plan to observe one new HIV patient and one patient already on HAART for each graduate.

Status of study/progress to date: Protocol was initially presented to MOH in November 2006 and approved by MOH bioethics committee in early July 2007. CDC Atlanta is in the process of reviewing protocol. The evaluation scheduled to take place in October-November 2007. Data analysis and reporting should be completed by January 2008. The follow-on activity to this evaluation is the revision of the ARV course based on the evaluation results, and the design and implementation of two training of trainer courses to roll it out. The revision of the course was originally included in COP 07, but will likely be carried into COP08 due to time constraints.

Lessons Learned: to be included in final report

Information Dissemination Plan: The primary audience for the evaluation results is comprised of the Mozambican Ministry of Health and the institutional partners currently assisting the Ministry in implementation of public-sector AIDS-related training and patient-care programs. This audience is internal. However, should the evaluation yield results that might be of interest to other Ministries of Health or PEPFAR implementers, we would consider presenting them orally (at professional meetings) and/or in writing (through peer-reviewed scientific journals), depending on the specific nature of the findings.

Planned FY08 activities: Build the capacity of MOH staff and provide them with technical guidance to adapt and relaunch the TARV course based on the results of the evaluation. The course will be principally used as in-service refresher trainings for TdMs, their supervisors, and other mid-level practitioners. Conduct 2 TOTs for implementing agencies to roll out the course.

Budget Justification for FY08 monies (please use US dollars):

Salaries/fringe benefits: \$30,000

Equipment: \$0

Supplies: \$5,000

Travel: \$18,000

Other: \$12,000

Total: \$65,000.

Deliverables/benchmarks:

- Final report on ARV Training Course in Mozambique
- Discussion around results and implications for national policy and procedures

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3720.08

Prime Partner: American International Health Alliance

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 5442.08

Activity System ID: 13205

Mechanism: Twinning

USG Agency: HHS/Health Resources Services Administration

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$675,000

Activity Narrative: Federal University of Rio De Janeiro will provide long term training in Brazil to a clinical pathologist from Mozambique. It is expected that the Mozambican pathologist will be able to draw on experiences and resources obtained while in Brazil to strengthen and reinforce the national lab services in Mozambique.

CONTINUATION: The American International Health Alliance's Twinning Center proposes to continue a partnership between Catholic University of Mozambique (UCM) and University of Pittsburgh (\$450,000). To date, partners have jointly conducted scale-up activities of Catholic University's HIV/AIDS training center. Partners have defined clinical competencies and designed practical hands-on training sessions for UCM faculty and staff. In addition, partners have established formal relationships with local HIV treatment clinics to serve as sites for the practical component of the training; developed M&E capacity at UCM for measuring quality and effectiveness of trainings; developed and trained faculty for each training track, based on MOH guidelines; trained ICSB instructors; trained in-service healthcare workers based on MOH priorities; and trained orderlies in universal precautions/infection control.

FY08 activities will focus on creating practical, hands-on training within the outpatient facility, which was renovated by the partnership in FY 2006-2007, to train the medical students and other personnel in outpatient HIV and other Opportunistic Infections, such as TB, and Malaria. Although medical students will be the primary recipient for trainings, partners will design and implement additional trainings specifically for nurses, pharmacists, midwives, and laboratory technicians who are working in Sofala Province. In addition, FY08 activities will focus on integrating coursework of UCM to include the many areas of HIV prevention, care, and treatment into the training curricula. The partnership expects to provide HIV care and treatment services for approximately 300 individuals receiving services at the hands-on outpatient facility. It is also anticipated that 15 UCM faculty and staff trained on coordination of healthcare services and to increase client retention in antiretroviral treatment programs, 33 UCM faculty and staff trained to provide quality HIV/AIDS treatment and training services and 350 medical students and other professionals trained on DPS' priorities in HIV clinical management.

CONTINUATION: ANEMO (Mozambican Nurses Association) (\$225,000) and a TBD twinning partner. Focus of FY 08 activities are on developing a new twinning partnership focused on developing ANEMO as a professional nursing association. The previous twinning partner, APCA (African Palliative Care Association) resulted in progress in assessing ANEMO's organizational structure and developing a strategic plan to strengthen the organization. In FY08, emphasis will be on developing a business plan to strengthen membership, identify and market services provided by the association and sustainability of the association.

NEW: TBD partner (\$50,000) focusing on the long term training of a clinical pathologist at a higher education institution in Brazil. It is expected that the Mozambican pathologist will be able to draw on experiences and resources obtained while in Brazil to strengthen and reinforce the national lab services in Mozambique.

Project Management

Twining Center staff will continue to work with the partnerships to develop a 12-month workplan including goals and objectives, partnership communication plan, and monitoring and evaluation plan. Partners will identify partnership coordinators who work with Twinning Center staff to monitor the partnerships' progress and to help identify areas where technical assistance might be required. The twinning center will also be responsible for day-to-day project administration including budget monitoring and logistical support. The Twinning Center can also provide training to the individual organizations on financial administration and subgrant management.

Monitoring and Evaluation

In collaboration with USG stakeholders, AIHA and partners will continue to select the appropriate PEPFAR indicators and other relevant indicators based on planned activities in the workplan. AIHA continues to assist partners to develop the appropriate tools and systems necessary to collect and report relevant data and provide technical assistance when necessary. AIHA reports these data to USG teams quarterly and will further evaluate the partnership's effectiveness in meeting its goals and objectives upon completion of the workplan period.

Deliverables/benchmarks (Catholic University):

- Clinical practicum training located within an outpatient clinic located on the university campus for training medical students, nursing students from a nearby MOH training institution and practitioners from the local community
- HIV care and treatment for 300 individuals who attend the clinical site
- Training of faculty on coordination of healthcare services and client retention in ARV treatment programs

Deliverables/benchmarks (ANEMO):

- New twinning center partner
- Business plan to strengthen membership, identify and market services provided by the association and sustainability of the association

Deliverable/benchmark (TBD):

- Long term training of a clinical pathologist at a higher education institution in order to strengthen and reinforce the national lab services in Mozambique

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8800

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23404	5442.23404.09	HHS/Health Resources Services Administration	American International Health Alliance	10112	3720.09	Twinning_AIHA	\$656,000
8800	5442.07	HHS/Health Resources Services Administration	American International Health Alliance	4940	3720.07	Twinning	\$620,000
5442	5442.06	HHS/Health Resources Services Administration	American International Health Alliance	3720	3720.06	Twinning	\$455,600

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	2	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	2	False
14.3 Number of individuals trained in HIV-related policy development	50	False
14.4 Number of individuals trained in HIV-related institutional capacity building	90	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	300	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	300	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Sofala

Maputo

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3583.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 5241.08

Activity System ID: 13219

Mechanism: I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$1,380,000

Activity Narrative: August08 Reprogramming: Funding increase \$140K. Ministry of Health has indicated that they are not interested in developing this type of training facility as they are seeking investment in longer term training of health care workers versus short term courses. Use of technology for training health care workers and for support/retention of existing health care workers are being considered. A memorandum of understanding that includes introduction of distance learning was developed with FIOCRUZ and the Ministry of Health. What remains unknown is the current state of technology for education within Mozambique, both in infrastructure and human capacity. This reprogrammed money would be used to inventory distance learning, assess capacity of existing training institutions, assess attitudes toward use of technology for health care workers, and recommend potential uses.

I-TECH has been committed to providing technical assistance to the Ministry of Health in support of their ambitious HIV program expansion plans. In FY06 and 07, I-TECH focused on assisting MISAU to develop and standardize its pre-service and in-service courses in order to improve the knowledge and skills of the clinicians serving in the National Health Service. To that end, I-TECH assisted in the development of an in-service ART ("TARV") course for técnicos de medicina (TdM). I-TECH trained the course facilitators, evaluated the training and modified the course content, and performed clinical observations of a sample of TdM who received the in-service ART course. I-TECH also developed and piloted the first pre-service HIV training materials for TdM, covering the topics of AIDS, TB, OI, malaria and malnutrition in order to better prepare them for diagnosing and managing HIV-infected cases. In tandem, I-TECH began a series of trainings for TdM pre-service teachers to assist them in delivering high quality education to their students, as well as working with implementing partners, supporting them in a range of in-service mentoring and training courses.

In 08, I-TECH proposes to build on the previous year's work by providing capacity building assistance to MISAU and implementing partners to develop and roll out effective and consistent pre-service and in-service training programs. I-TECH's COP 08 objectives are as follows:

Objective 1: Strengthen capacity of the faculty in the pre-service training institutions to deliver high-quality training in HIV/AIDS and related topics to health workers.

Objective 2: Strengthen the capacity of health care workers to deliver quality HIV care and treatment through in-service training and mentoring programs.

Objective 3: Provide technical assistance to MISAU and its training institutions to improve and standardize their national training systems and materials

Activities and Expected Results:

Objective 1: Strengthen capacity of the faculty in the pre-service training institutions to deliver high-quality training in HIV/AIDS and related topics to health workers.

In 2007, I-TECH conducted initial training of the faculty of the Institutes of Health Sciences who teach TdM pre-service courses. The results of the trainings indicated that the faculty of the different institutes required different levels and types of support, and that the teacher skills, knowledge and attitudes varied considerably. For this reason, I-TECH requests the flexibility in 08 to develop a series of trainings for the faculty of the training institutes which responds to particular institutional needs, which would be jointly defined, and which ensures a minimum skill and knowledge level of all TdM teachers.

Activity 1.1: Work closely with the faculty of the 7 institutes that train TdM to develop comprehensive capacity building programs based on the institutes' individual needs, so that the faculty are skilled in delivering the current TdM Plano Analítico and new curriculum (including ATOMM) as it evolves over the next few years. Training would include participatory teaching methodologies, developing student practica, and the introduction of a variety of innovative and effective methodologies to respond to the operational realities of the TdM (as documented in the TdM clinical observation study for the TARV course). May include financing for covering costs associated with conducting courses outside of normal academic year.

Objective 2: Strengthen the capacity of health care workers to deliver quality HIV care and treatment through in-service training and mentoring programs.

In 2007, I-TECH updated the ART course for in-service TdM based on a country-wide clinical observation, and developed a mentoring program to ensure on-site support. I-TECH assisted ICAP in developing an in-service nurse-mentoring program for those involved in PMTCT. I-TECH also developed and piloted the OI section of the in-service training course "Basic Course on HIV". Based on the best practices of these 07 activities, I-TECH will continue to expand and strengthen the provision of in-service training and mentoring programs for clinicians in 2008.

Activity 2.1: Subsequent to the 07 activity to revise and pilot the OI portion of the in-service course, "Basic Course on HIV", adapt the course for 3 cadres of health workers (TdM, medical assistants and referral nurses), and conduct 3 TOT for implementing agencies to roll it out.

Activity 2.3: Conduct refresher courses for all cadres of health workers, as appropriate, particularly in the instance of the development of new guidelines, new practices, or for addressing general concerns relating to clinical practices as identified by MISAU. Estimated 2 five-day trainings in each of the three focal provinces (Sofala, Zambezia & Nampula) on various HIV-related topics.

Activity 2.4: Building on an 07 clinical mentoring pilot for TdM, provide technical assistance to partner organizations for designing and developing mentoring of mentors program (MOM) in two sites.

Objective 3: Provide technical assistance to MISAU and its training institutions to improve and standardize their national training systems and materials.

Building the capacity of MISAU is critical to the sustainability of HIV-related training and support activities, and is the most effective way in the long term of ensuring standardized, high quality health care services. It is MISAU's mandate to lead the country in the medical response to HIV, and to ensure that its institutes, as

Activity Narrative: well as all the implementing partners, train health care workers using the same guidelines, standards and operating principles.

To assist MISAU, I-TECH placed a curriculum specialist in the MISAU training department part time in 07, whose main function was to train, mentor and technically support MISAU staff in their efforts to develop standardized training curricula, materials, methodologies, implementation techniques, and evaluations, whereby ensuring consistent and effective pre-service and in-service trainings. In 08, I-TECH will continue to provide hands-on assistance to MISAU.

Activity 3.1: Mentor the Training Unit staff in strengthening their skills for developing guidelines, templates, principles and standards for curriculum development and training design to ensure consistent and effective programs across their training institutes.

Activity 3.2: Act as lead agency and provide technical assistance to the trainers at MISAU Central Training Unit, the DPS Training Units, and partner organizations in the support of the roll out of various training programs. This includes the dissemination of standardized curriculum guidelines and templates, as well as standards for training methodology, implementation, and evaluations.

Deliverables/benchmarks:

- Pre-service faculty development in HIV/AIDS and related topics
- Standardized template for pre-service educational modules
- In-service training and mentoring programs
- Materials adaptation
- Training of trainers
- Technical assistance to MOH and its training institutions
- Curriculum specialist working part time at the MOH to mentor training department staff
- Establish lead training agency that will provide technical assistance to the trainers at MOH, DPS Training Units and partner organizations in the roll-out of various training programs

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8802

Related Activity: 13218

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23226	5241.23226.09	HHS/Health Resources Services Administration	University of Washington	9948	3583.09	I-TECH	\$3,630,571
8802	5241.07	HHS/Health Resources Services Administration	University of Washington	4941	3583.07	I-TECH	\$1,457,485
5241	5241.06	HHS/Health Resources Services Administration	University of Washington	3583	3583.06	I-TECH	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13218	8806.08	6417	3583.08	I-TECH	University of Washington	\$1,736,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	341	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Coverage Areas

Cabo Delgado

Manica

Maputo

Nampula

Niassa

Sofala

Zambezia

Table 3.3.14: Activities by Funding Mechanism

Prime Partner: Academy for Educational
Development

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 9212.08

Activity System ID: 13354

USG Agency: U.S. Agency for International
Development

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$1,150,000

Activity Narrative: This is a continuing activity under COP08.

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

The narrative below from FY2007 has not been updated.

This activity has several components and COP07 funding represents a major scale-up of AED's current program in NGO capacity building and grants management. AED will continue to work with Mozambican networks and organizations that provide services to OVC, home based care clients, PLWHA groups and association members which together have national reach. FY07 represents year 2 of a planned 3 year activity that began with FY 05 funding. Special activities under COP07 will be focused in Sofala and Zambezia Provinces.

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

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

Activity Narrative: complications identified.

Deliverables/benchmarks:

- Organizational capacity of Mozambican organizations and networks improved

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9212

Related Activity: 13349, 13350, 13351, 13352,
13353

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24132	9212.24132.09	U.S. Agency for International Development	Academy for Educational Development	10359	3692.09	Capable Partners Program	\$2,650,000
9212	9212.07	U.S. Agency for International Development	Academy for Educational Development	5037	3692.07	Capable Partners Program	\$900,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13349	5293.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,760,000
13350	9154.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$822,600
13351	9131.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$560,000
13352	5323.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$1,676,441
13353	5282.08	6448	3692.08	Capable Partners Program	Academy for Educational Development	\$97,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	20	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	92	False
14.3 Number of individuals trained in HIV-related policy development	85	False
14.4 Number of individuals trained in HIV-related institutional capacity building	560	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	285	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	40	False

Indirect Targets

Coverage Areas

Nampula
Sofala
Zambezia

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 4791.08

Mechanism: State Grant

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 5336.08

Planned Funds: \$15,000

Activity System ID: 12962

Activity Narrative: Continuing activity with updated target population and emphasis areas information.

This activity will assist with the development of a Mission-wide HIV/AIDS workplace program, including a road map for interventions, policy design and implementation through the procurement of any necessary technical assistance. The activity also provides for the establishment of Mission-wide HIV/AIDS days for Mission employees and their families that would include HIV/AIDS awareness fairs and programs.

Deliverables/benchmarks:

- US Embassy mission-wide HIV/AIDS workplace program

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9051

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23020	5336.23020.09	Department of State / African Affairs	US Department of State	9873	4791.09	State Grant	\$15,000
9051	5336.07	Department of State / African Affairs	US Department of State	4791	4791.07	State Grant	\$15,000

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	90	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Maputo

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3823.08

Mechanism: State Grant

Prime Partner: Catholic University of Mozambique

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 4851.08

Planned Funds: \$53,800

Activity System ID: 12963

Activity Narrative: Continuing activity with updated narrative, target population, and emphasis area.

DOS will expand its program of providing scholarships for medical students specializing in HIV/AIDS treatment. The aim of this program is to provide educational opportunities for young people in areas with high HIV prevalence and limited economic opportunities to receive formal medical training with a view to increasing the critical shortage of physicians available for HIV/AIDS care and treatment. The Medical School of the Catholic University of Mozambique is located in Beira, Mozambique's second largest city and area of very high HIV prevalence. Most students benefiting from this program are from high-prevalence, central Mozambique and some from the northern provinces. As an integral part of their studies, students are required to do internships in local clinics in Beira or elsewhere in Sofala province, enabling the newly trained to begin providing services to numbers of PLWHA as rapidly as possible. This funding expands support for community-based outreach activities and training that students participate in around HIV awareness and education.

Deliverables/benchmarks:

- Scholarships for medical students

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8237

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21494	4851.21494.09	Department of State / African Affairs	Catholic University of Mozambique	9330	3823.09	State Grant	\$46,350
8237	4851.07	Department of State / African Affairs	Catholic University of Mozambique	4793	3823.07	State Grant	\$53,800
4851	4851.06	Department of State / African Affairs	Catholic University of Mozambique	3823	3823.06	State Grant	\$26,400

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	0	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	0	False
14.3 Number of individuals trained in HIV-related policy development	0	False
14.4 Number of individuals trained in HIV-related institutional capacity building	0	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	17	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	17	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

Sofala

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3570.08

Prime Partner: Ministry of Health,
Mozambique

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 5273.08

Activity System ID: 13198

Mechanism: Cooperative Agreement

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$814,200

Activity Narrative: Continuing activity:

FY08 Narratives: The Training Department of the Ministry of Health has been implementing an Accelerating Training Plan in order to increase the number of human resources and facilitate the scaling up HIV services. Teaching quality at the health training institutions has been identified as a big concern, in particular when more faculty board is being integrated. CDC will support the quality improvement program developed by the MOH. (\$734,200)

Objectives

Support in-service training in HIV for faculty board from the training institutions
Support training institutions with books for libraries and medical items to facilitate practical sessions for students.

Activities and expected outcomes

Activity 1: Provide HIV courses in ART, counseling and testing for in-service training faculty. Those trainings are coordinated with programs responsible. 4 courses in 2008. Deliverable: 90-100 persons trained. Course curriculum already existed.

Activity 2: Purchase of technical books already listed by the MOH. Deliverables: 500 books are given to training institutions in 2008

Activity 3: Purchase of medical items already listed by the MOH. Deliverables: 50 kits are given to training institutions.

Activity 4: Reprint pamphlets for training institutions. Deliverables: 2000 pamphlets

Activity 5: Provide funds for health workers continuing their studies at the Health Science Superior Institute. Deliverables: 4-6 health workers with scholarships

Expand TIMS to all provinces, support for supervisory visits, faculty development support, purchase of books, HIV tool kits, computers and equipment for training department staff, printing materials, scholarships for students at ISCISA.

This second component of this activity sheet also contributes to capacity building of MoH staff from various departments, including Human Resources, Training, Health Education Departments and the HIV/AIDS Program (\$80,000):

All behavior change and informational activities relating to the MoH's desire to support health workers are lead by the MoH working group composed of staff from departments listed above. With funding from previous year quantitative and qualitative assessments looking at prevention behaviors, access to counseling and testing, and ARV services among MoH health workers and students at MoH training institutes have been conducted. As the key stakeholder, MOH staff will proceed analyzing the data from the assessments, and design and pilot interventions stemming from those analyses. FY08 funding will permit the MoH to realize the design and implementation of informational and behavioral interventions.

Activities supported in FY08 will include to: (a) Review and adapt existing BCC materials to the Mozambican context; (b) sponsor and participate in trainings which involve data analysis; (c) participate in capacity-building trainings in areas of qualitative and quantitative analysis, behavioral intervention design, and intervention evaluation; and (d) work alongside partners in piloting new behavioral and informational intervention groups.

Deliverables/benchmarks:

- HIV courses in ART, counseling and testing for in-service faculty.
- Technical books for libraries in training institutions, medical kits to for training institutions to be used for clinical practicums, and reprint educational pamphlets for training institutions
- Scholarships for health workers to continue their higher education studies

Deliverables/benchmarks:

- Adapt BCC materials for use in Mozambique
- Capacity development in qualitative and quantitative analysis, behavioral intervention design and intervention evaluation
- Pilot new behavioral and informational intervention groups

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8577

Related Activity: 14064, 14070, 15787

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23796	5273.23796.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	10296	3570.09	Cooperative Agreement	\$460,000
8577	5273.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	4876	3570.07	Cooperative Agreement	\$630,000
5273	5273.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Mozambique	3570	3570.06	Cooperative Agreement	\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14064	14064.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$12,343
14070	14070.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$59,420
15787	15787.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$357,020

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3529.08 **Mechanism:** GHAI_CDC_POST
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Other/Policy Analysis and System Strengthening
Budget Code: OHPS **Program Area Code:** 14
Activity ID: 8635.08 **Planned Funds:** \$88,037

Activity System ID: 12950

Activity Narrative: This activity will support the strengthening of the only existing MPH program in Mozambique located in the faculty of Medicine at Eduardo Mondlane University. There were discussion two years ago regarding this idea and, at the time, there wasn't sufficient leadership to move forward. Recently a new director for the MPH program and a new rector for the university have been appointed. Also Emory University, who is providing scholarship to students in the MPH program, has asked for our support in strengthening the existing program. Funds would be used to support technical assistance and development of a proposal for strengthening the program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8635

Related Activity: 13191, 13210

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
8635		HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4867	3529.07	GHAI_CDC_POST	\$125,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
13191	8578.08	6408	3570.08	Cooperative Agreement	Ministry of Health, Mozambique	\$50,000
13210	10211.08	6347	3529.08	GHAI_CDC_POST	US Centers for Disease Control and Prevention	\$1,350,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8784.08

Prime Partner: JHPIEGO

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 19730.08

Activity System ID: 19730

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$2,350,000

Activity Narrative: Reprogramming August08: Support the use and distribution of the Ministry of Health's Human Resources plan by summarizing the strategy, developing a document that can be distributed widely, printing that document and supporting a 1 day workshop for donors, Ministry of Health and implementing partners.

All activities listed under TBD are being reprogrammed as is in this request except for the \$258,151 to support a training center.

Continuing Activity:

The rapid expansion of the provision of ART and other HIV-related health services is creating a severe strain on the health human resources situation of Mozambique. The Ministry of Health is trying to cope with this situation by drastically increasing the production of some critical cadres of health personnel. Additional support will be needed, however, to ensure: that these new workers acquire the necessary competencies to perform upon graduation; that they are properly deployed and incorporated in the health system; and that retention and support strategies, including the protection of the health workforce, are in place to enable their effective and sustained performance.

The purpose of this program area is to support the MOH to rapidly and effectively expand, deploy, and support its health workforce in order to provide HIV-related and other priority health services. The following activities are being proposed to support the MOH in accomplishing this purpose:

Objectives:

1. Develop and support the implementation of a nation-wide training information system for pre-service education to track the production and deployment of human resources. This will be based on the current Training, Information and Monitoring System being implemented for in-service training
2. Strengthen pre-service education for laboratory technicians in coordination with the American Association of Public Health Laboratories (AAPHL)

Measurable Outcomes:

- Web-based training information system for pre-service education developed and tested in two provinces
- Pre-service training materials for laboratory technicians developed, including reference manual, trainer notes, student learning materials and guidelines according to standards in coordination with the AAPHL

Main Activities:

- Develop and test a web-based training information system for pre-service education
- Provide technical support regarding the training methodology of the pre-service curriculum for laboratory technicians in coordination with the AAPHL, who will provide technical content for the curriculum materials

The following activities are continuing and will complement ongoing FY07 activities.

Main Activities:

- Conduct assessment to compare competencies that nurses learned at the training institutions vs what they currently perform at their workplace, and recommend most appropriate and cost-effective options for nursing education
- Develop and implement in up to 13 sites a set of performance standards for nursing pre-service education that can be adapted for different cadres
- Train teams of 5 members (teachers and clinical preceptors) from 13 teaching sites on the performance improvement process
- Pilot a clinical teaching model where nursing students are closely supervised and mentored at the ward level in provincial hospitals
- Implement in-service training for ancillary workers
- Provide training and support to provincial staff in up to 13 sites for the implementation of the web-based training and information system
- Develop master guidelines to guide the development and implementation of interventions to improve pre-service training

Continuation of support for Gender plus up activities (\$310,000)

These activities support the plus up activity around developing a system for providing PEP to women who have been sexually abused in Sofala province. Specifically these activities focus on implementing PEP guidelines, training of health care providers on how to serve the needs of gender based violence victims and materials development.

Continuation of support for Male Circumcision (\$50,000):

Activities proposed for continuation also include capacity building for the Ministry of Health (MOH), the National AIDS Council (NAC), and stakeholders in the area of Male Circumcision. As described in other sections of the COP08 (A&B, C&OP, CT and SI), a comprehensive intervention package will be developed based on a situational assessment to identify the country's capacity for expanding safe MC services for prevention of HIV transmission supported through USG FY06/07 funds.

The proposed funding will support a series of workshops and capacity building events that will assist to (a) continuously up-date government staff and stakeholders on progress of MC activities in-country as well as internationally/regionally; (b) ensure that data from the assessment are shared with all relevant government entities and stakeholders, and that a participatory process is in place to ensure a constructive debate around the results, recommendations and joint planning for the development of the intervention plan and package; (c) support translation of key MC documents to Portuguese; and (d) support the in-country MC working group, chaired by MOH staff, with participation from NAC and other stakeholders (including WHO, UNAIDS, JHPIEGO, DCI, PSI, UNICEF, USG and others) as needed.

NEW Activity: (\$258,151)

In an August 22nd meeting with HHS Secretary Leavitt, Mozambique's Minister of Health Garrido identified the overall shortage of human resources as his number one operational constraint for improving health care delivery. In their meeting it was proposed that a Lower Level Health Care Worker Training Center be established in Mozambique to provide Portuguese-language instruction for participants from Lusophone Africa. These health workers could be prepared through courses lasting only six months or less. Such

Activity Narrative: training could begin with basic technical skills that can serve in a variety of health care settings.

In initial discussions among USG officials following the meeting with the Minister of Health, an existing facility was considered. On the outskirts of Maputo, there is a training center, the Centro Regional de Desenvolvimento Sanitario (CRDS), which was developed by the Mozambican Ministry of Health and The World Health Organization (WHO). The center has classrooms and recently renovated lodging and dining facilities for participants. Few technical faculty are assigned to the facility; however, there are maintenance staff. To date, this facility has been under-utilized but could be an ideal location for hosting training for local Mozambicans and those from other African Lusophone countries. If the emphasis of training were on gaining technical skills such as laboratory equipment repair, there would be a need to outfit the center with needed equipment.

Identifying Portuguese-speaking trainers with the needed technical expertise would be important. Drawing on expertise within each Lusophone country in Africa and partnering with Brazil to provide trainers and other support for this center would strengthen the effectiveness and sustainability of the center. The proposed next steps in exploring this idea are to:

1. Share concept paper with Ministry of Health officials in Mozambique.
2. Through a consensus process, revise the concept paper with MOH in Mozambique.
3. Conduct an asset mapping of resources (i.e., training expertise, training or conference center locations, technical expertise) within each Lusophone country that could be drawn on in developing this training endeavor.
4. Share concept paper with MOH in Brazil, Angola, Guinea Biseau and Cape Verde to gauge interest level.
5. Assess training needs in participating Lusophone countries.
6. Develop an advisory entity consisting of representatives from key stakeholders.

Deliverables/benchmarks:

- Web-based information system for in-service training available at provincial sites
- Web-based training information management system for pre-service developed
- Training methodologies used in pre-service curriculum for laboratory technicians
- Nursing training institution assessment focusing on what nurses learn in pre-service and what they use in practice
- Cost effective options for nursing education
- Performance standards for nursing pre-service
- Nursing faculty trained on performance improvement process
- Ward level clinical teaching model at provincial hospitals
- Master guidelines to guide development and implementation of interventions to improve pre-service education.

Deliverables/benchmarks (gender)

- PEP guidelines implemented
- Health care providers trained around gender based violence
- Materials development.

Deliverables/benchmarks: (male circumcision)

- Assessment data widely shared
- Participatory process around data interpretation
- Translate materials

Deliverable/benchmark: (training center)

- Concept paper for a Lusophone training center
- Asset map of Lusophone countries
- Training needs of each participant country
- Advisory board of key stakeholders

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 6127.08	Mechanism: CDC-Vanderbilt CoAg
Prime Partner: Vanderbilt University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 19727.08	Planned Funds: \$100,000

Activity System ID: 19727

Activity Narrative: April08 Reprogramming change: Support integration of M&E into MPH Program at Eduardo Mondlane University (\$100,000 - \$50k TBD SI and 50K CDC OHPS)
This activity will support the strengthening of the only existing MPH program in Mozambique located in the faculty of Medicine at Eduardo Mondlane University. There were discussion two years ago regarding this idea and, at the time, there wasn't sufficient leadership to move forward. Recently a new director for the MPH program and a new rector for the university have been appointed. Also Emory University, who is providing scholarship to students in the MPH program, has asked for our support in strengthening the existing program. Funds would be used to support technical assistance and development of a proposal for strengthening the program.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5078.08

Mechanism: USAID-Family Health International-GHAI-Local

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 16294.08

Planned Funds: \$110,000

Activity System ID: 16294

Activity Narrative: This is a new activity under COP08.

FHI will work with new partners to strengthen both their organizational and technical capacity in the provinces of Zambezia and Niassa. As a first step the capacity development needs of possible implementing partners will be identified. Secondly, the partners technical capacity will be built in pertinent program areas such as: PMTCT, stigma reduction, and HBC. Finally, FHI will strengthen their institutional capacity through the provision of technical assistance and trainings on management, financial management, proposal development, and organizational development.

Deliverables/benchmarks

- Technical assistance and training to build organizational and technical areas in new provincial partners

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	12	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	12	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	40	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	80	False

Coverage Areas

Niassa

Zambezia

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 3680.08

Mechanism: The Health Communication Partnership

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and
System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 5291.08

Planned Funds: \$320,000

Activity System ID: 14523

Activity Narrative: This is a continuing activity under COP08. The funding increase is intended for the additional production of materials and manuals needed to increase capacity for behavior change communication programs related to priority behaviors in transmission of HIV/AIDS. This will not change targets from the levels indicated in FY07.

The FY2007 narrative below has not been updated.

This activity is related to JHU/HCP communication activities C&OP 8648; AB 8645; PMTCT 9162; and HTXS 9165. These activities taken together form a major initiative for providing technical assistance to the MOH/RESP (health education unit) and the CNCS (National AIDS Council) and implementation of communication strategies in support of all program areas at national and provincial levels, especially Zambezia and Sofala Provinces. JHU/CCP is also expected to serve as a resource and support to other Ministries such as the Ministry of Defense, Ministry of the Interior, Ministry of Education and Ministry of Women and Children as well as the NGO community and other USG PEPFAR agencies. This activity is conceptualized as a large scale media activity with local community mobilization components to effect real behavior change and to create a supportive environment for addressing the HIV/AIDS epidemic in Mozambique. While implementation of communication activities is important, attention to building capacity in Mozambique to design, carry out, implement and sustain behavior change is paramount to success in slowing down the HIV/AIDS epidemic.

JHU/CCP has worked with the MOH and the CNCS to finalize a national communication strategy which has now been approved and is being rolled out to the provincial nucleos. This activity will provide the necessary expertise for implementation of the strategy and effective use of the media to accelerate change. It will also provide the coordination and framework for bringing together the various programmatic area activities to assure economies of scale, harmonization of messages, appropriate Mozambican approaches and ownership by the responsible central and provincial level authorities. Technical assistance to the MOH Health Education Unit(RESP) and to the CNCS will be key to the success of this activity. JHUCCP will need to explore the structures required to provide leadership to the communication initiative. This may take the form of a national commission or forum which brings together stakeholders (public sector, private sector, civil society) to oversee the roll out of the communication strategy, or it may take the form of smaller regional or provincial groups. Leadership and coordination with the donor community will also be important. Sustainability and planning for an exit should be considered from the beginning.

Components of this activity include:

1. Municipal and local leaders: mobilization of local political leaders to promote and model ABC behaviors and to reduce stigma;
2. Technical assistance to the Health Education Unit of the MOH (RESP) for promotion of free condoms and better distribution
3. Technical assistance to the CNCS for large scale implementation of the national communication strategy
4. Media campaigns and leadership supporting the presidential initiative
5. Mozambique appropriate media and community activities directed towards older youth and young couples establishing families, with the purpose of addressing living a healthy life together, either as couple without HIV, a discordant couple or a positive couple.
6. Mozambique appropriate media and community activities reinforcing uptake of all HIV/AIDS services: prevention, care and treatment.
7. Mozambique appropriate media and community activities addressing the role that alcohol plays in risky behavior and shifting norms around acceptable behaviors for men and women with regards to alcohol
8. Mozambique appropriate media and community activities directed towards AB norms
9. Mozambique appropriate media and community activities which involve health workers as community members as well as providers of care
10. Building capacity in both public and private sectors to plan and carry out BCC activities to reduce incidence of HIV/AIDS

Products will include a collection of IEC materials produced in all areas; documentation from a leadership structure for the communication initiative (terms of reference, minutes, correspondence)

Deliverables/benchmarks

- Large scale media and community education campaigns
- Collection of IEC materials
- Documentation from a leadership structure for the communication

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8646

Related Activity: 14518, 14519, 14520, 14521,
14522

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24291	5291.24291.09	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	10418	3680.09	The Health Communication Partnership	\$0
8646	5291.07	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	4893	3680.07	The Health Communication Partnership	\$263,596
5291	5291.06	U.S. Agency for International Development	Johns Hopkins University Center for Communication Programs	3680	3680.06	The Health Communication Partnership	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14518	9162.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$200,000
14519	5289.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$800,000
14520	8648.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$313,000
14521	12268.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$100,000
14522	9165.08	6855	3680.08	The Health Communication Partnership	Johns Hopkins University Center for Communication Programs	\$97,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	200	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

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

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 3686.08

Prime Partner: The Futures Group International

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 9159.08

Activity System ID: 14532

Mechanism: Health Policy Initiative (ex-PDI)

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$190,000

Activity Narrative: Reprogramming August08: \$110,000 will be reprogrammed to Abt Associates for assistance to the MOH in managing Global Fund funds

April08 Reprogramming Change: Reduced \$100,000.

This is a continuing activity under COP08. HPI will continue to work with ECOSIDA and Dunavant Cotton Company. It is expected that HPI will work with the same number of businesses, but that some from FY07 will be able to work without further assistance and some new businesses will be added in FY08.

The FY2007 narrative below has not been updated.

Beginning in mid-COP06, the USG team has assigned a high priority to working with the private sector to build capacity and implement workplace programs. The Constella Group (formerly the Futures Group) has been selected as the partner best able to move this agenda forward. PEPFAR/Mozambique continues to support the Business Forum Against AIDS (ECOSIDA), but the mechanism for this support will now be The Constella Group through the USAID HQ Project, the Health Policy Initiative (HPI). This activity is linked to workplace activity USAID/HVOP/9151. This activity will build upon activities such as the work initiated with the Dunavant Cotton Company in Zambezia province under COP06, and provide substantial TA to ECOSIDA. It will also provide for subgrants to workplaces as needed for program implementation, and in coordination with World Bank funding through Austral, and the Dutch Embassy support to ECOSIDA. However, the basic concept is to assist the private sector to carry out workplace programs as a sustainable, integral part of their business. Workplace programming is an effective way of reaching men, and therefore addressing gender issues of male norms and behaviors and gender based violence and coercion is an important feature of this activity. At least \$50,000 should go in to activities in Zambezia. Main components of this activity include:

1. Technical Assistance to ECOSIDA to develop tools for assisting member businesses to implement workplace programs; and direct TA to businesses setting up and implementing their own programs (\$100,000)

2. Implementation of workplace programs and activities will be provided through organized 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)

Targets reflect 15 businesses plus Dunavant and ECOSIDA for for 17 organizations provided with TA for policy development; TA for institutional capacity development; 34 individuals trained for institutional capacity development, or two per organization; and 170 trained in stigma and discrimination reduction, that is, 10 per organization.

Products from this activity will include: training materials for workplace activities; guide on how to access HIV/AIDS CT, PMTCT, care and treatment services specific to each business;

Deliverables/benchmarks

- Training materials for workplace
- Guide on how to access HIV/AIDS CT, PMTCT, care and treatment services specific to each business

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9159

Related Activity: 14529, 14526

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24344	9159.24344.09	U.S. Agency for International Development	The Futures Group International	10430	3686.09	Health Policy Initiative (ex-PDI)	\$225,000
9159	9159.07	U.S. Agency for International Development	The Futures Group International	5044	3686.07	Health Policy Initiative (ex-PDI)	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
14529	9151.08	6857	3686.08	Health Policy Initiative (ex-PDI)	The Futures Group International	\$200,000
14526	5231.08	6856	3579.08	USAID-Population Services International-GHAI-Local	Population Services International	\$4,800,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	17	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	17	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	34	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	170	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$15,383,879

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

BACKGROUND & PROGRESS

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 6.7% of the expected overall country budget (not including Track 1).

The staffing database shows a total of 121 existing positions (spending 10% or more of their time on PEPFAR) of which all but 44 are working full-time on the Emergency Plan. Of these, 51 are non-management technical staff. At the end of the fiscal year, CDC has eight vacancies among its existing approved positions, and USAID has 13 vacant positions. Of eight positions approved in FY06, CDC has filled five and has two in process. Of 11 positions approved in FY07, CDC has filled three and has four in process. 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. CDC is no longer able to use Comforce as a contracting mechanism in Mozambique. In addition, the FSN mechanism does not facilitate the hiring of senior-level technical staff due to low salaries and benefit structures that are not competitive.

Despite these challenges, solutions have been identified to reduce vacancies. USAID has obtained USAID/Washington approval to offer pre-service language training at post. CDC has converted a number of staff to PSCs who were previously hired under Comforce. In addition, CDC and USAID have been successful in hiring Mozambican staff to fill more technical and administrative FSN positions, including those in the areas of TB/OIs, STIs, vulnerable populations, pharmaceutical logistics management, HCD, prevention, community behavior change, and home-based care. Both USAID and CDC are bringing in short-term personnel, recruitment and/or contracting experts to speed hiring and USAID will explore greater use of the new Public Health Institute Fellows program. CDC has taken advantage of a number of fellowship programs to build office capacity, including IETA fellows, Emerging Leaders Fellows, EIS Officers, and ASPH fellows, and will continue to do so. The team also anticipates results from OGAC's efforts to improve CAJEing and salary schedules for FSN professional staff as well as facilitated processes for hiring PSCs urgently needed by PEPFAR programs. In the meantime, Mozambique will need to continue to rely on and expand use of third country nationals to fill key technical positions.

PLANS FOR 2008

In FY08, the USG team expects to incur expenses similar to those in FY 07, plus several new M&S-related costs. In particular, a full-time PEPFAR Coordinator position and related support staff will be added; additional positions will be needed to improve implementation and oversight; and ICASS charges will increase to support the growing team. Beyond this, some positions generously supported by non-PEPFAR funds earlier will now be charged to PEPFAR. 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 Mozambique team sees Staffing for Results as an opportunity to optimize the synergies among USG agencies and maximize the benefit of dollars spent on staffing. Strategic information, program planning and reporting, gender, and public-private partnerships are areas identified for interagency staffing. In keeping with the growing size and complexity of the program and best practices identified by OGAC, a full-time PEPFAR Coordinator position is proposed and a structured management approach is being developed to make the best use of USG leadership. A USG PEPFAR team building retreat is planned for early November 2007 to further define roles, responsibilities and coordination mechanisms across agencies. A Staffing for Results team will be requested in January 2008 to complete the process.

In accordance with PEPFAR's staffing strategy, 38 new positions are requested in 2008. Of these, 11 are technical non-management PEPFAR-only positions required to strengthen key partners, particularly the Ministry of Health, and ensure the quality of USG-supported programs and services. While the year-over-year funding increase is approximately 41% for Mozambique, the Emergency Plan agencies are requesting a 31% increase in staff, meaning that Mozambique will do more with less in 2008.

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 08. Additionally, CDC provides technical assistance and oversight 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 treatment, care and prevention activities; strengthening supply chain management and other systems, including National AIDS Council grants management; and strengthening Mozambican partners; and engaging the private sector.

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. Embassy officials, including PAO, 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. For the first time in Mozambique, Peace Corps will add a staff member responsible for working with the Ministry of Education on HIV prevention-related issues including girls' empowerment, implementation of health and HIV/AIDS curricula, support for and expansion of the boys and girls club activities and extracurricular events and activities (Science and AIDS Awareness Fairs, Theater Competitions), and protection of vulnerable girls from exploitation. Peace Corps will request funding for 10 new health-HIV/AIDS Volunteers to be supported for their two-year tours with Emergency Plan resources. In assigning these Volunteers, Peace Corps will coordinate closely with the interagency team to support AB, C&OP, 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.

The PEPFAR Mozambique team recognizes the essential role of adequate staffing in the success of Emergency Plan efforts. As part of this success, the team strives to expand the role of Mozambican staff, so that FSNs are taking a larger and greater leadership role in this effort.

The program has greatly expanded in a short period of time. These increased resources are allowing Mozambique to take programs to scale, including in more remote parts of Mozambique and the north. Mozambique is a large country – twice the size of California – with very limited transportation infrastructure. In 2007, PEPFAR designated two provinces, Sofala and Zambezia, as focus areas for its programs. We are proposing the addition of a third focus province, Nampula, for 2008. Nearly 30% of the proposed 2008 budget is concentrated in these three focus provinces. Thus, an additional priority in FY08 is to support all three focus provinces with sufficient staff to promote adequate coordination among partners and agencies and to take these activities to scale. Zambezia Province is a focus for the President's Malaria Initiative and the 4 provinces of the North is the focus for activities for the Millennium Challenge Corporation (MCC). Plans for regional support through PEPFAR thus also fit with the USG mission-wide priorities which will place greater emphasis on the north.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7246.08

Mechanism: USAID-Dept of State
Management and Staffing

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 18269.08

Planned Funds: \$302,000

Activity System ID: 18269

Activity Narrative: This is a new activity following COP 08 guidance to enter ICASS costs as a stand alone activity. The requested amount covers ICASS costs for 47 management, technical, and administrative positions (26 approved and 18 planned). This activity includes ICASS costs for all positions under HVMS, in addition to three positions funded out of program areas, namely one HVAB Community Risk Reduction Foreign Service National, one HVAB Behavior Change Communication Global Health Fellow, and one OVC Activity Manager Foreign Service National.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 9303.08

Mechanism: State/OGAC/ICASS

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 21415.08

Planned Funds: \$45,015

Activity System ID: 21415

Activity Narrative: August08 Reprogramming: For OGAC to cover ICASS costs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3529.08

Mechanism: GHAI_CDC_POST

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 8634.08

Planned Funds: \$1,681,877

Activity System ID: 12951

Activity Narrative: The CDC office currently has forty-three (43) positions under various mechanisms – including six (6) direct hires, thirteen (23) locally employed staff, one (1) Eligible Family Member (EFM) and thirteen (13) contracted staff (COMFORCE, PSC). Twenty-nine (29) positions are currently filled, six (6) are in process and eight (8) positions are currently vacant, but will be filled in the near future. Three of these eight are previously filled positions. Recruiting and hiring in Mozambique has proven to be difficult on many fronts including lack of available hiring mechanisms (Comforce is no longer available for overseas hires), dire/visa issues with the local government and severe shortage of local human resources. Even with tremendous challenges, CDC has been able to fill many of the vacant positions and is on line to fill the outstanding vacancies during this next year.

In addition to the previously approved positions, CDC Mozambique is proposing 20 technical and administrative positions that will manage the significant increase in activities for 2008 and beyond. They are discussed in the Staffing Matrix as well the individual program activities that will fund these positions.

CDC received approval in the 2006 COP to expand the office to the adjacent space in our existing building. We are now occupying the new offices. Most of the costs included in the M&S budget cover expenses related to supporting the CDC staff and office expenses. Some technical staff salaries are included in the M&S budget per COP Guidance.

This activity contains funding for the following administrative costs:

- Salary Costs - (\$168,161) Prevention M&E Officers I & II (proposed), Outreach and Information Specialist (proposed), Contract Specialist I (proposed), Contract Specialist II (proposed). See below for position descriptions for these proposed positions.
- New phone system and peripherals - \$20,000
- Post Paid Travel - \$462,065
- Residential Electricity (X DH and X PSC) - \$114,000
- Residential Water (XDH and X PSC) - \$34,200
- Telecommuting (Direct Hires) - \$19,380
- Local Guard Service - \$105,600
- CDC Staff Training - \$50,000
- Computer Equipment - \$40,000
- Administrative Training (including course expenses and travel) - \$100,000
- Housing Upgrades - \$356,000
- Office Rents - \$212,471

Prevention M&E Officers (FSN) – This position will advise the USG Prevention Team on all matters related to the development and strengthening of routine HIV/AIDS related prevention program reporting systems in Mozambique. Specifically, the M&E Officer will strengthen systems and staff capacity at the MOH to collect, manage, and use quality M&E data to inform program and policy in the national response to HIV and AIDS. The M&E specialist will also have responsibility for assisting the PEPFAR team in measuring the USG contribution toward achieving the Emergency Plan targets through MOH reporting systems and to adapt PEPFAR-supported M&E and other Strategic Information (SI) tools to improve Emergency Plan programming and service delivery.

Outreach and Information Specialist (EFM) – The Outreach and Information Specialist works closely with the Country Director, technical programs, U.S. Embassy PAO, and other USG partners to help lead PEPFAR Mozambique's information and public outreach efforts. The Information Specialist serves as the primary point of contact and liaison for CDC with the Embassy's Public Affairs Office for local and international media and is responsible for collecting, analyzing, investigating, managing and distributing composite information about the CDC program in Mozambique. The Outreach and Information Specialist ensures that all outreach and responses to the Congress, the State Department, partners and customers are high quality and accurately reflect the latest CDC vision and accomplishments as well as CDC guidance. He/she is the first point of contact for any information inquiry or letter request. He/she prepares special and routine reports; develops and packages special briefings and responses; leads outreach and public information activities; prepares and disseminates routine information (eg. quarterly newsletter); carries out research and obtains and distributes development and other information to the entire Mission; and supports all VIP visits and special events; assists in communicating with GFATM, World Bank and other donors.

Contract/Program Support Specialist (2) (FSN) – The incumbent will assist the Technical PHA to monitor technical and financial activities for cooperative agreements and assist technical staff in meeting cooperative agreement objectives. The rapid increase in the number of such agreements requires additional staff time to effectively manage and monitor them.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8634

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24457	8634.24457.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10464	3529.09	GHAH_CDC_PO ST	\$1,763,730
8634	8634.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4867	3529.07	GHAH_CDC_PO ST	\$226,772

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3521.08

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: 8512.08

Planned Funds: \$703,952

Activity System ID: 12931

Activity Narrative: The CDC office currently has forty-three (43) positions under various mechanisms – including six (6) direct hires, thirteen (23) locally employed staff, one (1) Eligible Family Member (EFM) and thirteen (13) contracted staff (COMFORCE, PSC). Twenty-nine (29) positions are currently filled, six (6) are in process and eight (8) positions are currently vacant, but will be filled in the near future. Three of these eight are previously filled positions. Recruiting and hiring in Mozambique has proven to be difficult on many fronts including lack of available hiring mechanisms (Comforce is no longer available for overseas hires), dire/visa issues with the local government and severe shortage of local human resources. Even with tremendous challenges, CDC has been able to fill many of the vacant positions and is on line to fill the outstanding vacancies during this next year.

In addition to the previously approved positions, CDC Mozambique is proposing 20 technical and administrative positions that will manage the significant increase in activities for 2008 and beyond. They are discussed in the Staffing Matrix as well the individual program activities that will fund these positions.

CDC received approval in the 2006 COP to expand the office to the adjacent space in our existing building. We are now occupying the new offices. Most of the costs included in the M&S budget cover expenses related to supporting the CDC staff and office expenses. Some technical staff salaries are included in the M&S budget per COP Guidance.

This activity contains funding for various administrative activities in the amount of \$703,952

- Salaries and benefits (\$628,952)– 100% of CDC’s Deputy Director and 100% of the Director are paid via the Management and Staffing program through this mechanism. In addition, full salary and benefits are provided in this activity for the IT Manager, the Office Manager and Sr. Financial Specialist positions. Note that we are requesting early funding for this amount to assure availability of funding for these key employees.
- Other Equipment paid with IMPAC (\$35,000)
- Other Supplies paid with IMPAC (\$40,000)

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8512

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24428	8512.24428.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10461	3521.09	BASE_CDC_HQ	\$558,320
8512	8512.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4864	3521.07	BASE_CDC_HQ	\$569,111

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3526.08

Mechanism: GHAI_CDC_HQ

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 8624.08

Planned Funds: \$554,743

Activity System ID: 12941

Activity Narrative: The CDC office currently has forty-three (43) positions under various mechanisms – including six (6) direct hires, thirteen (23) locally employed staff, one (1) Eligible Family Member (EFM) and thirteen (13) contracted staff (COMFORCE, PSC). Twenty-nine (29) positions are currently filled, six (6) are in process and eight (8) positions are currently vacant, but will be filled in the near future. Three of these eight are previously filled positions. Recruiting and hiring in Mozambique has proven to be difficult on many fronts including lack of available hiring mechanisms (Comforce is no longer available for overseas hires), dire/visa issues with the local government and severe shortage of local human resources. Even with tremendous challenges, CDC has been able to fill many of the vacant positions and is on line to fill the outstanding vacancies during this next year.

In addition to the previously approved positions, CDC Mozambique is proposing 20 technical and administrative positions that will manage the significant increase in activities for 2008 and beyond. They are discussed in the Staffing Matrix as well the individual program activities that will fund these positions.

CDC received approval in the 2006 COP to expand the office to the adjacent space in our existing building. We are now occupying the new offices. Most of the costs included in the M&S budget cover expenses related to supporting the CDC staff and office expenses. Some technical staff salaries are included in the M&S budget per COP Guidance.

This activity contains funding for various administrative activities:

- Atlanta paid - Technical Assistance Travel for non-GAP staff (\$75,000)
- Contractual staff salaries and benefits (PSC, COMFORCE) - Sr. Prevention Coordinator (existing), Technical PHA (proposed) and Behavioral Scientist/Medical Officer (proposed). Note that we have requested early funding for this amount to assure funding availability in the early months of 2008.
- Shipment of things by Atlanta held Funds (\$50,000)

Technical Public Health Advisor (USDH) - This position will provide technical support on the Cooperative Agreements supporting PEPFAR. This will include monitoring and oversight of the various agreements with the Ministry of Health, universities, and NGOs, including activities and budget. This position will also provide support on other CDC-wide processes involving a wide variety of administrative matters.

Behavioral Scientist/Medical Officer/Epidemiologist (USDH) - This position serves as the GAP Technical Advisor, HIV Prevention/ Behavioral Science for CDC GAP and leads and directs an interdisciplinary team which manages programmatic intervention strategies, studies of the behavioral aspects of HIV prevention, and other qualitative research involving all program areas. The position helps develop program strategies; supervises and monitors program implementation and evaluations; identifies program priorities; participates in the design and implementation of HIV/AIDS behavioral interventions; collaborates with scientists at other governmental and nongovernmental agencies or organizations to identify issues relevant to the implementation of behavioral research; assists in providing technology transfer of research findings to community based and other organizations; and prepares program announcements as needed.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8624

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24441	8624.24441.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10462	3526.09	GHAI_CDC_HQ	\$950,605
8624	8624.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4865	3526.07	GHAI_CDC_HQ	\$947,504

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3524.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GAP

Budget Code: HVMS

Activity ID: 8611.08

Activity System ID: 12942

Mechanism: BASE_CDC_POST

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Management and Staffing

Program Area Code: 15

Planned Funds: \$1,633,048

Activity Narrative: The CDC office currently has forty-three (43) positions under various mechanisms – including six (6) direct hires, thirteen (23) locally employed staff, one (1) Eligible Family Member (EFM) and thirteen (13) contracted staff (COMFORCE, PSC). Twenty-nine (29) positions are currently filled, six (6) are in process and eight (8) positions are currently vacant, but will be filled in the near future. Three of these eight are previously filled positions. Recruiting and hiring in Mozambique has proven to be difficult on many fronts including lack of available hiring mechanisms (Comforce is no longer available for overseas hires), dire/visa issues with the local government and severe shortage of local human resources. Even with tremendous challenges, CDC has been able to fill many of the vacant positions and is on line to fill the outstanding vacancies during this next year.

In addition to the previously approved positions, CDC Mozambique is proposing 20 technical and administrative positions that will manage the significant increase in activities for 2008 and beyond. They are discussed in the Staffing Matrix as well the individual program activities that will fund these positions.

CDC received approval in the 2006 COP to expand the office to the adjacent space in our existing building. We are now occupying the new offices. Most of the costs included in the M&S budget cover expenses related to supporting the CDC staff and office expenses. Some technical staff salaries are included in the M&S budget per COP Guidance.

This activity contains funding for various administrative activities in the amount of \$703,952

- Salaries and benefits (\$628,952)– 100% of CDC's Deputy Director and 100% of the Director are paid via the Management and Staffing program through this mechanism. In addition, full salary and benefits are provided in this activity for the IT Manager, the Office Manager and Sr. Financial Specialist positions. Note that we are requesting early funding for this amount to assure availability of funding for these key employees.

- Other Equipment paid with IMPAC (\$35,000)
- Other Supplies paid with IMPAC (\$40,000)

This activity contains funding for various administrative activities:

- Salaries for various administrative support staff (\$398,260) - IT Assistant, Program Support Specialist I, Administrative Assistant I, Administrative Assistant II, Administrative Assistant III, Administrative Assistant IV, Driver I, Driver II, Driver III, Driver IV, Driver V, Dispatcher/Driver, Executive Secretary, HR Administrative Assistant, Procurement Agent, Receptionist, Travel Assistant, Translator/Language Instructor. 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 (\$22,000)
- Office Cleaning Services - (\$8,816)
- Customs clearance of goods (Supplies, Equipment, Furniture, etc.) (\$14,000)
- Locally procured Office Supplies (\$25,000)
- HR Position Announcements in local paper \$2000 per announcement (\$32,000)
- Internet Service for CDC Office \$2900 per month + VAT (17%) (includes possible 8.8% increase) (\$44,312)
- Office Maintenance contract (\$25,000)
- Utilities - Office phones (Land line & cell phones), electricity and water (\$87,000)
- Shipment of things (\$12,000)
- Residential Furniture and Other Equipment – (\$250,000)
- Residential rent for direct hire employees – (\$477,000)
- Parking fees - (\$19,160)
- Conference Travel /Registration - (\$70,000)
- Post paid awards to LES Staff - (\$7,500)
- Travel for R&R /Home leave/MEDIVAC - (\$114,000)

Most of the roles of the new and proposed positions funded with this activity are self-explanatory administrative support positions necessitated by the significant increase in activities and new program staff. However, we feel one position may warrant further explanation.

Translator/Language Instructor (FSN) - The Language Instructor/Translator provides language training, translation and interpretation services for various staff. It has become increasingly difficult in recruiting new staff that have required levels of fluency in Portuguese as well as English for those locally hired. By having an in-house language instructor, it will be much easier to coordinate classes.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8611

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24442	8611.24442.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10463	3524.09	BASE_CDC_PO ST	\$1,778,680
8611	8611.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	4866	3524.07	BASE_CDC_PO ST	\$1,224,824

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3520.08 **Mechanism:** DOD-DOD-GHAI-HQ
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 8689.08 **Planned Funds:** \$250,000
Activity System ID: 12955
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).
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 8689
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21514	8689.21514.09	Department of Defense	US Department of Defense	9340	3520.09	DOD-DOD-GHAI-HQ	\$300,000
8689	8689.07	Department of Defense	US Department of Defense	4882	3520.07	DOD-DOD-GHAI-HQ	\$118,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6693.08 **Mechanism:** CDC - Dept of State
Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Area Code:** 15
Activity ID: 14044.08 **Planned Funds:** \$1,024,368

Activity System ID: 14044

Activity Narrative: CDC Mozambique subscribes to several ICASS services provided by the Embassy in Maputo. The funding in this activity pays for these ICASS services. This value reflects the increase in staff expected for 2008 and was provided to CDC by the Administrative Officer at the Embassy.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6694.08

Mechanism: HHS/OS - Dept of State

Prime Partner: US Department of State

USG Agency: HHS/Office of the Secretary

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 14047.08

Planned Funds: \$44,275

Activity System ID: 14047

Activity Narrative: In 2007, PEPFAR designated two provinces, Sofala and Zambezia, as focus areas for its programs. We are proposing to add a third focus province, Nampula, for 2008. Nearly 30% of the proposed 2008 budget is concentrated in these three focus provinces. Thus, an additional priority in FY08 is to support all three focus provinces with sufficient staff to promote adequate coordination among partners and agencies and take these activities to scale.

While some of these staff will be Maputo-based, there is an urgent need to have a more visible program presence in the north of the country. Mozambique, approximately twice the size of California, is a relatively large country with extremely poor road and travel infrastructure. Distances between sites are great and the large majority of PEPFAR sites can only be reached by air travel from Maputo (eg. Maputo province only borders Gaza province; travel by car from Maputo to the next closest provincial capital is 7+ hours and usually requires air travel). Accordingly, we are proposing three Regional Program Officers. The Regional Program Officers and support staff will be strategically linked to regional offices in the three focus provinces to maximize coordination of PEPFAR program and harmonize activities with national counterparts, specifically pertaining to the provincial-level health directorates, Provincial AIDS Councils and PEPFAR implementing partners. Additionally, these Program Officers will be responsible for organizing the numerous VIP visits, PEPFAR staff site monitoring visits, and improving linkages between services in the provinces.

There are four M&S activities for the Office of the Secretary which will cover staff salaries, office infrastructure and other administrative costs. This activity contains funding for the following administrative activities:

- ICASS costs for supporting the employees of the Office of the Secretary (\$44,275)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6694.08

Mechanism: HHS/OS - Dept of State

Prime Partner: US Department of State

USG Agency: HHS/Office of the Secretary

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 14048.08

Planned Funds: \$40,976

Activity System ID: 14048

Activity Narrative: In 2007, PEPFAR designated two provinces, Sofala and Zambezia, as focus areas for its programs. We are proposing to add a third focus province, Nampula, for 2008. Nearly 30% of the proposed 2008 budget is concentrated in these three focus provinces. Thus, an additional priority in FY08 is to support all three focus provinces with sufficient staff to promote adequate coordination among partners and agencies and take these activities to scale.

While some of these staff will be Maputo-based, there is an urgent need to have a more visible program presence in the north of the country. Mozambique, approximately twice the size of California, is a relatively large country with extremely poor road and travel infrastructure. Distances between sites are great and the large majority of PEPFAR sites can only be reached by air travel from Maputo (eg. Maputo province only borders Gaza province; travel by car from Maputo to the next closest provincial capital is 7+ hours and usually requires air travel). Accordingly, we are proposing three Regional Program Officers. The Regional Program Officers and support staff will be strategically linked to regional offices in the three focus provinces to maximize coordination of PEPFAR program and harmonize activities with national counterparts, specifically pertaining to the provincial-level health directorates, Provincial AIDS Councils and PEPFAR implementing partners. Additionally, these Program Officers will be responsible for organizing the numerous VIP visits, PEPFAR staff site monitoring visits, and improving linkages between services in the provinces.

There are four M&S activities for the Office of the Secretary which will cover staff salaries, office infrastructure and other administrative costs. This activity contains funding for the following administrative activities:

- State Department's Capital Security Sharing Tax (\$40,976)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 6696.08

Mechanism: HHS/OS - GHAI - HQ

Prime Partner: Office of the Secretary

USG Agency: HHS/Office of the Secretary

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 14055.08

Planned Funds: \$140,817

Activity System ID: 14055

Activity Narrative: In 2007, PEPFAR designated two provinces, Sofala and Zambezia, as focus areas for its programs. We are proposing to add a third focus province, Nampula, for 2008. Nearly 30% of the proposed 2008 budget is concentrated in these three focus provinces. Thus, an additional priority in FY08 is to support all three focus provinces with sufficient staff to promote adequate coordination among partners and agencies and take these activities to scale.

While some of these staff will be Maputo-based, there is an urgent need to have a more visible program presence in the north of the country. Mozambique, approximately twice the size of California, is a relatively large country with extremely poor road and travel infrastructure. Distances between sites are great and the large majority of PEPFAR sites can only be reached by air travel from Maputo (eg. Maputo province only borders Gaza province; travel by car from Maputo to the next closest provincial capital is 7+ hours and usually requires air travel). Accordingly, we are proposing three Regional Program Officers. The Regional Program Officers and support staff will be strategically linked to regional offices in the three focus provinces to maximize coordination of PEPFAR program and harmonize activities with national counterparts, specifically pertaining to the provincial-level health directorates, Provincial AIDS Councils and PEPFAR implementing partners. Additionally, these Program Officers will be responsible for organizing the numerous VIP visits, PEPFAR staff site monitoring visits, and improving linkages between services in the provinces.

There are four M&S activities for the Office of the Secretary which will cover staff salaries, office infrastructure and other administrative costs. This activity contains funding for the following administrative activities:

- Salary and benefits package for the PEPFAR Coordinator (\$140,817)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3528.08

Mechanism: Peace Corps-Peace Corps-GHAI-Local

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 5009.08

Planned Funds: \$100,000

Activity System ID: 12960

Activity Narrative: The PC/M COP '08 budget portion for Management and Staffing will be used in the support of the following functions:(a) three full-time continuing PEPFAR staff positions for efficient technical and administrative HIV/AIDS-related support to PC/M staff and Volunteers: 1 PEPFAR Project Assistant, 1 PEPFAR driver, 1 PEPFAR Admin Assistant; (b) staff participation in-service PEPFAR conferences and training; and (c) part time technical assistance in monitoring and reporting. The sub-total for the above functions will be \$70,000. The remaining \$30,000 will be directed to PC/HQ to cover overhead costs for PC PEPFAR management and staffing. This figure is reduced from the prior year ('07) M&S budget: per agency policy, HQ overhead costs for each program area are to be taken from that program area budget, not all from M&S, as before.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9465

Related Activity: 12956, 12957, 14346, 12958, 12959

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
21521	5009.21521.09	Peace Corps	US Peace Corps	9341	3528.09	Peace Corps-Peace Corps-GHAI-Local	\$100,000
9465	5009.07	Peace Corps	US Peace Corps	5198	3528.07	Peace Corps-Peace Corps-GHAI-Local	\$184,600
5009	5009.06	Peace Corps	US Peace Corps	3528	3528.06		\$114,400

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
12956	5011.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$620,000
12957	4921.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$300,000
14346	14346.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000
12958	5062.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$100,000
12959	9472.08	6349	3528.08	Peace Corps-Peace Corps-GHAI-Local	US Peace Corps	\$550,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6693.08

Mechanism: CDC - Dept of State

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 14046.08

Planned Funds: \$444,415

Activity System ID: 14046

Activity Narrative: This activity contains funding for :

- State Department's Capital Security Sharing Tax (\$444,415)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 6697.08

Mechanism: HHS/OS-GHAI-LOCAL

Prime Partner: Office of the Secretary

USG Agency: HHS/Office of the Secretary

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 14056.08

Planned Funds: \$954,649

Activity System ID: 14056

Activity Narrative: In 2007, PEPFAR designated two provinces, Sofala and Zambezia, as focus areas for its programs. We are proposing to add a third focus province, Nampula, for 2008. Nearly 30% of the proposed 2008 budget is concentrated in these three focus provinces. Thus, an additional priority in FY08 is to support all three focus provinces with sufficient staff to promote adequate coordination among partners and agencies and take these activities to scale.

While some of these staff will be Maputo-based, there is an urgent need to have a more visible program presence in the north of the country. Mozambique, approximately twice the size of California, is a relatively large country with extremely poor road and travel infrastructure. Distances between sites are great and the large majority of PEPFAR sites can only be reached by air travel from Maputo (eg. Maputo province only borders Gaza province; travel by car from Maputo to the next closest provincial capital is 7+ hours and usually requires air travel). Accordingly, we are proposing three Regional Program Officers. The Regional Program Officers and support staff will be strategically linked to regional offices in the three focus provinces to maximize coordination of PEPFAR program and harmonize activities with national counterparts, specifically pertaining to the provincial-level health directorates, Provincial AIDS Councils and PEPFAR implementing partners. Additionally, these Program Officers will be responsible for organizing the numerous VIP visits, PEPFAR staff site monitoring visits, and improving linkages between services in the provinces.

There are four M&S activities for the Office of the Secretary which will cover staff salaries, office infrastructure and other administrative costs. This activity contains funding for the following administrative activities:

This activity contains funding for the following administrative activities:

- Coordinator - office costs, housing costs and shipment of belongings to post, not including ICASS (\$320,095)
- Office start-up costs for Regional PEPFAR Officers in three focus provinces (\$397,500)
- Salary and benefits packages for the positions listed below (\$237,054). All positions are assumed to be FSN mechanism.

Admin Assistant - PEPFAR Coordinator's office
 Regional Program Officer 1
 Provincial Administrative Assistant 1
 Provincial Driver 1
 Regional Program Officer 2
 Provincial Administrative Assistant 2
 Provincial Driver 2
 Regional Program Officer 3
 Provincial Administrative Assistant 3
 Provincial Driver 3

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 3648.08

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

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 5222.08

Planned Funds: \$256,945

Activity System ID: 15191

Activity Narrative: Reprogramming August08: Funding decrease by \$45,015 for the component number 3. The remaining funds will be used to support the Management and Staffing rather than ICASS related costs

Funding for management and staffing for the State Department follows the role the embassy plays in the coordination and management of the public affairs aspects of this initiative. Funding is requested the following line items:

- 1) salary and benefits for 2 locally engaged staff (\$69,960),
- 2) Utilities, supplies, equipment, travel, and other admin support cost (\$46,000),
- 3) ICASS related costs (\$186,000).

These identified costs are essential for State to support and sustain its PEPFAR-related activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10031

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
23025	5222.23025.09	Department of State / African Affairs	US Department of State	9875	3648.09	U.S. Department of State-U.S. Department of State-GHAI-Local	\$480,000
10031	5222.07	Department of State / African Affairs	US Department of State	5372	3648.07	U.S. Department of State-U.S. Department of State-GHAI-Local	\$360,000
5222	5222.06	Department of State / African Affairs	US Department of State	3648	3648.06	State	\$360,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7080.08

Mechanism: USAID/MS

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 15203.08

Planned Funds: \$53,879

Activity System ID: 15873

Activity Narrative: Reprogramming August08: \$98,121 will be reprogrammed into OHPS for Abt Associates for assistance to the MOH in the management of Global Fund funds.

April08 Reprogramming Change: Reduced \$100,000.

This is a continuing activity from COP 07. This entry covers costs related to IRM tax charges for 47 approved and planned HIV/AIDS program and support positions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 15203

Related Activity: 15864, 18278

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
26561	15203.26561.09	U.S. Agency for International Development	US Agency for International Development	11061	7080.09	USAID - IRM Cost Recovery	\$152,000
15203	15203.07	U.S. Agency for International Development	US Agency for International Development	7080	7080.07	USAID/MS	\$27,800

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18278	5303.08	7282	3685.08	USAID-USAID-GHAI-Local	US Agency for International Development	\$170,000
15864	15864.08	7239	7239.08	Global Health Fellows Program	Public Health Institute	\$0

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 3685.08	Mechanism: USAID-USAID-GHAI-Local
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 5322.08	Planned Funds: \$6,152,920
Activity System ID: 15875	

Activity Narrative: This entry covers costs for USAID/Mozambique staff and related support required to plan, manage, oversee, and report on Emergency Plan activities. Estimated costs for FY 08 are higher than those for FY 07 (but still less than the recommended 7% level) due to the rapid increase in program size and complexity, budgeting for positions previously supported by OE funds, and increases in shared Mission costs borne by the HIV/AIDS Team.

USAID requests 21 new positions, bringing total planned staff to 47 management, technical and administrative positions. Of the total, three positions are technical non-management positions that are funded within the AB, C&OP, and OVC program areas.

USAID has budgeted for nine new technical management/program manager positions in FY 2008. This includes staff to manage cross-cutting activities such as gender-related activities, public-private partnerships, capacity development for local NGOs, and nutritional support. New positions are also requested in areas such as child development, pharmaceutical logistics management, and health and nutrition linkages where USAID has growing programs and provides technical leadership. Positions essential for sound management and accountability are also requested, including two Deputy Team Leaders, a Legal Advisor, and a Site Monitoring Specialist. USAID also proposes to fund positions in the USAID Office of Administrative Management, Procurement Management Unit, and Program Office that are key to PEPFAR implementation. Hence, of the new positions, six are existing OE-funded staff supporting PEPFAR whose contracts will be funded by PEPFAR for the first time in FY 2008. PEPFAR will still receive substantial support (30% of time) from 18 OE-funded positions. All new positions have been developed through interagency analysis and collaboration, in keeping with the Staffing for Results Guidance.

The requested funds include the following: (1) \$3,750,300 in Emergency Plan staff costs (including salary, benefits, administrative support, and entitlement travel); (2) \$439,570 in office costs and \$964,400 for non-office costs, including residential furniture and maintenance; (3) \$302,000 in ICASS charges; (4) \$252,000 in IRM tax charges for HIV/AIDS program and support staff; (5) \$998,650 in other program costs, including the Emergency Plan share of the Mission air charter contract for site visits and support, translation services, in-country and international travel including conferences, and a variety of other program support costs.

USAID has faced challenges in hiring professional staff for Mozambique. International recruitment is challenging due to the need for Portuguese language capability and the high demand for HIV-related professional skills, both in Mozambique and worldwide. The market for qualified Mozambican staff is fiercely competitive due to human resource constraints, and the USG local compensation plan is not attractive to many potential Foreign Service National employees. Nonetheless, adequate staffing is critical to results, sustainability, and accountability, and solutions have been identified to reduce recruiting time and fill vacancies. For example, USAID has won USAID/Washington approval to offer pre-service language training at post (only one other USAID post, Indonesia, is authorized to do this). This will greatly expand the range of eligible candidates and improve staff effectiveness. In addition, efforts to recruit Third Country National PSCs have been expanded. USAID will also bring in short-term experts in recruitment and contracting to expedite hiring and will explore greater use of the new Public Health Institute Fellows Program.

ICASS and IRM costs have been entered as separate activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9122

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24357	5322.24357.09	U.S. Agency for International Development	US Agency for International Development	10433	3685.09	USAID-USAID-GHAI-Local	\$8,366,102
9122	5322.07	U.S. Agency for International Development	US Agency for International Development	5050	3685.07	USAID-USAID-GHAI-Local	\$4,557,850
5322	5322.06	U.S. Agency for International Development	US Agency for International Development	3685	3685.06		\$3,076,698

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	X	Yes	No
If yes, Will HIV testing be included?	X	Yes	No
When will preliminary data be available?			1/1/2009
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?		Yes	X
If yes, Will HIV testing be included?		Yes	No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?		Yes	X
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?		Yes	X
If yes, approximately how many service delivery sites will it cover?		Yes	No
When will preliminary data be available?			
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 2008?		Yes	X

Other Significant Data Collection Activities

Name: ARV Drug Resistance Monitoring

Brief Description of the data collection activity:

Monitoring and controlling the emergence of drug resistance in Mozambique is important in order to be able to ensure the quality of the ART program and to rationally plan national treatment regimens. MOH has assigned responsibility for ART drug resistance monitoring to the ART monitoring committee of the MOH. The committee, in consultation with CDC and WHO has developed a plan to monitor the emergence of drug resistance. The plan calls for a) monitoring of routinely-collected Early Warning Indicators (EWI) from treatment sites, b) monitoring of treatment failure, adherence and drug resistance in cohorts at a sample of treatment sites, and c) threshold surveillance of transmitted drug resistance during sentinel surveillance. Data collection for threshold surveillance began in the 2007 sentinel surveillance round.

Preliminary Data Available:

7/1/2008

Name: Behavioral Surveillance Survey with biomarker (BSS+)

Brief Description of the data collection activity:

The EP will financially and technically support Mozambique's first ever Behavioral Surveillance Survey (BSS) to establish baseline data in HIV-related knowledge, attitudes, and behaviors among the most at risk populations identified in formative work for BSS conducted in early FY08; the BSS will also include a biomarker to estimate HIV prevalence for these groups.

Preliminary Data Available:

1/1/2009

Name: Mortality Survey

Brief Description of the data collection activity:

USG and the National Institute of Statistics (INE) will build on data collected in the national census conducted in FY07 to implement a mortality survey using WHO standard Verbal Autopsy methods, providing important statistics on the number and causes of deaths, including HIV/AIDS, TB and malaria, stratified by age group, sex, and province.

Preliminary Data Available:

10/1/2009

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Mozambique Human Capacity Development (HCD) Table.xls	application/vnd.ms-excel	9/21/2007	Mozambique Human Capacity Development (HCD) Table - Partner Staffing Report for Health Workers	Other	MGormley
Mozambique Peace Corps volunteer matrix FY08.xls	application/vnd.ms-excel	9/21/2007	PC Mozambique volunteer matrix	Other	MGormley
Embassy Mozambique.pdf	application/pdf	9/26/2007	PEPFAR In-Country Organization Chart - US Emabssy Mocambique	Other	MGormley
Peace Corps Org Chart PEPFAR 08-07 (3).doc	application/msword	9/26/2007	PEPAFR In-Country Team Organization Chart - PC Mozambique	Other	MGormley
CDC MZ Org chart.pdf	application/pdf	9/26/2007	PEPFAR In-Country Team Organization Chart - CDC Mozambique	Other	MGormley
USAID PEPFAR org chart 2 of 2.doc	application/msword	9/26/2007	PEPFAR In-Country Team organization Chart - USAID Mozambique 2 of 2	Other	MGormley
Partner Funding Level Justification – CU.doc	application/msword	9/26/2007	Partner Funding Level Justification – CU	Justification for Partner Funding	MGormley
AB Budget Requirement Justification.doc	application/msword	9/26/2007	FY08 AB Budget Requirement Justification – Mozambique	Justification for AB Budgetary Requirements	MGormley
Functional Staffing Chart.pdf	application/pdf	9/26/2007	FY08 COP Functional Staffing Plan - Mozambique	Other	MGormley
TBHIV Workplan.doc - Mozambique.doc	application/msword	9/26/2007	COP08 TB/HIV Workplan - Mozambique	Other	MGormley
Partner Funding Level Justification – HAI.doc	application/msword	9/27/2007	Partner Funding Level Justification – HAI	Justification for Partner Funding	MGormley
Mozambique Global Fund Supplemental.doc	application/msword	9/27/2007	COP08 Mozambique Global Fund Supplemental	Global Fund Supplemental*	MGormley
USAID PEPFAR Org chart 1 of 2.doc	application/msword	9/26/2007	PEPFAR In-Country Team organization Chart - USAID Mozambique 1 of 2	Other	MGormley
letter_from_ambassador.pdf	application/pdf	9/28/2007	Letter from the Ambassador - Mozambique	Ambassador Letter	JPearson
COP08 Executive Summary - Mozambique.doc	application/msword	9/27/2007		Executive Summary	MGormley
FY 2009 Funding Planned for COP08.doc	application/msword	9/27/2007	FY09 Funding Plan for COP08 - Mozambique	Fiscal Year 2009 Funding Planned Activities*	MGormley
Mozambique Target Justifications for Table 2 cop08_final.doc	application/msword	9/27/2007		Explanation of Targets Calculations*	NMHochgesang
Treatment Budget Requirement Justification - Mozambique.doc	application/msword	9/28/2007	FY08 COP Treatment Budget Requirement Justification - Mozambique	Justification for Treatment Budgetary Requirements	MGormley
Mozambique FY08 Budgetary Requirements Worksheet v04.xls	application/vnd.ms-excel	9/28/2007	Budgetary Requirements Worksheet for Mozambique	Budgetary Requirements Worksheet*	JPearson
sexual prevention just pwy (2).doc	application/msword	10/15/2007	Sexual Prevention Budget Justification for COP08 - Mozambique	Justification for Sexual Prevention Budgetary Requirements	MGormley