Joint Programme Narrative

**Joint Programme Narrative Report**

**HIV Joint Programme on HIV and AIDS:**

**“Strengthening the HIV and AIDS Response in Mozambique”**

# REPORT COVER PAGE

**Participating UN Organizations:**

UNICEF, UNFPA, UNESCO, WHO, UNAIDS, UNDP, ILO, UNODC, WFP, IOM, FAO, UNHCR, UNIFEM.

**Cluster/Theme/Priority/Area:**

HIV Pillar

**Prepared by**

JP Coordinator

**Report Number**: 3

**Programme No. And Programme Title:** “Strengthening the HIV and AIDS Response in Mozambique”

**Reporting Period:**

January – December 2010

**Programmme Budget:** US$30,527,480 (2010)

**List implementing Partners:**

Refer to Annex I: Implementing Partners

**Programme Coverage/Scope:**

The programme is aligned with the 2009 National Accelerated Prevention Strategy

**Abbreviations and acronyms:**

Refer to Annex II: Abbreviations and Acronyms

**Programme Duration/Closed Programme**:

January 2008 – December 2011

**NARRATIVE REPORT FORMAT**

# Purpose

The HIV Joint Programme, which is the only Joint Programme (JP) of the HIV Pillar, has the overall objective of strengthening the national response to HIV and AIDS; specifically it aims to ‘make individuals, civil society, public and private institutions whether national or local, responsible for halting the spread of HIV and AIDS amongst high risk populations and mitigate the impact (Result 3 of UNDAF 2010 - 2011, Pillar on HIV and AIDS).

The UN support in the HIV domain has evolved together with the country’s own dynamics and priorities in HIV. Effort has been made through previous years to align and harmonize with the government’s priorities and strategies in order to provide support, using the UN’s comparative advantage in this sphere. Established in 2008, the programme initially had only two components: Prevention, Youth and Integration of HIV and AIDS and Gender, which was later expanded to include a third component focusing on Treatment. In 2009 the JP was aligned with the National Accelerated Prevention Strategy in recognition of the need to broaden the scope of the programme to provide a more coherent, comprehensive and effective support, covering the government main prevention areas. In that context the programme addressed the ten specific components of the National Prevention Strategy, namely: (i) Counselling and Testing, (ii) Condoms, (iii) Most at Risk Populations (MARPS), iv) male circumcision (v) Prevention of Mother to Child Transmission (PMTCT); (vi) Access to Treatment and prolongation of life; vii) Communication for behaviour change; (viii) Coordination of the National Response; (ix) Monitoring and Evaluation, and,(x) Mainstreaming of HIV and gender.

for the ten components were grouped into six during the UNDAF bridge period (2010 – 2011) in order to align more effectively with the main priority areas of the National Strategic Plan (2010 – 2014) developed in 2009. The programme therefore has presently six components reflecting the six HIV Pillar UNDAF Outcomes: 1) Prevention, which includes: a) Counselling and testing; b) Communication for Development; c) Most Vulnerable population groups; d) Male Circumcision (MC); and e) Adolescents and youngsters; 2) Prevention of mother-to-child transmission (PMTCT);3) Treatment; 4) Impact Mitigation; 5) Incorporation of HIV and AIDS and Gender and 6) Monitoring and Evaluation.

1) **Prevention:** This programme aims to ensure support to the Strategy for HIV Prevention Acceleration and contains five specific action areas:

**a) Counseling and Testing** - support the expansion of counseling and testing activities by: i) integrating these activities into the health professional’s routine, ii) expand the services to community level, iii) include clinical staff in the National Health Service , and iv) greater social mobilization to promote greater adherence to testing, subsequent services and treatment.

**b) Communication for Development** - Ensure the implementation of the National HIV Communication Strategy and guarantee the production and dissemination of information about sexual minorities, such as: Lesbians, Gays, Bisexuals, Transgender (LGBT).

.**c) High Vulnerability Population Groups** - Facilitate the development of programmes, strategies and coordination mechanisms to promote health, focusing on the reduction of HIV transmission among high risk populations.

**d) Male Circumcision (MC)** - Encourage safe and hygienic male circumcision practices to reduce sexually transmitted infections.

**e) Adolescents and youngsters –** Build the capacity of youth organizations and facilitate the participation of young people in provincial and district forums, community committees and school councils. Additionally, support the implementation of youth communication programmes in eight provinces, through the National Youth Councils, as well as the expansion of Life Skills extra-curricular activities on PLWHIV awareness for children and adolescents aged ten to fourteen.

**2) Prevention of mother-to-child transmission (PMTCT) –** Create more demand for, usage and access to Prevention of mother-to-child transmission services, by using community strategies which increase awareness about the importance of PMTCT, the health of the mother and child and the impact of the mother’s survival on the family.

**3) Treatment** - Build capacity in the health sector and its partners to improve the quality of HIV and AIDS services offered, and the usage of existing resources to support the component of care and nutritional support.

**4) Mitigation -** Provide support to the Ministry of Women and Social Action and other relevant ministries to ensure access for at least 205,000 orphaned and vulnerable children and their families, to social protection and the six basic services outlined in the National Plan of Action for Orphans and Vulnerable Children (food and nutrition, health, education, psychosocial care and support, legal, and financial support). Advocate to guarantee the inclusion of vulnerable children’s special needs into national policies.

**5) Mainstreaming of HIV, AIDS and Gender** - Create necessary mechanisms to ensure the effective integration of HIV, AIDS and Gender in all national strategies and plans.

**6) Monitoring and Evaluation** – Support the development and usage of standard monitoring and evaluation mechanisms and carry out studies and analysis on the HIV response, therefore establishing and consolidating common report and monitoring mechanisms for the financial costs of HIV and AIDS

The number of agencies integrating the Joint Programme has expanded from nine in 2009 to twelve in 2010, namely: UNICEF, UNFPA, UNESCO, WHO, UNAIDS, UNDP, ILO, UNODC, WFP, IOM, FAO, UNHCR and UNIFEM. Each agency interacts with a variety of partners ranging from government institutions to civil society, private sector and community-based organizations (Annex 1)

1. **Resources**

*Financial Resources:*

The 2010 Work Plan was estimated to be US$ 30,527,480. A total of US$ 20,190,259 was made available for the implementation of the activities planned for 2010. From this amount US$ 4,998,000 was contributed by the One Fund, and US$ 15,192,259 from UN Agencies’ own resources. The implementation rate achieved by December 2010 was 86%.

Total Planned: US$ 30,527,480

Total Allocated: US$ 20,190,259

Total Agencies Contribution US$ 15,192,259

Total One Fund Contribution US$ 4,998,000

Total Unfunded US$ 10,337,221

*Human Resources:*

UNAIDS is the agency responsible for leading and coordinating the JP and has a dedicated staff responsible for this task. In terms of implementing JP activities for the JP implementing agencies, each of the 13 agencies have nominated a representative, at the UNTTAM and JP level.

1. **Implementation and Monitoring Arrangements**

The HIV JP is coordinated by UNAIDS and it is operationalized by the United Nations Technical Team on Aids in Mozambique (UNTTAM), through its existing structure of six thematic working groups. UNAIDS is the convening agency of the UNTTAM. In addition, UNFPA had a Joint Programme Coordinator from 2008 until June 2010, who was responsible to follow up on the implementation of activities with agencies participating in the Joint Programme. This role was taken by the UNAIDS secretariat, with the support of the working groups technical leads.

The UNTTAM provides the structure within which the JP is planned, coordinated, implemented and reported. Each technical working group has an agency lead as follows:

|  |  |
| --- | --- |
| **Lead Agency** | **Technical Working Group** |
| **UNFPA** | Prevention |
| * Testing and Counselling |
| * Communication |
| * MARPS |
| * Male Circumcision |
| **UNICEF** | PMTCT |
| **WHO** | Treatment |
| **UNICEF** | Mitigation |
| **UNDP** | Mainstreaming |
| **UNAIDS** | Monitoring and Evaluation |

UNTTAM meetings were held on a monthly basis for information sharing, regular reporting and discussions on the strategic positioning of the team. The technical working groups also meet on a regular basis for discussion and monitoring of activity implementation, based on the annual work plan.

1. **Results**

**Assessment of the progress made per output**

The 2010 JP Results Matrix by Output is presented in the annex 3.

**Four strategic areas of comparative advantage**

* **Policy and Advocacy**

Prevention

World Youth day was commemorated by youth associations and youth participation was supported through a youth seminar, chaired by the Governor of Maputo City, in which the sector leaders and the NAC participated. This resulted in advocacy for increased participation of youth in HIV discussion platforms together with the decision makers.

Technical and financial assistance was provided to the Instituto de Medicina Tradicional for the participative elaboration of the Ministry’s of Health National Strategic Plan for the Promotion of Traditional Health systems that are scientifically sound and contribute to the provision of improved public health in a coordinated manner.

The strategy on life skills development focusing on HIV prevention education, reached 1.3 million children this year in 11 provinces. Analysis of lessons learnt resulted in MINED taking the lead in developing national criteria on school & radio clubs in primary schools, in close partnership with RENSIDA, NWETI, RM and FORCOM. MINED’s leadership and commitment at national and provincial level will ensure the rapid scale up of clubs activities in all provinces, under the Ministry’s support and supervision. The new Education Sector Strategic Plan (2012-2015) and HIV & AIDS National Strategic Plan III Education operational plan (2010 – 2014) both integrated strong HIV components.

Support for the Counselling and Testing campaign preparation (communication strategy development & provincial coordination field trips) was provided.

Intensive awareness and advocacy activities for scaling up access to safe male circumcision services in high HIV prevalence and low male circumcision provinces of Maputo, Gaza and Maputo City were carried out with the aim of mainstreaming male circumcision activities into provincial and district HIV plans of action of each province.

Increased awareness of HIV through information targeted to mobile populations (informal traders, sex workers, truck drivers) and communities to interact with in the Nacala Transport corridor was provided. 10 radio programmes with HIV prevention messages targeting mobile populations were developed and broadcasted the programmes included themes such as MCP, use of condoms, HIV transmission, unprotected sex, stigma and discrimination and use of female condom etc.

A country consultation on HIV in the Road Transport Sector was organized in May 2010 with the objective of raising awareness about the high vulnerability and risk of HIV in the transport sector which brought together key stakeholders in this sector. The existing Transport Working Group that had been inactive for while, composed of specific UN agencies working together with the Ministry of Transport and Communication, was revitalized with this consultation,

PMTCT

Successfully advocated for the revision of PMTCT guidelines (adoption of option A), target revision and inclusion of revised guidelines in the supply gap analysis.

Treatment

Successfully advocated for the revision of national ART guidelines to adopt the new WHO guidelines for paediatric and adult treatment. As a result government decided to adopt most of the new WHO guideline recommendations for adult and paediatric treatment. Regarding paediatric treatment, the Minister of Health decided for a gradual implementation depending on the availability of ARV drug. UN agencies participated in advocacy and community mobilisation activities to end paediatric HIV (CEPA).

Mitigation

Basic Social Security Strategy, approved in April 2010, incorporated child grants as an integral element. Efforts are now underway to assist in the implementation of a fiscally sustainable child grant and improved operation of existing programmes. Support was provided to the Ministry of Women and Social Action (MMAS) to evaluate the National Plans of Action for Children and Orphaned and Vulnerable Children in order to guide and influence the revision of a new policy framework for children for in 2011 and beyond. Support was also provided to the Ministry of Education and Agriculture to implement the Junior Farmer Field and Life Schools (JFFLS).

Mainstreaming

It is expected that Monaso’s ability to manage and coordinate its members will improve the creation of a code of conduct that in the process of being developed.

Long-distance drivers and sex workers living in communities along the Beira corridor were reached by HIV and AIDS prevention activities supported by the unions of transporters (SINTRAT).

M&E

An evaluation of the PNAC and PACOV to influence the development of a new policy framework for children (ongoing - expected to be finalized December 2010) and a pilot (and ongoing monitoring) on minimum standards of care and support for OVC (ongoing - expected to be finalized March 2011), were conducted.

An assessment of health risks of migrant and non-migrant workers in the ports of Maputo, Beira and Nacala was conducted, as well as an assessment on the health risks of internal labour migrants working in Northern Mozambique’s cashew industry.

* **Normative and Technical Support**

Prevention

Support provided for the development of the PEN III Communication Operational Plan, currently in its final draft form, which will be enriched by the upcoming finalisation for the sectoral and provincial plans, while priority actions being implemented under CNCS leadership.

The National Technical Communication Group (GTC) was fully recognised as part of the CNCS structure and realignment process (CNCS focus areas: coordination, M&E and communication); TORs were revised, weekly group meetings were held and the GTC acted as a technical advisory board to CNCS UNICOM. Furthermore, Civil Society participation (N’weti, RENSIDA, FDC, MONASO, JHU, AESA, PSI) was enhanced.

Six Provincial Communication Groups are now functioning on a regular basis and all other groups are being revitalised. The training of all NPCS Communication Assistants, jointly organized with support from the GTZ was carried out to complement the Communication for Behavioural Interventions (COMBI) training organized by UNICEF in 2009).

Support was provided to the Ministry of Justice supported in the development of the HIV prevention strategy for the prison sector for prisoners and prison staff and the draft strategy was approved. SNAPRI was again supported in the development of the operational plan for the Ministry of Justice as part of the PEN III which covers the prison sector as well.

Technical support was provided to Instituto de Medicina Tradicional (IMT) and ARPAC for the development and implementation of capacity building exercises targeting NGO’s, CBO’s, local government services and providers and traditional leaders in the application of appropriate socio-cultural approaches to HIV and AIDS and SRH education at community level. This included the development of planning, monitoring and evaluation tools. Technical and financial support was provided to Instituto Nacional para o Desenvolvimento da Educação (INDE) for the development of learning achievements measuring instruments on the competency of Teacher Training Trainers (in 21 IFPs) in HIV and AIDS and SRH.

PMTCT

Development of a manual and job aids for the nutritional rehabilitation of pregnant and lactating women (including HIV+) is in progress. PMTCT targets were revised to match Mozambique’s commitment to the achievement of Universal Access goals by 2015. Gap analysis and forecasting for HIV was expanded to include the logistical and financial needs of option A. A roll-out plan for option A was elaborated and the implementation of option A has been planned for beginning of 2011, depending on the availability of drugs. UN agencies also participated in the operationalization process of the national strategic plan for HIV (PEN III) in the health sector (MOH), at central as well as provincial level.

Treatment

During 2010 UN agencies participated in several activities to strength regular data collection, analysis and use to support evidence-based model interventions for AIDS care and treatment. Technical support was provided for the preparation of the roll-out of the new ART guidelines (revision of manual, job aids, etc and for the expansion of national mentoring programmes and new technologies (POCT, sms printers) through collaboration with NGOs. A manual and job aids for the nutritional rehabilitation of patients living with HIV on pre-ART and ART (children, adolescents and adults) is in progress. UN agencies provided technical support to operationalize the national strategic plan for HIV (PEN III) in the health sector.

Mitigation

Technical support provided for the development of a Minimum Package of Care and Support for OVC, which focuses on quality standards for education, health, nutrition and food, legal, financial and psycho-social support. The package is being piloted in three provinces and will be rolled out countrywide in 2011. Technical support was provided to provincial governments to harmonize strategic plans (Manica and Sofala) to adapt and implement the JFFLS curriculum and methodology in primary schools and open centres.

Mainstreaming

Emergency actors were provided with key tools to integrate HIV and AIDS and Gender needs into emergency plan and activities, thus ensuring that HIV/AIDS and Gender are key components in the community agenda for emergency response.

The ability of Government and Civil Society Organizations to implement the PEN III was strengthened with the development of a tool/matrix and the assistance of HIV specialists were made available to ensure the effective mainstreamed of HIV in the sectoral plans to the development of the civil society PENIII implementation strategy. A tool to promote effective coordination and monitoring of HIV activities at Provincial level is being developed for Maputo city and Inhambane Province as part of the decentralized planning process. The exercise facilitates the participation of all HIV actors at district level.

Technical support was provided to parliament for the implementation of an HIV work place programme, using the UN Cares model. ECOSIDA supported in setting up of new branches in Tete and Manica in order to boost HIV and AIDS workplace programs at provincial level. The Business Coalition (ECOSIDA) supported in the development of 350 workplace policies on HIV and AIDS including TB.

Labour Inspectors were trained on HIV and AIDS legislation and a labour inspector guidebook to monitor the implementation of HIV laws in the workplace was developed

M&E

Capacity training and the development of tools to collect high quality disaggregated data through a new database launched mid 2009 was provided for CNCS with the support of all M&E partners. The National HIV/AIDS report for 2009, published in the 2nd quarter of 2010 was developed and disseminated as well as the ACA report and 1st semester report for 2010. In August 2010, CNCS started the development of the National M&E Plan for PEN III and the UN is supporting the consultation process to validate the M&E National Framework for HIV&AIDS.

The costed M&E operational plan (PIMA, Portuguese Acronym) was assessed in September 2010 at national level, and commitments were made to ensure its update after the elaboration of the National M&E Plan 2010 – 2014.

National NASA report 2007 and 2008 for HIV expenditure was finalized in 2010. Almost 180 institutions as funding, agent and service deliverers were identified and targeted to provide financial information. The data from the NASA preliminary report was included in the UNGASS Report 2010. The NASA report is now under CNCS revision for approval. NASA at provincial level did not start in 2010 as efforts were concentrated on NASA at central level. NASA at provincial level is therefore planned for 2011.

In the area of decentralization and district planning, WHO in coordination with other UN partners and implementers supported Maputo city and the southern Provinces of Maputo, Gaza and Inhambane to develop multi-sectoral plans for HIV/AIDS on a district and provincial level. Gaza province received support for its mid-year and annual monitoring of implementation HIV and AIDS district plans in 2010. WHO and UNICEF have further mapped out key areas of support for the Maputo Province HIV plan.

The revision of the Maternal and Child Health integrated M&E tools (MISAU), and of the HIV&AIDS MoH targets were carried out. The UNTTAM PMTCT working group, and in particular UNICEF and WHO, collaborated with CDC to support the MOH in the development of a protocol for the first PMTCT National Programme assessment to take place early 2011.

As part of the technical working group for M&E in the HIV program, WHO supported the development of new tools, specifically new HIV AIDS records, such as: patients’ profile, follow up form, and others, to better monitor and follow up HIV patients. The MOH/DPC and HIV program were supported in the development of the HIV M&E plan for Global Fund round 9 and support was given to the MOH DPC for the drafting of the TOR`s and concept note for the development of the new M&E plan for the Health sector which is now in the process of elaboration.

Technical and financial assistance was provided to the Ministry of Women and Social Welfare, Ministry of Youth and Sports, Ministry of Education and Ministry of Health, to enable the establishment of a database for the national multi-sectoral Adolescent Sexual and Reproductive Health and HIV and AIDS Prevention programme for Adolescents and Youth. The creation of this effective web-based database will facilitate reporting to the national HIV and AIDS M&E System. Indicators for the multi-sectoral programme were revised to align with indicators regarding HIV and AIDS prevention amongst adolescents and youth in the national database. Ongoing technical support was provided to MMAS to harmonize the national database for children in Mozambique in order to facilitate policy decisions and programme development. Technical discussions around database system strengthening are on-going.

Technical assistance was provided to the Ministry of Transport and Communication. The objective of which is to develop HIV and AIDS interventions for the transport sector. Training will continue in 2011.

Key studies like INSIDA, RVE 2009, HIV&AIDS Estimates, Hot Spot Mapping of the Beira-Tete corridor, finalized and to be released in 2011. One of the objectives of the Hot Spot Mapping of the Beira and Tete transport corridors was to obtain more information on migrant populations’ lives associated with health and HIV vulnerabilities. The study measured the quality and quantity of health services available, the risk behaviour parameters of sex workers and clients and the health-seeking behaviour of migrants and mobile workers as well as key sedentary populations in the identified hot spots. Further studies focusing on the same issues in different transport corridors were carried out.

Modes of Transmission reports were finalized and approved by CNCS and are now in the process of being printed. This will allow the country to report on at least 19 national multi-sectoral HIV and AIDS indicators which is a significant increase from the 7 that were reported in 2006. Other studies such as the Nacala Corridor, Maputo-Swaziland corridor assessments of mobile population started implementation. The assessments will look at possible factors for HIV vulnerability of mobile populations along the corridor (number and accessibility of hospitals, health centres, access to VCT and STI treatment and HIV programmes).

Private Sector M&E subsystem developed by ECOSIDA and world of work partners and tested in 5 provinces. 150 focal points trained on how to use the tool.

* **Capacity Development**

Prevention

Adolescents and youth knowledge on human rights and inclusiveness increased, through the commemoration of World Population Day, under the theme “every one counts”. The events were coordinated by three joint programme-supported youth associations. Messages on the human rights of all groups in society, including adolescent’s and youth’s right to sexual and reproductive health (SRH) were discussed with attendees, facilitated by Geração Biz peer educators. Increased knowledge on HIV prevention amongst young people was also promoted through support to a youth association and a local radio station to implement the program “Mundo sem Segredos”; a program promoting discussion on HIV prevention amongst young people in the country.

Youth networks increased knowledge on women’s rights, including SRH rights through support for experience exchanging initiatives amongst partners of the national women’s network (Forum Mulher). Youth network representatives increased their knowledge of HIV prevention, through support provided to a Maputo City youth network to hold a technical meeting on the implementation of the Geraçao Biz. 85 peer educators were refreshed on the issues of MCP, condom use, GBV and age disparate relationships as drivers of the epidemic.

Training manuals on providing safe male circumcision services were elaborated and are being finalized.

The number of peer educators implementing the Geração Biz programme increased in 2010. 90 young people were trained which added to the overall number of community peer educators aged between 10-24 implementing the Geração Biz programme in communities and assisting health service providers at YFHS. Topics covered in the training included HIV prevention, STIs, unwanted pregnancy, gender issues, contraceptives, and YFHS amongst others.

RENSIDA Stigma and Discrimination activities were successfully mainstreamed into the Education and OVC provincial programmes. A simplified stigma and discrimination module, focusing on S&D issues amongst children and young people is being finalized.

Regional training was carried out in conjunction with the Institute for Social Communication (ICS) and Theatre Network (GTO) provincial focal points, in order to improve the quality of the theatre plays and mobile unit’s performances on key thematic areas (HIV MCP, malaria and hygiene promotion).

The capacity of decentralized government institutions as the government of Inhambane province (Zavala) and Nampula (Mossuril) was strengthened through the creation of an HIV & AIDS specialised group. This group helped the government bodies to integrate the social cultural approach to HIV prevention into its annual work plan.

Community leaders (chiefs, religious leaders, traditional healers, and traditional birth assistants) were given the skills to apply the socio-cultural approach to HIV prevention in Zavala and Mossuril.

Prison health officials from all provinces were trained on HIV surveillance in prisons. This will support the harvesting of data for the development of a surveillance protocol for HIV in Mozambican prisons. Two officials from SNAPRI and one from the Mental Health Department of MISAU were supported to participate in the 2010 International AIDS Conference, in order to update their knowledge on HIV and AIDS prevention, treatment and care.

PMTCT

The regional rollout of ToT for new M&E MCH tools was supported. A revision of PMTCT training manual and job aids is being finalised (to incorporate option A).The training of health workers in the new PMTCT sites was supported to ensure quality of services. Community activities, mother support groups and supervision/mentoring activities were supported through partnership with NGOs in selected areas, to improve adherence of pregnant women and their newborns to PMTCT.

Treatment

Technical support was provided to MISAU on the revision of paediatric and adult treatment national guidelines to incorporate the new WHO recommendations. Integrated supervision visits were supported in Maputo province to guaranty the integration between HIV and other services particularly mother and child health services. CEPA partners were in trained in PMTCT and paediatric ART care practices. .

Mitigation

Technical support was provided to MMAS and DPMAS to strengthen their capacity to coordinate and facilitate the implementation of OVC related activities, including food assistance for OVC and their families. Coordination between MMAS, DPMAS and the implementing partners improved, contributing to more efficient and effective assistance to OVC and their families. As a result of DPMAS and NGO capacity strengthening activities, 233, 413 OVC’s have accessed three or more services in 2010. Technical support was provided to DPA, DPEC and DPMAS to enable the adoption of JFFLS as a mitigating activity in their annual economic and social action plans. 1,740 youth participated in JFFLS training programmes in Manica and Sofala provinces and gained skills and knowledge in agriculture, nutrition, and HIV prevention.

Support was given to MMAS concerning the implementation of the protection component in the Child Friendly Schools initiative, with particular emphasis on the referral of vulnerable children to enable access to basic services. As a result, 26,343 children received direct material support and were referred to other basic services (data from 3 districts still missing).

Mainstreaming

Technical support was provided to four CSOs on institutional capacity development. Civil society organizations’ knowledge about the HIV legislation 9/2009 increased with the training of 278 (132 women and 146 men) civil society members and partners at Provincial level with dissemination to 7000 workers OTM Members.

Capacity building was provided to uniformed services personnel (UNAPROC) on sexual and Gender Based Violence (SGBV), HIV and Human Rights for more effective intervention in emergency settings.

* **Civil Society Partnerships**

Prevention

Support was provided to the launch and oversight of the MCP campaign’s second phase (“Andar fora é maningue arriscado”) involving three key NGO partners JHU, PSI and FDC. A six-month N’weti radio and television campaign was aired. Community mobilisation was enhanced through the provincial and regional training of all UNICEF communication partners.

The capacity of three youth networks in Maputo City to manage the adolescent and youth SRH program ( Geração Biz), Coalizão Biz, Avimas and AMODEFA was increased through training in project management, M&A and leadership skills, .

Members of Civil Society (Community leaders, religious leaders, youth associations, Ametramo and traditional mid wives) in Inhambane province (Zavala) and Nampula (Mossuril) were given increased capacity to apply a Social Cultural approach when working with communities. Technical Support was also provided to eleven CBOs in project management using a socio-cultural approach.

The National Communication Strategy for the prevention of HIV using Social Cultural Approach, was implemented in coordination with CNCS and Civil society participation, and focused on male circumcision, breast feeding for people living with HIV and voluntary testing and condom use in Maputo (Namacha and Manhica), Gaza(Macie, Chibuto, Manjacaze), Zambezia (Quelimane and Morrumbala) and Sofala provinces( Caia, Gorongosa, Nhamatanda and Dondo).

Partnerships with four community radios were reinforced in order to strengthen the dissemination of HIV and AIDS preventive messages at community level. Partnerships with 11 CBO’s at district level engaged in HIV and AIDS preventive education, in particular male circumcision, breast feeding for PLWA, voluntary testing and condom use in Maputo province ( Namacha and Manhica), Gaza(Macie, Chibuto, Manjacaze), Zambezia (Quelimane and Morrumbala, Sofala( Caia, Gorongosa, Nhamatanda and Dondo).

PMTCT

The UN provided technical support to the Campaign for the Elimination of Paediatric AIDS (CEPA), which is a global campaign being implemented in Mozambique through a network of civil society partners. In particular, the UN supported the creation of a leadership and coordination mechanism, a communication plan, and the strengthening of the civil society’s technical and managerial capacity to implement the campaign.

Treatment

In the context of CEPA, UN agencies organized a TOT for civil society organizations involved in the campaign with objective to develop the capacity of these organizations to conduct quality, evidence-based mobilization activities on paediatric care and treatment.

Mitigation

Technical and financial support was provided to strengthen CSO’s capacity at provincial and district level to reinforce communities’ support for OVC, particularly psychosocial care and support and on stigma and discrimination. Furthermore, community based child protection structures were established and activated in order to further strengthen communities’ ability to provide care and support for OVC. Support was provided to four networks of PLWHA to enable the development of home based care activities at community level as well as income generation.

Mainstreaming

Knowledge of human rights and prevention of HIV amongst school based girls in Maputo City and Maputo province increased (60 students from 4 schools’ trained) through the successful implementation of the campaign “know your rights, protect yourself from HIV*.*” This campaign was launched by UNDP in 2010 and was implemented by youth associations in coordination with UNDP, UNAIDS, and UNFPA.

M&E

Technical assistance and financial support for the development of the Private Sector HIV&AIDS M&E sub-system was provided to ECOSIDA. Information flux and data collection tools were reviewed, developed and adapted according to the National M&E System from CNCS.

**Implementation constraints and lessons learned**

In 2010, three new agencies were integrated into the Joint Programme, namely: FAO, IOM, UNIFEM and UNHCR, which made coordination, planning, as well as implementation and reporting more challenging; since it took time for the new agencies to become fully integrated and conversant with the joint programme structure.

The HIV JP narrative was updated to fit the broader scope of the programme, which is currently aligned and harmonized with the Strategy for HIV Prevention Acceleration (2009) and the National HIV Strategic Plan (PEN III). The narrative covers 2010 and 2011, with a detailed annual work plan for 2010. During the JP review exercise which took place in June 2010, no major recommendations for further changes were made, since UNTTAM had already worked on aligning the HIV joint programme with the national strategies early 2010.

Some of the implementation constraints encountered during the reporting period included:

* Delay in the disbursement of One Fund funds, which caused delays in disbursement to implementing partners and eventually delays in the implementation of activities;
* Changes in the work plan activities without, in some cases, proper consultation with government counterparts;
* At times, delayed information from the implementing partners resulted in the delay of regular reporting by JP;
* the technical capacity of partners was limited at times and the need for more partner leadership in coordination and implementation at both national and district levels was highlighted

Some of the lessons learned during 2010 are:

* The technical and institutional capability of implementing partners needs to be strengthened in order to obtain the best results;
* The sharing of information among the participating agencies and with the Government and the Implementing Partners can be improved;
* Improving joint monitoring and joint review mechanisms at central and decentralized level is key;
* Earlier disbursement of funds in order to implement activities as planned should be arranged.

### V. Future Work Plan

The Joint Programme Narrative covers the period of 2010 – 2011, with a detailed Work Plan for 2010. 2011 will be the last year of implementation of the HIV Joint Programme.

For 2011, UNTTAM reviewed and analysed the INSIDA results, published in July 2010, and the possible implications for UNTTAM and the Joint Programme programming. INSIDA findings will be the main reference frame to guide UNTTAM and Joint Programme planning, interventions and activities for 2011. More focus will be placed on the southern region of the country, on groups such as women and young girls and youth and on interventions in urban settings. The UN’s response will also be supported by the PEN III (2010 – 2014,) which provides the strategic lines of the national response. In order to better coordinate its support to the government, a new UNTTAM structure, ensuring more alignment with the PEN III will be used to report the activities. The 2011 the work plan has an estimated budget of US$ 18,103,233. See annex 4 for more details on the 2011 Work Plan.

**Annex I: Implementing Partners**

|  |  |  |  |
| --- | --- | --- | --- |
| **Programme areas** | **Implementation Partners** | | **Agencies**  **UN Participants** |
| **Government** | **Others** |
| **1 – PREVENTION** |  |  |  |
| 1.a) Counselling and Testing (CT)   1.b) Communication for Development   1.c) Most vulnerable Population groups    1.d) Male Circumcision (MC)  1.e) Adolescents and young people | MoH, DPSs, DDSs, NAC | PSI, CDC, IMT, AMETRAMO | **UNFPA (Lead Agency)**,UNESCO, UNICEF,UNHCR. |
| MoH, DPSs, DDSs, MINED, MoW, | Rensida, MISA, IMT, FORCOM, GTO, ARPAC, Lambda, PI, RM, TVM, AMETRAMO, ICS | **UNICEF (Lead Agency)**, IOM, UNFPA, UNESCO |
| MJD, MoW, DPM, MINC’, MINJUS | Lambda, IMT, Pathfinder, WLSA, AMETRAMO, ATPM, SINTRAT | **UNFPA (Lead Agency)**,UNESCO, UNODC, UNICEF, ILO |
| MoH, DPSs | NPCS | **WHO (Lead Agency)**,UNESCO, UNAIDS. |
| MJD, MINED | CNJ, Youth Associations, RENSIDA, N’WETI, RM, FORCOM | **UNFPA (Lead Agency)**, UNICEF |
| **2 – PMTCT** | MoH | HAI, CUAMM, CHAI | **UNICEF (Lead Agency)**,WHO, WFP, UNESCO |
| **3 – TREATMENT** | MoH, DPSs | PLWHIV, CHAI, HAI, CUAMM | **WHO(Lead Agency),** UNICEF, UNESCO, WFP, |
| **4 – MITIGATION** | MMAS, DPMAS, DPE, DPA, DPJD | ADEL,UGC,FDC,Help Age, Handicap, Action Aid, Aga Khan F. , DSF, , WR, IRD, Associacao Avante Mulher, PHUKA UNANHA, A. Luz Verde, A. Anda, UNAC\_Tete, Africare, CCF , KUPHUNANA, A. Luz Verde, A. KUPHUNANA | **UNICEF (Lead Agency)**, WFP, FAO, ILO |
| **5 – MAINSTREAMING OF HIV, AIDS AND GENDER** | NAC, MPD, MINTRAB, MINED, UEM MINT, Min.Int (Migração) | (OSCs) MONASO, RENSIDA, KINDLIMUKA, UNAC, U.G.C, FDC, Private Sector, ECOSIDA (CTA); (Unions) OTM-CS, ASSOTI, ADELs, CONSILMO, CDC,FEMATRO, SINTRAT, AEFUM | **UNDP(Lead Agency),** UNIFEM, UNAIDS, ILO, IOM, UNESCO, UNFPA |
| **6 – MONITORING AND EVALUATION – M & E** | NAC, MJD,MoW, MoH, MINED | CDC, INS, USAID MEASURE, FHI, DANIDA | **UNAIDS (Lead Agency),** UNFPA, IOM, UNDP, UNODC, WHO, ILO, UNICEF |

**Annex II: Abbreviations and Acronyms**

ADEL – Local Agency for Economic Development

AEFUM – Mozambican Association for Finalist Students

AMETRAMO – Mozambican Association of Traditional Healers

AMIMO – Mozambican Association of Miners

ANDA- National Association for Self- sustained Development

ANC - Antenatal care

ARPAC – Archives for Cultural Patrimony

ART – Antiretroviral Treatment

ARV – Antiretroviral

ASSOTSI - Association for Workers in the Informal Sector

C&T – Counselling and Testing

CBC – Communication for Behaviour Change

CBO – Community Based Organization

CCM – Christian Council of Mozambique

CDC – Centre for Community Development

CFS – Child Friendly Schools

CHAI – Clinton Health Access Initiative

CNJ/CPJ – National Youth Council

CONSILMO – National Confederation of Independent Unions in Mozambique

CSO – Civil Society Organization

CT – Counselling and Testing

CTA - Confederations of Economic Associations

DANIDA – Danish Cooperation

DDS – District Health Directorate

DPMAS – Provincial Women Directorate

DPS – Provincial Health Directorate

ECoSIDA - Businesses Against AIDS

EGPAF – Elizabeth Glaiser Pediatric AIDS Foundation

FDC - Foundation for Community Development

HCT – Health Counselling and Testing

HHI – Family Health International

FORCOM - National Forum for Community Radios

GTO –Grupo de Teatro do Oprimido

HAI – Health Alliance International

IEC – Information, Education and Communication

ICS – Social Communication Institute

INS – National Health Institute

JP – Joint Programme

Kindlimuka – Association of People Living with HIV

Lambda –Association of Sexual Minority Rights

LGBTI – Lesbians, Gays, Bissesuals and Transgenders

M&E – Monitoring and Evaluation

MARPS – Most at Risk Populations

MC – Male Circumcision

MCH – Maternal and Child Health

MCP – Multiple Concurrent Partners

MDG – Millennium Development Goal

MIJUS – Ministry of Justice

MINC – Ministry of Culture

MINED – Ministry of Education

MINTRAB - Ministry of Labour

MoH – Ministry of Health

MONASO - Mozambican Network for AIDS Service Organizations

MoW – Ministry of Women

MPD – Ministry for Planning and Development

MYS – Ministry of Youth and Sport

NAC – National AIDS Council

NASA – National AIDS Spending Assessment

NGO – Non Governmental Organization

NPCS – National Aids Council Provincial Directorate

Nweti – Communication for Health

OIs, - Opportunist Infections

OTM-CS - Mozambican Organization for Workers

OVC – Orphans and Vulnerable Children

PACOV – Action Plan for Orphans and vulverable Children

PENII/III – National Strategic Plan

PIMA – Monitoring and Evaluation Integrated Plan

PLWHIV – People Living with HIV

PMTCT – Prevention of Mother to Child transmission

PNC/CPN – Pre – Natal Consultation

POA – Plan of Action

PSI – Population Services International

RC – Resident Coordinator

RENSIDA - National Network for people living with HIV

RM – Radio Mozambique

S&D – Stigma and Discrimination

SINTRAT – Trade Union of Transport Operators

SME – Small and Medium Sized Businesses

SRH – Sexual and Reproductive Health

STI – Sexually Transmitted Infections

SWAP – Sector Wide Approach

ToR – Terms of Reference

ToT – Training of Trainers

TVM – Mozambique Television

U.G.C - The General Cooperative Union

UCC – UNAIDS Country Coordinator

UEM - University of Eduardo Mondlane

UNAC - National Farmers’ Union

UNDAF – United Nations Development Assistance Framework

UNGASS – United Nations General Assembly Special Session

UNTTAM – United Nations Technical Team on Aids

UP – Pedagogical University

USAID – United States Aids Programme

WLSA – Women and Law in Southern Africa

YFHS – Youth Friendly Health Services

YPC – Youth Provincial Council

**Annex III: Joint Programme Results Matrix**

**PREVENTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **OUTCOME 3.1: HIV Prevention Comprehensive Programme covering 5 key areas of the National Strategy of HIV Prevention Acceleration** (ATS, Preservatives, GAR, CM and CMC) implemented and expanded. | | | | | | | |
| Indicators for Outcome 3.1:   * % of women and men (15- 49 years and particularly of young people ranging between 15-24 years) who have used a condom in their last sexual relationship. **Target:** 40% women; 40% men. **Baseline:** Women 20%; Men 30% (source of baseline?) * % of women and men (15- 49 years and particularly of young people ranging between 15-24 years) who have had sexual relations with a partner other than their married partner in the last 12 months. **Target:** 7% women; 35% men**. Baseline**: | | | | | | | |
| **Expected Results**  **(Outputs)** | | | **Indicators, Baseline and Targets** | **Results 2010** | **Means of Verification** | **Responsible Agency** | **Assumptions and Risks** |
| **COMMUNICATION** | | | | | | | |
| * + 1. Strategy and Communication National Plan for HIV and AIDS Prevention implemented under the enhanced coordination of CNCS and Civil Society Organizations (including the participation of youth associations), utilising aspects of MCP and stigma as their guidelines. | | | # of youth associations and trained CBOs. **Baseline : 3**  **Target : 11**  # of activists trained in S&D and applying it in their work;  **Baseline : 337**  **Target : 500**  # of programmes / campaigns in the media produced and disseminated;  **Baseline: 1**  **Target: 3**  # of specific communication strategies at local level designed and implemented outside of local communications **Baseline: 1**  **Target: 3** | IOM implemented radio activities with the aim of increasing HIV knowledge through radio via mini dramas and phone-in sessions at the end. Topics revolve around aspects of migration, mobility and HIV, and were broadcast along the Nacala corridor.  *PEN III Communication strategy and plan*   * PEN III Communication Operational Plan prepared. It will be strengthened following the finalisation of the sectoral and provincial plans, while priority actions are being implemented under CNCS leadership. * National Technical Communication Group (GTC) fully recognised as part of the CNCS structure and realignment process (CNCS focus areas: coordination, M&E and communication); TORs revised and group meetings held on a weekly basis and functioning as a technical advisory board to CNCS UNICOM; Civil Society participation (N’weti, RENSIDA, FDC, MONASO, JHU, AESA, PSI) enhanced. * Six Provincial Communication Groups (Maputo, Gaza, Inhambane, Sofala, Niassa and Zambezia) functioning regularly and all others being revitalised. Training of all NPCS Communication Assistants jointly organized with support from the GTC (complementary to the COMBI training organized by UNICEF in 2009). * Support provided to the launch and oversight of the MCP campaign’s second phase (“Andarfora é maninguearriscado”) involving three key partners - JHU, PSI and FDC. Six-month N’weti radio and television campaign on air. Community mobilisation enhanced by three regional training sessions for young people working with 40 community radio stations, massive distribution of the MCP Newsletter (175,000 copies of Revista “Amores a mais é demais”) , GTO theatre groups trained in five provinces (Tete, Maputo City and province, Gaza and Zambezia) and theatre plays produced; production of radio and mobile unit guidelines for the utilization of the film LOVE and the radio novel “Vidas Mascaradas” * Counselling and testing campaign preparation (communication strategy development & provincial coordination field trips) supported.   *Stigma and Discrimination*   * RENSIDA Stigma and Discrimination activities successfully mainstreamed into the provincial education and protection programmes reaching: 75 COV’s activists trained in three regional protection training workshops and 81 new school activists in the 7 CFS covering over 100,000 school children. * Simplified stigma and discrimination module focusing on S&D issues among children and young people being finalized. * 15 additional RENSIDA trainers capacitated in 4 new provinces (Zambezia, Tete, Nampula, Cabo Delgado). Trainers will involve activists in at least 33 priority districts to tackle stigma and discrimination faced by children, and to reflect the acquired knowledge in their OVC community and school-based monitoring and training activities. * S&D radio programmes, debates and interviews promoted over three months in the 8 target provinces through RM and community radio stations.   *Community Mobilization Activities:*   * 1,310 children and young people are actively participating as producers and presenters in C2C media (RM, TVM, community radio station) programmes in 11 provinces, tackling issues related to SRH and HIV prevention. * Approximately 670,000 people (70% children and youth) in 221 localities from 75 priority districts reached twice, and 57 localities reached at least once through multimedia mobile unit activities, promoting HIV prevention. * Approximately 90,000 people in 260 localities from priority districts were reached three times through community theatre activities. Age-specific debates are being piloted in select districts. * 10,743 people received HIV counselling and testing at the mobile unit tents, in partnership with local health providers and NGOs. The number of people seeking counselling and testing services has increased 10 times compared to 2009, mainly as a result of improved coordination with the health sector at district level | Report on capacity sessions of OCBs  Report on the activities by the activists in the area of E&D  Copies of programmes broadcast | UNICEF  IOM  UNFPA | Assumptions:  Systematic and political support by local, provincial and district governments  Complementary contribution by partners has been maintained  Risks:  Late provision of funds for the implementation of programmes. |
| * + 1. Information on sexual minorities produced and disseminated. | | | # of newsletters produced annually.  **Baseline: 1**  **Target:3** | Information on sexual minorities made available through support to LAMBDA to produce monthly bulletins and to maintain a website (www. Lambda.org.mz) | Produced and made public | UNFPA  UNAIDS | Assumptions:  100% incorporation of the project by MoH  Risks:  Late provision of funds for the implementation of programmes. |
| **Expected Results**  **(Outputs)** | | | **Indicators, Baseline and Targets** | **Results 2010** | **Means of Verification** | **Responsible Agency** | **Assumptions and Risks** |
| **MOST AT RISK POPULATIONS (MARPs)** | | | | | | | |
| * + 1. Coordination mechanisms, strategies and programmes guaranteed for the promotion of health, including STI and HIV prevention for risky groups (MARPs). | | # of working groups that have been established at central and provincial level with defined operational plans.  **Base line:**  **Target:** | | IOM reinforced HIV prevention service in the Port of Beira to groups who are more vulnerable to HIV due to their mobility, including port users, truck drivers and sex workers**.**  Prisons services have drafted a strategic position for the prison sector. SNAPRI at central level has since developed an operational plan for PEN III for both prison staff and prisoners.  3 in-country regional meetings were held where a total of 141 prison officials worked to prepare the draft sectoral strategy. These officials also received IEC material during the meetings.  3 prison health officials were supported to participate in the 2010 AIDS Conference in Vienna. | Reports of operational plans | UNODC  IOM  UNFPA  ILO | Assumptions:  Support by the government of district and province, as well as other interventions  Risk:  Late provision of funds for the implementation of programmes. |
| 3.1.4. The capacity of supporting structures selected to implement HIV, AIDS and TB programmes along the transportation corridors has been enhanced. | | # of empowered people.  Base line:  Target: 1000 | | 130 civil servants from Migration Services, Ministry of Transport and Road Transport Operators have been trained in TB and HIV and AIDS integration issues in the action plans | Reports on capacity sessions | ILO | Risks:  Late provision of funds for the implementation of programmes. |
| 3.1.5. Knowledge on Estimates of the size of risky groups (MARP has been increased). | | # of empowered people.  Base line: 4  Target: | |  | Reports on capacity sessions | UNAIDS | Risk:  Non-integration of MARP representatives in the processes |
| 3.1.6. HIV and AIDS prevention and Health Services have been expanded for the LGBTI, prisoners, sex workers and disabled people. | | # of HSH and gay prisoners, TS and disabled people covered by health services and HIV prevention.  Base line: 90 TS  80 PcD, 15 HSH and gays Target: 120 TS, 100 PCd, 40 HSH and gays | | HIV prevention services for MARPs were increased: 106 registered sex workers attended night clinics for sex workers, 61 of whom were tested. 130 peer educators were trained in prison sites, 54 peer educators were trained in LAMBDA youth association, 85 young people with disabilities were trained as peer educators, 91 sex workers were trained as peer educators to operate in seven sites in Maputo City, Nampula, Beira and Chimoio. HIV prevention commodities were made available to MSM, including 2579 condoms distributed.  A total of 47 prison health officials from all provinces were trained in HIV surveillance in prisons. This also served as a mechanism for the distribution of IEC material to prison staff. | Records of general health services in prisons, night health clinics | UNFPA  UNODC | Risks: \  Absence of legal recognition of LGBTI.  Non-integration of MARP representatives in processes. |
| **Expected Results**  **(Outputs)** | | **Indicators, Baseline and Targets** | | **Results 2010** | **Means of Verification** | **Responsible Agency** | **Assumptions and Risks** |
| **MALE CIRCUMCISION** | | | | | | | |
| * + 1. Provincial and district plans for Male Circumcision (MC) have been implemented in the provinces of Gaza, Maputo and Inhambane | | # District plans for MC implemented.  Base line: 1  Target: 40 | | The integration of male circumcision in the provincial and district plans has increased in the provinces of Gaza and Maputo, with 5 districts integrating male circumcision in their district plans (Chokwe, Majakazi, Chibuto, Chicualacuala and Xai-Xai) in Gaza province and the district of Boane in Maputo province.  26 HIV/AIDS district focal points in Gaza province have been trained on integration of male circumcision in the distric plans in Chokwe in 2010. | Reports on district plans | WHO | Risks:  Lack of support by MISAU (the Ministry of Health) for the implementation of the programme |
| * + 1. The capacity of health service and care providers involved in the expansion of the access to safe circumcision services has been improved. | | # of health workers trained for the expansion of MC.  Base line: 0  Target: 50 | | 8 health workers have been trained for the expansion of male circumcision in Chokwe, Majacaze and Boane.  A consultant has been hired to design a training manual for “Safe practices for male circumcision”, and a facilitator’s manual and participant’s manual were designed in 2010.  WHO has provided technical support to two national NGOs in designing a proposal for the expansion of male circumcision in the districts of Manjacaze and Chokwe. | Reports of sessions of capacity building. | WHO | Risk:  Acceptance (adherence) by the population |
| * + 1. Assessment and monitoring reports on the expansion of male circumcision activities | | # Assessment carried out.  Base line: 0  Target: 1 | | WHO has worked with JPHIEGO in the design and implementation of a pilot circumcision expansion project in the provinces of Gaza, Maputo and Maputo City. The preliminary report states that more than 1,500 people were circumcised in 2010 in the pilot location in the provínces of Gaza, Maputo and Maputo City. | Assessment reports | WHO/JPHIEGO/ CM group | Risks:  Difficulty in undertaking joint visits with MISAU |
| * + 1. The policy on male circumcision has been produced and is available. | | Available policy: yes or no. | | The policy of male circumcision is being prepared and will be integrated in the HIV prevention component. | Policy document | WHO / UNAIDS | Risks:  Late provision of funds for the implementation of programmes. |
| **Expected Results**  **(Outputs)** | | **Indicators, Baseline and Targets** | | **Results 2010** | **Means of Verification** | **Responsible Agency** | **Assumptions and Risks** |
| **YOUTH (including life skills)** | | | | | | | |
| Increased participation of young people in national and provincial forums, community committees and school councils | # of youth associations and established/legalised networks  Baseline: 4  Targets: 20 | | | Programme dialogue with youth platforms was revitalized, specifically with CNJ, Juvenile Parliament and Youth Cabinet, in order to strengthen youth participation in existing national fora.  Four young people representing four Mozambican youth associations were supported to take part in the 2010 World Youth Conference in Mexico.   * More than 600 young people representing youth associations at provincial, district and community levels, including government authorities, were involved in PARP briefings, held in 6 provinces, to raise young people’s awareness on the need to participate and claim their rights in decision-making forums. * More than 175 young people are participating in decision-making fora such as Development Observatories, Government consultations, consultative committees and school counsels at provincial, district and community level, in 8 provinces. * Improved quality of young people’s involvement in decision-making fora at provincial level, as a result of their growing participation in Government meetings. Growing awareness of Government on youth issues and their need to participate in the country development programme. | Legalization documents | UNFPA  UNICEF | Risks:  Late provision of funds for the implementation of programmes. |
| Youth Provincial Councils (CPJ) implementing peer communication programmes on HIV prevention in 8 provinces and at least 200 young people participating in decision-making fora at provincial, district and community level in 8 provinces. | # of youth associations implementing peer communication programmes and involved in decision making forums in the 8 provinces | | | * 158 young people integrated into the activities of community radio stations, as peer communicators for HIV prevention (focusing on stigma and discrimination and MCP) in 8 provinces. * Improved quality of radio programming and increased youth involvement in discussions related to MCP and stigma, in the selected community radio stations. | Report of CNJ | UNICEF  MJD  Youth associations | Risks:  Llate provision of funds for the implementation of programmes. |
| PLWHIV School Awareness extra-curricular programme for children aged 10-14 scaled up in seven CFS districts with particular focus on life skills development for HIV prevention and protection from violence and abuse | Number of primary schools where PLWHIV School Awareness programme is implemented (Baseline: 1,500 (2009); Target: at least 2,000 schools in 2011) | | | * 1.3 million children (48% girls) participated in life skills and HIV/AIDS prevention activities through school clubs in 11 provinces. * Intervention scaled up incrementally in 440 new schools (60%) reaching 105,736 children in 7 CFS districts. The programme is targeting over 2000 schools nationally; * National criteria and monitoring tools on school and radio clubs developed by MINED with technical assistance from UNICEF, Rensida, N’weti and Radio Mozambique. Harmonized approach to clubs (extra-curricular) to be scaled up nationally as a complement to the life skills programme in schools. * TA provided to provincial and district education coordinators and RENSIDA School Awareness Programme to apply the ONE CLUB initiative as part of its expansion in the 7 CFS districts. * 3 newsletters produced in the course of the year (on child trafficking, assertiveness). The material is being used by clubs to promote micro projects benefiting local communities (i.e. distribution of mosquito nets, sensitization sessions on early pregnancy, birth registration) * Listener’s groups being established in over 1000 schools, using solar radios to enhance the school-radio linkage. | Reports of the Associations | UNICEF  MINED  RENSIDA  N’WETI | Risks:  Late provision of funds for the implementation of programmes. |
| **Expected Results**  **(Outputs)** | **Indicators, Baseline and Targets** | | | **Results 2010** | **Means of Verification** | **ResponsiblenAgency** | **Assumptions and Risks** |
| **COUNSELLING AND TESTING** | | | | | | | |
| * + 1. The expansion of HCT services has been given priority so as to cover the target population. | # of counselled and tested people at the national AT company  Baseline: 0  Target: 500,000  # of traditional healers mobilizing people to AT of HIV.  Baseline: 40  Target:l50 | | | The national counselling and testing campaign was postponed to 2011; however 168,940 young people were counselled and tested in YFHS. | 2010 Report on the AT National Company. | UNFPA  UNESCO | Assumptions:  Existence of areas with US and SAAJs  Risk:  Fear of stigmatization if the result is positive  Late provision or non- provision of funds |

**PMTCT**

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| --- | --- | --- | --- | --- | --- |
| **OUTCOME 3.2:** Increasedcapacity of the Ministry of Health and the main interventions to provide comprehensive and integrated PTV services by 2011, to at least, 65.000 pregnant women and their exposed children | | | | | |
| Indicators for outcome 3.2: % of HIV positive pregnant women receiving prophylaxis to avoid transmission from mothers to children.  (Baseline: 46,868; Target: 65,000\* | | | | | |
| **Expected Results**  **(Outputs)** | **Indicators, Baseline and Targets** | **Results 2010** | **Means of Verification** | **Responsible Agency** | **Assumptions and Risks** |
| * + 1. Operational Plan on strengthened PMTCT through capacity development, information systems and implementation of the plan on PMTCT in the context of the Prevention Acceleration Plan. | # of Health Units where PMTCT is provided (Baseline: 30 (2005). Target: 861 (2011)  # of Health units monitored where PMTCT is provided with the help of the United Nations  Base Line: 30 (2005)  Target: 347. | PMTCT provided in 909 Health Units (Sept. 2010)  361 Health Units with PMTCT supported by the United Nations | QAD Health Sector Indicators  Reports of MISAU and implementation partners  Database of agencies | UNICEF, WHO, MoH in collaboration with key implementation partners | Risks:  Late provision of funds for the implementation of programmes. |
| * + 1. Provide quality PMTCT services that are integrated into the maternal and infant health services, including consultation before birth, maternity, after birth consultation and at risk child consultation. | # of Health Units with PMTCT supported by the UN with appropriately trained staff  Baseline: 30 (2005); Target: 347.  % of HIV positive pregnant women receiving nutritional support in Health Units with PMTCT; Baseline: 3,500 (2009)  Target: 7,500 (2010)  % of malnourished children receiving support in Health Units with PMTCT; Baseline: 3,500  Target: 7,500  # of people trained in PMTCT issues, including nutrition and number of supervised Health Units.  Baseline: NA  Target: 100 of the new Health Units | 43 new Health Units created with the help of the UN by September 2010, making it 361 Heath Units with PTV supported by the United Nations (40% from the total of Health Units with CPN integrating a PMTCT)  7,500 HIV positive pregnant women receiving nutritional support in Health Units with PTV in 2010 (100% of the target)  7,500 malnourished children receiving nutritional support in Health Units with PMTCT(100% of the target)  72 trained people in 100% of the new units (43).  In addition, the UN supported ToTs in the implementation of the new policy related to PMTCT.  ToT for 60 providers in the central region.  ToT in the new integrated M&E tools carried out for 54 providers covering 3 areas  In-service training for the implementation of the nutritional recovery and preparation and printing of material was postponed to the start of 2011. | Annual reports of UNICEF, DPSs and partners | UNICEF, WHO, WFP MoH in collaboration with key implementation partners | Risks:  Late provision of funds for the implementation of programmes. |
| * + 1. Increased use and adherence of PMTCT services: acceptance of testing of HIV in pregnant women and receiving treatment for prevention. Women and children have been integrated into the Pmtct services, contributing to the achievement of the targets for PMTCT in 2010 | % of pregnant women counselled, tested for HIV and receiving the results in the Health Units with PMTCT  Baseline: 65% (2004), Target: 80%  # % of pregnant women who receive prophylaxis with ARVs at Health Units with PMTCT (Baseline: 46,848 , 80% ; Target: 65,000, 80%).  % of children exposed to HIV (from mother in PTV) who received ARV prophylaxis (Baseline: 67%; Target: 80%).  # % of exposed children tested with PCR (Baseline: 29%; Target: 40%). | Counseled and tested: from the 624,949 pregnant women who attended CPN in the first 9 months of 2010: 464,524 were tested for HIV (68.8 %).  Coverage of ART prophylaxis in pregnant women: 37,989 HIV + pregnant women received ARVs for PMTCT (76% of HIV positive women, and 44% of the estimated HIV-positive women in the period); from these, 5,981 received ARVT (16 % of the total that received ARVs for PTV from the estimated HIV-positive women at the same period).  Coverage of ARV prophylaxis in exposed babies: 22,040 (44% of women diagnosed as HIV positive ) exposed babies received ARV for PTV- this still constitutes a challenge to follow up on issues of quality and retention.  Access to PCR DNA: by June 2010, 314 Health Units had collected PCR (compared to 287 Health Units by the end of 2009 and 208 in 2008). 15,447 children from CCR were tested (31% of the women diagnosed as HIV positive), of whom 1,751 were positive (11.3% of the positivity rate). | Annual report of SMI/MISAU programme | MoH and DPSs  UNICEF  WHO  WFP  Key implementation partners | Risks:  Late provision of funds for the implementation of programmes. |
| * + 1. Inter-agency coordination mechanisms have been strengthened in the subgroup of PMTCT. | # of joint visits undertaken by UNICEF, WHO, WFP and MoH; Baseline: 1 (2009)  Traget: 2 (2011) | In 2010 staff members from MISAU were not given permission to make supervision visits in the provinces.  1 joint visit in Maputo province to sustain planning 2011 (50% of the target) | Visit reports | UNICEF  WHO  WFP | Risks:  Late provision of funds for the implementation of programmes. |

**ART**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OUTCOME 3.3:** Increased capacity of MISAU and its main intervention to improve the coverage from 30% to not less than 40% of PLWHA, either in adult people or in children, benefiting from a standard support package in at least one of the following areas: ARVtherapy, prophylaxis and opportunistic infections treatment, nutritional support, home care and counselling. | | | | | |
| **Indicators for Outcome 3.3:**   * # of adult people with advanced HIV infection that receive ARV therapy in accordance with national protocols (coverage of ARV therapy) **(Baseline**: 170,190 (2009); **Target:** 195,000) * # of HIV positive children (<15 years) elegíble who get ARV therapy (Baseline: 1,500 (2005); Target: 23,000) * % of women amd men (15- 49, especially young people ranging from 15-24 years), who have been tested for HIV and been given their results over the past 12 months. **Baseline:** 65%; **Target:** 85%. | | | | | |
| **Expected Results**  **(Outputs)** | **Indicators, Baseline and Targets** | **Results 2010** | **Means of Verification** | **Responsible Agency** | **Assumptions and Risks** |
| * + 1. Technical assistance provided to MISAU for enhancing integrated treatment, care and support services to PLWHIV. | # People in ARV who receive nutritional supplements monthly.  Baseline: 15,000 (2009)  Target: 26,000 people. | 26,000 people in ART that have received monthly nutritional supplement (100% of the target) | Report of WFP | WHO, UNICEF, WFP, MISAU, CNCS, Provincial Directorates of Health  Health Alliance International, EGPAF, CUAMM, PSI, ICAP.  CDC/USAID (PEPFAR) |  |
| * + 1. Support provided to the country for improving access to quality ARVs for HIV and AIDS prevention and treatment, and promotion of rational use of ARVs and other essential products/materials | # of Health Units providing ARVT in accordance with national updated protocols  (Baseline: 222 Health Units (2009)  Target: 304 Health Units | 226 Health Units that provide ART services (Sep. 2010).  It should be highlighted that many of the Health Units that had planned to start ART during 2010 faced a number of challenges in meeting the minimum criteria for opening new ART location as defined by MISAU. Most of the challenges have to do with a lack human resources and basic infrastructure. | SIS MISAU |  | Assumptions:  Good collaboration among MoH, UN agencies, CNCS, bilaterals, NGOs, OSCs and the community. Motivation for human resources and availability of funds.  Risks:  Lack of availability and accesst to ARV  Risks:  Llate provision of funds for the implementation of programmes. |
| * + 1. Trainers have been trained in the delivery of integrated services, HIV, AIDS, ARTs, care and nutritional support. | # of health technicians trained to distribuit the standard support package in accordance with national rules.  (Baseline: 150 (2009);  Target: 650 (2011)) | 476 for adults and 538  for paediatric ART; total 1,014 | Capacity development training reports. |  |  |
| * + 1. Surveillance system and monitoring of HIV and AIDS resistance to medicines has been strengthened. | # of Health Units visited to check for resistance to ARV.  Baseline: 17 Health Units (2007)  Target: At least 2 Health Units in each province, 2010 ( 35 Health Units) | Activities that were postponed for the first quarterly of 2011. | Supervision visit reports. |  |  |
| * + 1. Strengthening of the national response to paediatric care and treatment for HIV and AIDS, through the improvement of coordination, capacity and functional information systems. | # of health technicians trained for providing HIV and AIDS treatment to children.  Baseline: 165 technicians trained (start 2010)  Target: All TM in the all over the country | 538 health technicians trained for treatment and cares to children. | Capacity development for health technicians training reports |  |  |
| * + 1. Enhancement of treatment, care and nutrition services for children that live with HIV and AIDS in the 146 existing and 10 new locations (156 supported by UNICEF), contributing to the achievement of the target of MISAU in relation to children accessing ART. | # of children treated and cared for in the 156 Health Units supported by the UN  Base line: 1,500  Target: 18,817 (2010);  23,000 (2011) | 175 health unit that provide treatment and care services to children supported by the UN (Target 2010: 170).  By September 2010, 16,480 children over 15 years received. This means that there has been an increase of 2,975 in the period in consideration (Jan-Set). If this increase is maintained aver the year the country will meet the annual target (18,817). | MISAU reports  UNICEF reports |  |  |
| * + 1. Increased use of and adherence to care and treatment through the provision of information relating to the benefits and availability of ART, as well as through psycho-social support and home based care to children and families in not less than 50% of Health Units with paediatric ART services. | % of Health Units providing HIV and AIDS treatment and care to children.  Baseline: 186 Health Units (2009); 95%  Target: 222 Health Units (98%) | 222 out of the total number of Health Units provide ART treatment and care services for children over 15 years (98%). |  |  |  |
| * + 1. HIV prevention, treatment and care strategies have been improved for refugee populations. | # of refugees covered by HIV prevention campaigns  Baseline: 0  Target:  # of STI cases treated in accordance with national norms at Maretane.  Baseline: 0  Target: |  | Report on Prevention Campaign for refugees.  Registration forms for # of ITS diagnosed in the HC of Marretane  Surveillance reports on quality treatment of ITS in Marretane | UNHCR  UNFPA | Risk:  Late provision of funds or non provision of funds |

**IMPACT MITIGATION**

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| **OUTCOME 3.4:** (Mitigation) 50% of the target OVCs covered by Vulnerable Children Action Plans (or at least 205,000 annually) together with their families have access to six basic services (education, health, financial support, nutrition and food, psycho-social and legal support) and to social protection schemes | | | | | |
| * # of children covered and identified by community systems, who received 6 basic services in the last 12 months: education, health, money transfers, food assistance, psycho-social support and legal support (including birth registation). Base line: 65.000 vulnerable children. Target***:*** 205,000 vulnerable children. * % of beneficiaries receiving Direct Food Support (WFP) and basic packages (UNICEF) are provided using Direct Social Support Programme implementation mechanism of the INAS. Baseline: 3,000 beneficiáries receiving basic support packages (2006); Target***:*** 14,000 beneficiáries recieving basic support packages (cumulative 2007 – 2011) | | | | | |
| **Expected Results**  **(Outputs)** | **Indicators, Baseline and Targets** | **Results 2010** | **Means of Verification** | **Responsible Agency** | **Assumptions and Risks** |
| 3.4.1 Coordination capacity of the Ministry of Women and Social Action has been strengthened to coordinate the implementation of the National Plan for Children and provide social protection plans. | # of MMAS directorates at provincial and district level with updated information on public sector service delivery and civil society interventions.  Baseline: 5 (2006)  Target: 11 provinces, 7 model districts and all districts in Sofala province | An evaluation of both the 2005-2010 National Plan of Action for Children and the 2006-2010 National Plan of Action for OVC has been undertaken to identify the impacts of these plans on children’s wellbeing. The findings and recommendations from the evaluation arre influencing and guiding the revision of a new policy framework for children, which is expected to be approved by June 2011.  Technical support was provided to develop a Minimum Package of Care and Support for OVC, which focuses on quality standards for education, health, nutrition and food, legal, financial and psycho-social support. The draft package was approved by the MMAS Consultative Council and the Package is being piloted in 3 provinces. , When the pilot has been completed the key lessons and recommendations will feed into the revision of the Package, before approval by the Council of Ministers and roll-out to all provinces.  After an initial delay, political and technical level commitment to strengthen the national M&E system was secured in October and will be taken forward to harmonise the national M&E system with existing electronic and paper based systems at provincial and district levels, with a specific focus on OVC data.  MMAS has officially requested UNICEF’s support, together with USAID, to harmonise the national M&E system with existing electronic and paper based mechanisms existing at provincial and district levels. Technical discussions with MMAS, USAID, MEASURE and EUROCIS are ongoing about phasing implementation of the national M&E system at provincial level, with a specific focus on OVC.  Technical and financial support was provided to MMAS and DPMAS to coordinate OVC related activities through the Multi-Sectoral Nucleus for OVC and the Technical Working Groups for OVC, as well as conducting supervision visits.  Technical support has been provided to MMAS around development of a sustainable productive safety net strategy and technical assistance has been provided for the development of alternative delivery modalities (vouchers, cash, in-kind), and capacity to manage food assistance. Furthermore, technical support has been provided to MMAS for OVC food assistance committees in relation to targeting, operational planning, monitoring and quality assurance of basic services provided by NGO partners.  The Module of Care and Support for Orphaned and Vulnerable Children was not rolled out and the capacity gap analysis not undertaken due to lack of direction and commitment from MMAS. | PASC implementation Annual Report  DPMAS quarterly reports, Monitoring visits reports: GTCOV, NUMCOV minutes | UNICEF | Assumptions:  The MMAS is responsible for planning and coordination at provincial and district level, including NUMCOVs.  DPMAS has capacity and is committed to providing support and accompanying at local level.  Risks:  Weak capacity at provincial and district level to plan and coordinate interventions for OVCs. |
| * + 1. Ensure that at least 205,000 orphaned children and their families have access to six basic services defined in PACOV (health, nutrition, education, psycho-social support, legal assistance, financial support) and provide support with the basic package of materials. | Number of OVCs identified by community based systems that have recieved the 6 basic services in the last 12 months.  Baseline: 65,000 (2005).  Target: 205,000  (the same indicator as for Outcome 3.4)  # of families that develop income generation activities  Baseline: 1,800  Target; 5,000 | 233,413 OVCs have accessed three or more services in 2010 as a result of DPMAS and NGO support. (data from Nampula, Zambezia and CBOs still lacking).  Technical and financial support provided to the 7 CBOs, resulting in 16,052 children receiving direct material support and being referred to other services (data from Nampula and Zambezia still missing).  26,343 children covered with direct material support as well as referral to other basic services (data from 3 districts still missing). Support provided to MMAS in the implementation of the protection component in the Child Friendly Schools initiative, with particular emphasis on the referral of Vulnerable Children to basic services with the school as the centre of care.  48,900 OVC from 7 provinces received monthly food support integrated with basic services, provided by 91 community-based organizations and national and international NGOs in 37 districts.  3,060 people capacitated in small business development and access to micro credits | DPMAS quarterly reports;  NGO semi-annual reports,  RENSIDA quarterly reports, monitoring visit reports | UNICEF  WFP | Assumptions:  Strong capacity and sensitivity in gender at community level to identify and provide girls with support.  M&E systems at community level have tools to: (1) identify the OVCs beneficiaries only when they receive the 6 services, and for each service; and (2) The kind of support they need is provided for each child, and not only the number of services provided.  Risks  Girls are not systematically identified, and they are becoming increasingly vulnerable.  Double counting of OVCs.  Lack of analysis and validation of data on what each child needs and what has been provided to them. |
| * + 1. A joint provincial strategy for the adaptation of the JFFLS curriculum and methodology designed and implemented | Provincial strategy for JFFLS training programme completed and implemented | 10 days field assessment conducted in Manica and Sofala provinces to collect information on JFFLS implementation  One regional seminar held for the presentation of the assessment results  1,740 youth participated in JFFLS programme | JFFLS project report | FAO |  |

**HIV & AIDS MAINSTREAMING**

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| **OUTCOME 3.5:** The provincial plans of the public sector, the action plans of the networks of Civil Society and the business plans of the proivate sector integrate HIV and AIDS, gender and natural disasters, including the respective budget for their implementation. | | | | | |
| * % of sector plans integrating HIV and AIDS, gender and natural disasters in the provinces of Maputo, Sofala, Manica, Zambézia and Tete (Baseline: 0%; Target: 50 | | | | | |
| **Expected Results**  **(Outputs)** | **Indicators, Baseline and Targets** | **Results 2010** | **Means of Verification** | **Responsible Agency** | **Assumptions and Risks** |
| 1. A national mechanism for the establishment of a critical mass of specialists on HIV and the feminization of HIV and AIDS has been created, to reinforce Government institutions, associations, the informal sector, civil society (including youth associations and centres). | # of small and medium enterprises with policies on HIV, gender and disasters (Baseline: 220 SMEs within the formal and informal sectors implementing HIV programmes and policies; Target: 550 small and medium enterprises with policies on HIV, gender and disasters. | In partnership with MONASO and AEFUM, 578 civil society organizations members have been trained on the integration of HIV and AIDS into their plans and programmes.  Technical support has been provided to groups of civil society organisations that are part of PEN III, thereby guaranteeing the continuity of contribuitions and the inputs of the civil society in the process. Support for the development of an Implementation Strategy of PENIII for Civil Society.    Technical support provided to 4 civil society organizations in the area of HIV integration. | Reports on planned activities based on policy | IOM  UNDP  ILO  UNAIDS  UNFPA  UNESCO  UNIFEM | Risks:  Late provision of funds for the implementation of programmes. |
| 2. Tools and methodologies for monitoring HIV, AIDS and gender applied by 180 government officials and trade unions in planning and performing sectoral programmes and plans. | # of government technicians, employers and trade unions who use the tools, knowledge of monitoring and HIV integration in the planning and performance of sectoral programmes and their action plans (Baseline*:* 0; Target*:* 180 Government téchnicians, 50 employers and 100 trade unions) | PEN III has been approved and operationalized at central and provincial level.  District decentralized planning taking place in the provinces of Maputo and Inhambane with the participation of 12 districts in the Province of Inhambane and 7 districts in Maputo | Regular monitoring documents  Action plan reports | UNAIDS  IOM  UNFPA  INGC  SINTRAT  ECOSIDA OTM-CS  CONSILMO  MTC | Risks:  Late provision of funds for the implementation of programmes. |
| 3. HIV, AIDS and gender issues integrated into the training plans of government and Civil Society Organizations. | # of networks of Civil Society Organisations trained in the integration of HIV, gender and natural disasters into their action plans. (Baseline: 4 networks trained in integration of HIV and gênder into their action plans: Target*:* at least 3 Civil Society networks have been trained in HIV and gender and natural disasters in the action plans) | Technical support provided to parliament in the implementation of HIV programmes in the working place, using the UN Cares model. | Action plan reports | UNDP  UNAIDS  IOM  ILO  UNIFEM  PARLIAMENT  MPD  MAE  CNCS  OMS | Risks:  Late provision of funds for the implementation of programmes. |
| 4. Sexual and Reproductive Health component, HIV, AIDS and gender integrated into the conceptualisation of training programmes for marginalized groups (prisoners, disabled people, etc.) | # of training sessions integrating sexual and reproductive health, HIV/ AIDS and gender  Baseline: 0  Target: | In partnership with UNFPA and CNCS, representatives of civil society organizations working on female condoms. These organisations are expected to replicate and promote the use of female condoms in the districts in their provinces. | Reports of training sessions with different groups | ILO  MIGRATION  SINTRAR  ASSOTSI  RENSIDA  UGCAMIMO  MoL  CBOs  UNDP | Risks:  Late provision of funds for the implementation of programmes. |

**M&E**

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| **Expected Results**  **(Outputs)** | **Indicators, Baseline and Targets** | **Results 2010** | **Means of Verification** | **Responsible Agency** | **Assumptions and Risks** |
| * + 1. Budgeted, integrated and operational plan, financed up to at least 50% | % of guaranteed funding for the implementation of the Integrated and Budgeted National Plan for M&E: Target***:*** at least 50% (2010) of funding guaranteed; Baseline***:*** to be determined at the end of 2009. | PIMA has been evaluated using the tool recommended by UNAIDS for the first time. It was the first experiment so it involved the CNCS staff at central level only. Budget aspect has not been evaluated. The current priority is to design a new PIMA for 2011 to 2014 | Annual briefing on PIMA funding and implementation | UNAIDS  UNFPA  ILO  WHO | Assumptions:  Political support by the central, provincial and district government    Available funds for the implementation of programmes  Complementary funds from partners available.  Risks:  Late provision of funds for the implementation of programmes. |
| * + 1. The capacity of the CNCS and other partners has been strengthened at central and provincial levels for the use of the information on HIV, based on evidence from planning and decision making processes. | # of quarterly reports produced by CNCS at central and provincial levels: Target***:*** 4 quarterly reports and 1 annual report: Baseline***:*** to be confirmed. | By November 2010, 1 annual report of CNCS for 2009 and 1 semi-annual report for the first semester of 2010 were produced. Although the reports were produced, they still lack an acceptable level of quality and organization in the way that the key information is presented for decision-making. | Quarterly and annualNAC reports. | UNAIDS  WHO | Risks:  Late provision of funds for the implementation of programmes. |
| * + 1. Strategic information provided to document the produced and disseminated national response, including the institutionalization of expenditures for AIDS (NASA, UNGASS and other studies and assessments). | # of reports and studies carried out and disseminated by the CNCS: Target***:*** 4 studies carried out: (NASA, UNGASS 2010)  Qualitative study on MCP and gender, and mapping of hot spots and corridors:  Baseline***:*** (N/A) | Reports and disseminated studies of UNGASS 2010, MEGAS 2007 and 2008 have been carried out and supported, approval of MOT, Data Triangulation, INSIDA, and Estimates of HIV and AIDS.  A study on vulnerability and risk of infection with HIV among men who have sex with other men in Maputo City has been carried out and disseminated.  Mapping of hot spots and corridors in Beira and Tete.  A survey is in progress in the corridor of Nacala to assess the level of vulnerability to HIV by mobile populations, including the mapping of health services.  A sub-system of M&E for the private sector has been designed | Reports and studies of UNGASS, NASA and MOT have been disseminated.  The Report is available.  The Report is available.  In progress.  The available M&E tool is in use | UNAIDS  ILO  UNODC  IOM  UNFPA | Risks:  Late provision of funds for the implementation of programmes. |

**Annex IV: 2011 Joint Programme AWP**

**HIV JP Prevention Annual Work Plan 2011**

Agencies: WHO, UNICEF, UNFPA, UNESCO, UNHCR, IOM, ILO

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| **COMMUNICATION COMPONENT** | | | | | | | | | |
| **EXPECTED RESULTS** | **KEY ACTIVITIES** | **TIMEFRAME** | | | | **RESPONSIBLE PARTY** | **PLANNED BUDGET** | | |
| Q1 | Q2 | Q3 | Q4 | **Planned Amount** | **Amount Allocated** | **Source of Funds** |
| 1. National Communication for HIV Prevention Strategy and Plan (integrated in PEN III) implemented under enhanced CNCS coordination and civil society (including youth) participation, adequately addressing MCP and stigma as key drivers of the pandemic. | 1.1 Documentation and dissemination of HIV&AIDs intervention: a)Work Place Policy and b) Socio Cultural Approach | X | X | X | X | UNESCO | 40,000.00 | 0.00 |  |
| 1.2. TA and financial support provided to community radio stations in selected districts, in the broadcasting of complementary HIV&AIDs specific programmes to reinforce mobilization for testing, condom use, PMTCT, male circumcision and stigma and discrimination |  | X | X | X | UNESCO | 55,000.00 | 55,000.00 |  |
| 1.3. Dissemination of the communications products on the results of the impact of the application of Socio Cultural Approach in the prevention of HIV&AIDS in the WAD in Maputo |  |  | X | X | UNESCO | 10,000.00 | 0,00 |  |
| 1.4. Support advocacy for stronger involvement of traditional health provision and in particular HIV and AIDs prevention (celebration of World Day of Traditional Medicine) |  |  | X | X | UNESCO | 5,000.00 | 0,00 |  |
| 15. Continuation and extension of activities in the port of Beira looking at the port users, their immediate surroundings and the other groups they interact with (specifically truck drivers, ship crew members and sex workers). | X | X | X | X | IOM | 72,000 | 72,000 |  |
| 1.6. Continuation and expansion of HIV prevention messages and information radio programmes aimed at migration-affected communities along the Nacala corridor | X | X | X | X | IOM | 23,733 | 23,733 |  |
| 1.7. Increase youth dialogue on HIV prevention through increased use of social communication tools radios, facebook, email, twitter, Mig etc) |  |  | X | X | UNFPA | 3,000.00 | 0.00 |  |
| 1.8. Insert components of HIV Prevention and ASRH, Gender Based Violence, Human Rights, Stigma in the youth specific television programme ("mais jovem") | X | X |  |  | UNFPA | 17,000.00 | 0.00 |  |
| 1.9. Contribute to the effective and efficient implementation of the PEN III communication strategy, ensuring:  • Coordinated implementation of the communications operational plan; • Support to regular functioning of CNCS technical communication group and provincial level fora;  • Strengthened coordination of the CSO Forum and involvement of NGOs/CBOs and Youth Associations in all decision-making processes  • Triangulation of existing data to understand the situation of youth and HIV |  | X | X | X | UNICEF |  |  |  |
| 1.10. Support the continuation of the MCP campaign nationally, using the youth & men engagement approach (with focused communication on youth and intergenerational sex in 75 priority districts) through radio, theatre, mobile unit, and youth mobilisation activities, including:  - Updating the strategic plan (Year 2);  - Supporting advocacy efforts to increase civil society and youth involvement;  - Production of localized audio visual content targeting youth. |  | X | X | X | UNFPA | 25,000.00 | 5,000.00 |  |
|  | X | X | X | UNICEF | X | X |  |
| 1.11. Support radio youth and children’s clubs and weekly production and dissemination of youth to youth (zona quente, é tempo de saber, Mama Biz) and child-to-child radio programmes through 11 RM delegations, Radio Cidade, including training of new producers in 11 provinces, 60 community radio stations and 4 provincial TVM delegations | X | X | X | X | UNFPA | 3,000.00 | 3,000.00 |  |
| X | X | X | X | UNICEF | 220,000 | 100,000 |  |
| 1.12. Develop a communication strategy for HIV prevention training package ("the how to…") to be used by CNCS and communication partners for delivering C4D training at provincial level. | X | X | X | X | UNICEF | 50,000.00 | 20,000.00 |  |
| 1.13. Examine feasibility of establishing strategic alliances with premier national and international academic institutions to develop structured C4D training and research programmes supporting systematic capacity development and knowledge management. | X | X | X | X | UNICEF | TA | TA |  |
| 1.14. Support roll out of the simplified stigma and discrimination module across 2 refresh TOT, 3 regional (OVC programme) and 7 district (School Awareness Programme) RENSIDA training sessions involving the 32 qualified provincial trainers, and advocate for nationwide use of the module by MMAS and MINED |  | X |  |  | UNICEF | 50,000.00 | 20,000.00 |  |
| 1.15. Integrate S&D content into regular social mobilization activities, including the production and broadcasting of programmes through Radio Mozambique through a strengthened collaboration between RENSIDA stigma trainers and provincial C4D partners (MISA, ICS, CNJ and RM). | X | X | X | X | UNICEF | 30,000.00 | 5,000.00 |  |
| 1.16. Strengthen the Child Friendly Media Network to involve 350 journalists as members and publish at least 1,900 articles on child rights issues, with a focus on HIV, in the press nationwide, contributing to the creation of social demand for the realization of child rights through balanced and sensitive reporting | X | X | X | X | UNICEF | 130,000.00 | 130,000.00 |  |
| 1.17. Partnership for the production and broadcasting of a radio entertainment-education drama serial based on Facts for Life selected content (establishment of the content design team in RM) |  | X | X | X | UNICEF | 100,000 | 0 |  |
| 1.18. Multimedia mobile units and theatre activities promoting social and behaviour change (including counselling and testing services) in 80% of localities in 75 districts of eight provinces | X | X | X | X | UNICEF | 200,000.00 | 100,000.00 |  |
| 2. Information related to sexual minorities developed and disseminated | 2.1. Support the maintenance and improvement of Lambda Webpage portal | X | X | X | X | UNFPA | 20,000.00 | 5,000.00 |  |
| 2.2. Support the printing and distribution of the Lambda Bulletin "The Colors of Love" | X | X | X | X | UNFPA | 15,000.00 | 0.00 |  |
| 2.3. Develop institutional capacity for the Lambda communication department | X | X | X | X | UNFPA | 30,000.00 | 20,000.00 |  |
| 2.4. Support the development of a leaflet with information related to facts and myths about HIV prevention in prison settings | X | X | X | X | UNFPA | 30,000.00 | 10,000.00 |  |
| 2.5. Support the development of a leaflet with information related to facts and myths about homosexuality |  | X |  |  | UNFPA | 8,000.00 |  |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

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| **MARPS COMPONENT** | | | | | | | | | |
| **EXPECTED RESULTS** | **KEY ACTIVITIES** | **TIMEFRAME** | | | | **RESPONSIBLE PARTY** | **PLANNED BUDGET** | | |
| Q1 | Q2 | Q3 | Q4 | **Planned Amount** | **Amount Allocated** | **Source of Funds** |
| 1. The development of programmes, strategies and coordination mechanisms for health promotion, including prevention of STI/HIV for the MARPs completed. | 1.1. Expand and support the development and implementation of a capacity building programme for improved articulation of formal services with traditional healers in HIV&AIDS prevention |  |  | X | X | UNESCO | 90,000.00 | 45,000,00 | 45,000.00 |
| 1.2. .Support the development and implementation of training programmes for the capacity building of formal health service providers at community level in the application of the Socio-Cultural Approach |  | X | X |  | UNESCO | 45,000.00 | 15,000.00 | 30,000.00 |
| 1.3. .Support the development and implementation of training programmes in selected districts for the capacity building of traditional healers, midwives and initiation rites officials in a scientifically accurate manner |  |  | X |  | UNESCO | 45,000.00 | 25,000.00 | 20,000.00 |
| 1.4. Support the consolidation at district level of capacity building in the Socio-Cultural Approach to district directorates of Health and Education, CBOs and Traditional Healers |  |  | X | X | UNESCO | 20,000.00 | 10,000.00 | 10,000.00 |
| 1.5. Support for the capacity building of trainers (FUNAP-FPBG, ARPAC, IMT, MINED/DIPE, INDE) |  |  | X | X | UNESCO | 40,000.00 | 0,00 | 40,000.00 |
| 1.6. Compilation and production of training materials for providers from the traditional system of SRH and Education |  |  | X | X | UNESCO | 20,000.00 | 0,00 | 20,000.00 |
| 1.7. HIV-related capacity building activities with TEBA (The Employment Beareu Africa) in mine-sending communities in Mozambique |  | X | X | X | IOM | 130,000 | 30,000 |  |
| 2. Strengthened capacity of targeted support structures to implement HIV & AIDS/TB prevention interventions along the transport corridors | 2.1. Organize training programmes for the relevant government departments which have a role in implementing national policies and strategies for HIV and AIDS projects in the transport corridors | X | X | X | X | ILO | 50,000.00 | 50,000.00 |  |
| 2.2. Undertake capacity gap analysis of identified support structures and determine required interventions to improve prevention activities in transport companies and informal business in transport corridors. | X | X | X | X | ILO | 32,000 | 0 |  |
| 2.3. Assist enterprises to implement HIV workplace policies and programmes addressing critical issues on HIV and AIDS | X | X | X | X | ILO | 60,000.00 | 60,000.00 |  |
| 2.4. Assist enterprises developing confidential voluntary counselling and testing (CVCT) services, and health services including relevant campaigns such as " Feira de Saude" | X | X | X | X | ILO | 50,000.00 | 10,000.00 |  |
| 2.5. Training of 75 support structure representatives on HIV prevention and data management | X | X | X | X | ILO | 48,000.00 | 14,000.00 |  |
| 2.6. Provide support to new and existing wellness centres to integrate TB into HIV and AIDS training and counselling services | X | X | X | X | ILO | 30,000.00 | 30,000.00 |  |
| 2.7. Assist informal sector enterprises, women, business, cooperatives and their organizations to implement HIV and AIDS workplace policies and programmes along transport corridors | X | X | X | X | ILO | 35,000.00 | 30,000.00 |  |
| 2.8. Development of Information, Education and Communication materials (leaflets, brochures, pamphlets) for transport companies, communities and informal businesses along transport corridors | X | X | X | X | ILO | 25,000.00 | 5,000.00 |  |
| 3. Health and HIV & AIDS Prevention services expanded for the population of LGBTI, Prisoners, Sex Workers and People with disabilities (PPD) | 3.1. Support the development of BCC materials on HIV prevention with information related to police services | X | X | X | X | UNFPA | 40,000.00 | 20,000.00 |  |
| 3.2. Support the development of a minimum curriculum in health & HIV to be integrated in the police services | X | X | X | X | UNFPA | 10,000.00 |  |  |
| 3.3. Conduct ToT and training of peer educators in issues related to HIV & AIDS in the police services |  | X |  |  | UNFPA | 150,000.00 | 50,000.00 |  |
| 3.4. Conduct training for sex worker peer educators in Maputo, Zambezia, Manica & Sofala |  | X |  |  | UNFPA | 120,000.00 |  |  |
| 3.4. Support the development of the comprehensive health guide for LGBTI |  |  | X |  | UNFPA | 20,000.00 | 10,000.00 |  |
| 3.5. Conduct training for LGBTI peer educators in two provinces | X | X | X |  | UNFPA | 50,000.00 |  |  |
| 3.6. Conduct ToT and training of PPD HIV and AIDS issues , specific to PPD & health service providers |  |  | X | X | UNFPA | 120,000.00 | 20,000.00 |  |
| 3.7. Conduct ToT and training of peer educators on issues related to HIV & AIDS in prison settings for staff and prisoners |  | X | X |  | UNFPA | 120,000.00 | 20,000.00 |  |
| 3.8. Support the establishment of health libraries in prison settings | X | X | X | X | UNFPA | 30,000.00 |  |  |
| 3.9. Support MMAS in the development of the guidance tool to orient strategies and policies about HIV Prevention and Promotion of SRH for PPD | X | X | X | X | UNFPA | 25,000.00 |  |  |
| 3.10. Support night clinics providing services to sex workers in four (pilot) provinces |  |  | X | X | UNFPA | 50,000.00 | 20,000.00 |  |
| 4. Improved HIV prevention, treatment, care and support strategies tailored for refugees | 4.1. Produce BCC/IEC specifically for peer educators in Swahili & other local languages |  |  |  |  | UNFPA | 20,000.00 | 0.00 |  |
| 4.2. Support training in HIV prevention for peer educators and health workers in Marratane Camp and Nampula City |  |  |  |  | UNFPA UNHCR | 20,000 10,000 | 10000 10,000 |  |
| 4.3. Support to urban refugees in prevention, treatment, counselling and testing. |  |  |  |  | UNHCR | 40,000.00 | 10,000 (RR) |  |
| 4.4. Support to the Health Centre in Marratane Camp |  |  |  |  | UNHCR | 17,000.00 | 0.00 |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

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| **COUNSELLING & TESTING COMPONENT** | | | | | | | | | |
| **EXPECTED RESULTS** | **KEY ACTIVITIES** | **TIMEFRAME** | | | | **RESPONSIBLE PARTY** | **PLANNED BUDGET** | | |
| Q1 | Q2 | Q3 | Q4 | **Planned Amount** | **Amount Allocated** | **Source of Funds** |
| 1. ATS services expanded to cover targeted populations | 1.1. Mobilize families of mineworkers for prevention and testing for HIV and AIDs in selected communities |  |  | X | X | UNESCO | 55,000.00 | 0,00 | 55,000.00 |
| 1.2. Support the national C&T campaign |  | X | X | X | UNFPA | 500,000.00 | 130,000.00 |  |
| 1.3. Assure the integration of adolescent and youth components in the health mobile units in order to expand youth health related services to the community | X | X | X | X | UNFPA | 180,000.00 | 50,000.00 |  |
| 1.4. Strengthen capacity for adolescent health services delivery at national and provincial levels |  | X | X | X | UNICEF | 70,000.00 | 20,000.00 |  |
| **TOTAL** |  |  |  |  |  |  |  |  |  |

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| **YOUTH COMPONENT** | | | | | | | | | | | | |
| **EXPECTED RESULTS** | **KEY ACTIVITIES** | | **TIMEFRAME** | | | | **RESPONSIBLE PARTY** | | **PLANNED BUDGET** | | | |
| Q1 | Q2 | Q3 | Q4 |  | | Planned Amount | | Amount Allocated | Source of Funds |
| 1. Increased participation of young people in national and provincial fora and community committees and school councils | 11. Expand introduction to SRH education in intra-curricular activities at school level in the districts | |  | X | X |  | UNESCO | | 40,000.00 | | 13,000.00 | 27,000.00 |
| 1.2. Provide technical support for youth dialogue through youth platforms and promote youth participation in the planning of public policies and strategies | | X | X |  |  | UNFPA | | 140,000.00 | | 40,000.00 |  |
| 1.3. Support the implementation of SRH scientific workshops and fairs for youth, as well as the promotion of SRH including and family planning and HIV prevention | | X | X | X | X | UNFPA | | 30,000.00 | | 30,000.00 |  |
| 1.4. Support 20 provincial youth associations to implement HIV prevention activities and contribute to the strengthening of youth networks nationally | | X | X | X | X | UNFPA | | 450,000.00 | | 0.00 |  |
| 1.5. Support 2 provincial CPJ PARPA briefings for 75 youth associations, and ensure and monitor their effective participation in development observatories, consultative committees and school councils in 8 provinces. | | X | X | X | X | UNICEF | | 35,000.00 | | 20,000.00 |  |
| 2. 150 youth associations implementing peer communication programmes on HIV and AIDS prevention in at least 75 districts in eight provinces | 2.1. Strengthen the technical capacity of CPJ (through regular TA and exchange of experience) to produce quality weekly community radio programmes and debates on HIV prevention (focusing on stigma and MCP) in 40 community radio stations in 8 provinces. | | X | X |  |  | UNICEF | | 100,000.00 | | 50,000.00 |  |
| 3. At least 1,000,000 children aged 10-14 in primary schools in 11 provinces including seven CFS provinces have correct information, attitudes and relevant skills to reduce the risk and vulnerability to HIV and adopt appropriate life skills. | 3.1. Support PLWHIV associations to implement school awareness programme on life skills, including HIV/AIDS and gender awareness in 11 provinces including 7 CFS districts. | | X | X |  |  | UNICEF | | 1,550,000.00 | | 280,000.00 |  |
| 3.2. Support the operationalization of school club criteria and monitoring indicators, as well as the printing and dissemination of criteria. | | X | X |  |  | UNICEF | | 80,000.00 | | 80,000.00 |  |
| 3.3. Support the implementation of existing life skills communication package on HIV & AIDS, including themes of gender, school health and sport. | | X | X |  |  | UNICEF | | 40,000.00 | | 20,000.00 |  |
| 3.4. Support roll out of the single, harmonized framework and curriculum for ONE CLUB (school and radio), harmonizing the *Os Bradas* approach with *Pacote Basico’s* life skills content through three Regional TOT (PLWHIV, PB and MINED gender focal points), and regular support for scaling up club interventions to 400 schools in 7 CFS districts (in collaboration with Education and Child Protection). | | X | X |  |  | UNICEF | | 220,000.00 | | 100,000.00 |  |
| 3.5. Support the functioning of 1,100 listeners groups, with focused attention on 7 CFS, to reinforce the link between school and radio clubs and ensure regular cross-fertilization, and expansion of radio programmes impact. | | X | X |  |  | UNICEF | | 50,000.00 | | 40,000.00 |  |
| 3.6. Support printing and national roll-out of the use of Participatory Child Rights Clubs activity modules on prevention of violence and abuse, including the teacher’s guide, in 7 CFS districts and beyond in collaboration with MINED (in collaboration with Education and Child Protection) | | X | X |  |  | UNICEF | | 100,000.00 | | 50,000.00 |  |
| 3.7. Support the implementation of the STAR strategy (HIV prevention through literacy activities targeting illiterate young people) | |  | X | X | X | UNFPA | | 30,000.00 | | 10,000.00 |  |
| 3.8. Support campaigns using the “men engagement” approach to influence young men to reflect on social norms in relation to HIV prevention and gender issues | | X | X | X | X | UNFPA | | 60,000.00 | | 10,000.00 |  |
| 3.9. Adapt communication material on “men engagement” and Gender Based Violence used by PROMUNDO to the Mozambican context. | | X | X |  |  | UNFPA | | 30,000.00 | | 0.00 |  |
| 3.10. Expand HIV prevention activities to places where young people frequently meet (night clubs, hair salons, barber shops, football stadiums, markets etc) | | X | X |  |  | UNFPA | | 100,000.00 | | 50,000.00 |  |
| 3.11. Implement girls´ support groups at schools and communities covering girl’s empowerment, alcohol, drugs and violence | | X | X |  |  | UNFPA | | 40,000.00 | | 20,000.00 |  |
| 3.12. Implement activities for the commemoration of key annual & cultural events in relation to young people and& HIV | | X | X |  |  | UNFPA | | 100,000.00 | | 40,000.00 |  |
| 3.13. Support youth associations to mobilize young people to adhere to YFHS | | X | X |  |  | UNFPA | | 50,000.00 | | 20,000.00 |  |
| 3.14. Support youth associations to promote the use of condoms and& other contraceptives amongst young people, and make condoms available for use by young people | | X | X |  |  | UNFPA | | 100,000.00 | | 60,000.00 |  |
| 3.15. Develop BCC material on HIV Prevention, including information on MCP, GBV, Ccondoms and, age-disparate relations, in posters, videos, pamphlets ts….etc. | | X | X |  |  | UNFPA | | 185,000.00 | | 100,000.00 |  |
|  | |  |  |  |  |  | | 3,590,000 | | **1,070,000** |  |
| **TOTAL** |  |  | | |  |  |  |  | |  |  |  |

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| **MALE CIRCUMCISION COMPONENT** | | | | | | | | | |
| **EXPECTED RESULTS** | **KEY ACTIVITIES** | **TIMEFRAME** | | | | **RESPONSIBLE PARTY** | **PLANNED BUDGET** | | |
| Q1 | Q2 | Q3 | Q4 | **Planned Amount** | **Amount Allocated** | **Source of Funds** |
| 1. Detailed district and provincial work plans for MC implemented in Gaza, Maputo province, Maputo City and Inhambane | 1.1. Conduct an assessment of providers of male circumcision services in Gaza, Maputo province, Maputo City and Inhambane |  |  |  |  | WHO | 100,000.00 | 20,000.00 |  |
| 1.2. Support the development of detailed district and provincial work plans for MC in Gaza, Maputo province, Maputo City and Inhambane |  |  |  |  | WHO | 200,000.00 | 20,000.00 |  |
| 1.3. Organize validation meetings of district and provincial work plans for MC in Gaza, Maputo province, Maputo City and Inhambane |  |  |  |  | WHO | 120,000.00 | 20,000.00 |  |
| 1.4. Support the implementation of district and provincial work plans for MC in Gaza, Maputo City, Maputo province and Inhambane |  |  |  |  | WHO | 330,000.00 | 30,000.00 |  |
| 2. Improved capacity of health care service providers involved in scaling up access to safe MC services | 2.1. Field-test and finalize MC training modules for health care providers involved in MC |  |  |  |  | WHO | 10,000.00 | 5,000.00 |  |
| 2.2. Organize a training of trainers workshop for MC facilitators |  |  |  |  | WHO | 15,000.00 | 5,000.00 |  |
| 2.3. Conduct training sessions for health care providers involved in scaling up access to safe MC services in Gaza, Maputo province, Maputo City and Inhambane |  |  |  |  | WHO | 35,000.00 | 5,000.00 |  |
| 2.4. Translate into Portuguese, adapt, field-test and finalize MC training modules for traditional circumcisers |  |  |  |  | WHO | 10,000.00 | 5,000.00 |  |
| 2.5. Organize training sessions for traditional circumcisers in Gaza, Maputo province, Maputo City and Inhambane |  |  |  |  | WHO | 30,000.00 | 5,000.00 |  |
| 3. Monitoring and Evaluation reports of scaling up MC activities produced | 3.1. Organize mid-term review of the implementation of MC activities and produce mid-term report |  |  |  |  | WHO | 18,000.00 | 3,000.00 |  |
| 3.2. Conduct supervision visits to provide technical guidance and monitor the implementation of MC activities and produce field visit reports |  |  |  |  | WHO | 12,000.00 | 2,000.00 |  |
| 3.3. Conduct a final evaluation of the implementation of district and provincial MC work plans and document lessons learnt and the way forward in scaling up access to safe MC services in Gaza, Maputo province, Maputo City and Inhambane |  |  |  |  | WHO | 20,000.00 | 5,000.00 |  |
| **TOTAL** |  |  |  |  |  |  | **900,000** | **125,000** |  |

**HIV JP Treatment Annual Work Plan 2011**

Agencies: WHO, UNICEF, WFP

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| **TREATMENT COMPONENT** | | | | | | | | | | |
| **EXPECTED RESULTS** | **KEY ACTIVITIES** | **TIMEFRAME** | | | | | **RESPONSIBLE PARTY** | **PLANNED BUDGET** | | |
| Q1 | Q2 | Q3 | | Q4 | **Planned Amount** | **Amount Allocated** | **Source of Funds** |
| 1. The national HIV care and treatment response (for children, adolescents and adults) strengthened through increased coordination, capacity, and a functioning information system | 1.1 Policies, guidelines and strategies for HIV/AIDS treatment, care and nutritional support developed/ updated, including:  - Support provided to the Ministry of Health to disseminate the newly released TB/HIV policy documents  - Technical assistance provided to support the development and reproduction of the manual to integrate HIV services in the health sector  - Support the implementation of new patients register book, and clinical evaluation | X | X | X | | X | WHO | OMS :193,500 | OMS: 20,000 | OMS: VC |
| 1.2 Provide technical support, capacity building for the scale up of quality decentralized care, treatment and nutrition services for children living with HIV/AIDS and their parents with adequate policies, protocols, implementation and monitoring and evaluation tools, including:  - Support to the staged implementation of revised guidelines  - Support to joint supervision and monitoring of health facilities at all levels  - Capacity building for multi-sectoral teams in paediatric ART  - Provide technical support and capacity building to other providers (Campaign to Eliminate Paediatric AIDS partners) at national and regional levels  - Support monitoring, mentoring and quality clinical training  - Dissemination of tools including training and reproduction of materials for psycho-social support and disclosure for adolescents  - Support coordination mechanisms between MCH/PMTCT and paediatric care and treatment | X | X | X | | X | UNICEF  WHO | UNICEF: 200,000 | UNICEF: 100,000 |  |
| 2. Care, treatment and nutrition services strengthened for children exposed to and living with HIV, adolescents and adults in the existing and new ART sites in the country. | 2.1 Increase quality of adult care and treatment services through capacity building, mentoring, quality assurance and provision of (limited) supplies and equipment including:  - Technical capacity provided to health workers in Maputo Province through training course targeting CVM volunteers on management of TB/HIV activities at community level (Maputo, Gaza provinces)  - Training for Maputo Province clinicians on chronic and neglected diseases management including HIV  - Training HW In Maputo Province on bio-safety measures in relation to HIV and AIDS  - Training HW in Maputo Province on home based care management and coordination  - Support to NGOs working on HBC, and community adherence groups in Maputo and Gaza Province  - TOT for rational use of HIV medicines | X | X | X | | X | WHO | WHO: 200,000 | WHO: 25,000 | OMS: VC, one UN fund |
| 2.2 Increase quality of paediatric care and treatment services through capacity building, mentoring, quality assurance and provision of (limited) supplies and equipment including:  - Capacity building provided to health staff and other providers (CEPA partners) at provincial, districts and health facility levels  - Clinical mentoring, strengthening of clinical teams, new technologies provided  - Procurement and distribution of equipment and supplies for EID and early initiation of ART | X | X | X | | X | UNICEF  WHO | UNICEF: 700,000 | UNICEF: 220,000 (100,000 One UN) |  |
| 2.3 Support increased utilization of and adherence to comprehensive paediatric and adult care and treatment services through provision of information about its benefits and availability, as well as through psycho-social support, support groups, *“buscas activas”,* HBC | X | X | X | | X | UNICEF  WHO | UNICEF: 420,000  WHO: 11,000 | UNICEF: 88,000  WHO: 0 |  |
| 2.4 Support the integration of nutrition and HIV activities, and in particular in relation to infant feeding, in services for HIV positive pregnant women and children exposed to and infected by HIV. | X | X | X | |  | UNICEF  WFP | UNICEF: 30,000 | UNICEF : 20,000 |  |
| 2.5 Provide monthly nutritional supplements to 25,000 moderately malnourished patients on ART. | X | X | X | | X | WFP (with MISAU /DPS  clinical partners | WFP: 2,600,000 | WFP: 100,000 | WFP: One UN funds |
| 2.6 Provide monthly nutritional supplements to approximately 8,500 children under five at risk and on ART | X | X | X | | X | WFP | WFP: 890,000 | WFP: 490,000 | WFP: One UN funds, USAID |
|  | 2.7. Promotion of nutrition education based on nutrition values of traditional food for the immune system strengthening (using community radio stations) | X | X |  | |  | UNESCO | 46,000.00 | 46,000.00 | 0,00 |
| 2.8. Support the implementation of model for the promotion of the production of traditional food for PLWHIV in selected districts |  | X |  | |  | UNESCO | 30,000.00 | 30,000.00 |  |
| **TOTAL** |  |  |  |  |  |  | | **3,591,000** | **1,139,000** |  |

**HIV JP PMTCT Annual Work Plan 2011**

Agencies: UNICEF, WHO, WFP

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| **PMTCT COMPONENT** | | | | | | | | | |
| **EXPECTED RESULTS**  *.* | **KEY ACTIVITIES** | **TIMEFRAME** | | | | **RESPONSIBLE PARTY** | **PLANNED BUDGET** | | |
| Q1 | Q2 | Q3 | Q4 | **Planned Amount** | **Amount Allocated** | **Source of Funds** |
| 1. The PMTCT National Operational Plan strengthened, through strengthened capacity, a strengthened information system, and implementation of the PMTCT revised guidelines in the context of Prevention Accelerated Plan. | * 1. Provide technical support and capacity building to implement PMTCT component in the integrated plan for MDGs 4 & 5 with adequate policies, protocols, implementation and monitoring and evaluation tools, including:   - Support to reproduce and distribute M&E tools on MCH, PMTCT manuals and job aids, and MSG tools\*  - Capacity building for health staff and other providers (Campaign to Eliminate Paediatric AIDS partners) at national and regional levels\*  - Support production, sharing and dissemination of global, regional and local evidence related to the elimination of paediatric AIDS  - Support for the introduction of new technologies (i.e. feasibility assessment of the introduction of the Mother-Baby Pack (MBP)  - Support PMTCT national evaluation\* | X | X | X | X |  | UNICEF: 250,000  WHO (\*):  50,000 | UNICEF: 80,000  WHO: 0 |  |
| 2. Quality integrated PMTCT services in ANC, maternity, postpartum, and CCR are provided | 2.1. Improve **quality** of MCH services (ANC, maternity, postpartum and child at-risk consultation) integrating PMTCT, through pre-service and on-the job training, clinical mentoring, supportive supervision and strengthening of the M&E system, including:  - Capacity building to health staff and other providers (CEPA partners) at provincial, districts and health facility levels\*  - Clinical mentoring and use of new technologies  - Procurement and distribution of equipment and supplies for the improvement of access to most efficacious PMTCT regimens\* | X | X | X | X |  | UNICEF: 750,000  WHO \*: 100,000 | UNICEF: 300,000 (150,000 One UN)  WHO: 50,000 |  |
| 2.2. Provide monthly nutritional supplements to malnourished HIV+ pregnant and lactating women in PMTCT programme | X | X | X | X | WFP  MISAU  clinical partners | WFP : 774,000 | WFP: 174,000 | WFP: One Un funds, USAID |
| 2.3. Implement communication andpsycho-social support activities (mother support groups, *busca activa* and other community interventions), in collaboration with programme communication section, to ensure increased demand for, and adherence to, PMTCT services, including:  - Mother support groups\*  - Male and family involvement in PMTCT (separated or within HIV CT national campaign)  - Other community activities for the promotion of health seeking behaviours and community acceptance of MCH including PMTCT\* | X | X | X | X | UNICEF  WHO | UNICEF: 500,000  WHO \* : 100,000 | UNICEF: 60,000  WHO: 0 |  |
| 3. Increased utilization of and adherence to PMTCT services: 80% acceptance of HIV testing for pregnant women and 80% uptake of ARV prophylaxis for pregnant HIV + women and children in integrated PMTCT services nationally, contributing to reaching the MoH target for PMTCT by end 2011 | 3.1. Mobilize traditional leaders for awareness raising among the population for PMTCT in selected communities |  |  | X | X | UNESCO | 52,000.00 | 35,000.00 | 17,000.00 |
| 3.2. Joint missions for planning and monitoring of activities at provincial and district levels |  | X | X |  | UNICEF  WHO  WFP  MoH focal points | Technical assistance/staff time |  |  |
| 4. Strengthen the Interagency Coordination mechanisms within PMTCT sub-group | 4.2 Ensure regular interagency coordination meetings and linkages with the pediatric sub-group | X | X | X | X | UNICEF  WHO  WFP  MoH focal points | Technical assistance/staff time |  |  |
| 4.3 Support and participate in the joint review process for PMTCT and paediatric treatment |  | X |  |  | UNICEF  WHO  WFP  MoH focal points | Technical assistance/staff time |  |  |
| **TOTAL** |  |  |  |  |  |  | **2,176,000** | **699,000** |  |

**HIV Mitigation Annual Work Plan 2011**

Agencies: UNICEF, WFP, FAO, ILO

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| **MITIGATION COMPONENT** | | | | | | | | | |
| **EXPECTED RESULTS**  **.** | **KEY ACTIVITIES** | **TIMEFRAME** | | | | **RESPONSIBLE PARTY** | **PLANNED BUDGET** | | |
| Q1 | Q2 | Q3 | Q4 | Planned Amount | Amount Allocated | Source of Funds |
| 1. Institutional capacity of MMAS strengthened at central, provincial and district level to implement, coordinate and monitor vulnerable children’s access to quality services in line with the national policy framework for vulnerable children. | 1.1. Technical and financial support provided to DPMAS to co-ordinate and monitor vulnerable children related activities in 10 provinces in line with the new Plan of Action for Children. | X | X | X | X | MMAS (Francisca Sales, Department of Social Action;  Francisco Pagule, Department of Planning and Coordination)  UNICEF  WFP | $205,000  $15,000 | $150,000  $15,000 | $45,000  GC/06/0413  $45,000  SC/06/0369  $60,000  SC/06/0748  $55,000  Unfunded  OR |
| 2. A joint provincial strategy for the adaptation of the JFFLS curriculum and methodology designed and implemented. | 2.1 Support the establishment of provincial strategy to institutionalize the JFFLS methodology at regional and district level. | X | X |  |  | FAO  MINED  MINAG  MMAS, CNCS | $300,000 | $100,000 | OF  Unfunded  $200,000 |
| 3. Affected families supported on economic empowerment to reduce vulnerability and mitigate HIV&AIDS impact among their household | 3.1 Support the development of ASCAS in Maputo, Gaza, Sofala and Tete provinces. |  | X | X | X | ILO  ADELS  INEFP  ASSOTSI  UGC | $50,000 | $10,000 | OR  Unfunded  40,000 |
| 3.2 Support the development of small business and vocational training through INEFP in Sofala and Gaza covering 1500 beneficiaries. | X | X | X |  | ILO  ADELS  INEFP  ASSOTSI  UGC | $35,000 | Funded  15,000 | OR  Unfunded  20,000 |
| 3.3 Organize trainings on business development using ILO tools (*Start and Improve Your Business*) for 500 people. |  | X | X | X | ILO  ADELS  INEFP  ASSOTSI  UGC | $20,000 | Funded  5,000 | OR  Unfunded  15,000 |
| 4. Relevant activities in Sofala and Manica provinces | 4.1. Activities in Sofala and Manica provinces | X | X | X | X | UNICEF  ILO  FAO  WFP | $600,000 | Funded  0 | Unfunded  600,000 |
| **TOTAL** |  |  |  |  |  |  | **1,210,000** | **280,000** |  |

**HIV JP Mainstreaming Annual Work Plan 2011**

Agencies: UNDP, UNAIDS, IOM, ILO

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| **MAINSTREAMING COMPONENT** | | | | | | | | | |
| **EXPECTED RESULTS** | **KEY ACTIVITIES** | **TIMEFRAME** | | | | **RESPONSIBLE PARTY** | **PLANNED BUDGET** | | |
| Q1 | Q2 | Q3 | Q4 | **Planned Amount** | **Amount Allocated** | **Source of Funds** |
| 1. National mechanisms for the establishment of mass specialists on HIV and AIDS and feminization of HIV and AIDS for the creation and strengthening of Government institutions, associations, associations of informal vendors, civil society (including junior associations and centres). | 1.1. Provide support to MINED for the expansion of HI and AIDs work place policy at school level in selected districts |  | X | X |  | **UNESCO** | 100,000.00 | 50,000.00 | 50,000.00 |
| 1.2. Provide technical assistance to MINT for the integration of HIV and AIDS in their plans and programmes. |  |  |  |  | **UNDP** | 20,000 | 0 | 20,000 |
| 1.3. Technical support provided to MONASO to conduct a national workshop for HIV mainstreaming facilitators to exchange experiences, and contract a service provider to maintain the MONASO website, its integration in the SIF and staff on-the-job training |  | X | X | X | **UNDP**  MONASO | $45.000 | $45.000 | $25.000OR  $20.000 RR UNDP |
| 1.4. Conduct a study on the Maputo Corridor (Maputo- Namaacha-Swaziland) to assess the impact and the causes of high rates of HIV and AIDS infection and services available in the area |  | X |  |  | **IOM**  UNDP  UNAIDS  ILO  MTC | 122.500 | 122.500 | $75.000 OR  IOM  47.500 UNDP |
| 1.5. Training for members of parliament on HIV and AIDS and Human Rights |  | X |  |  | **UNDP** Parliament | $10.000 | $10.000 | $10.000 RR UNDP |
| 1.6. Capacity building of key ministries in several PEN III thematic areas and training of key officials in the planning sector at the level of key Ministries and Provincial Governments in the use of mainstreaming mechanisms, instruments and guidelines |  | X |  |  | **UNDP** CNCS/MPD | $45.000 | $45.000 | $45.000 OR UNDP |
| 1.7. Support provided for the compilation, printing and publication of the 2nd edition of the book SIDA in Mozambique |  | X | X |  | **UNDP**  UNFPA  ILO  UNAIDS  Aro Juvenil | $30.000 | $25.000 UNDP  $5,00 UNAIDS | $25.000 OR  UNDP  $5,000 RR UNAIDS |
| 2. Tools and methodologies for monitoring and integration of HIV and AIDS and gender provided to 180 Government focal points and Trade Unions for the planning and execution of sectoral programmes and Operational Plans | 2.1 Support the intervention capacity of key emergency response actors (NGOs; DRR committies) to address the HIV, gender and human rights needs of key populations at risk and PLHIV and other vulnerable people. |  | X |  |  | **UNAIDS**  IOM  UNFPA  INGC | 45,000 UNAIDS | 45,000 UNAIDS | 45,000 RR UNAIDS |
| 2.2 Production and printing of IEC material with information on good practices around the integration of HIV and AIDS in plans and programmes | X |  |  |  | **UNDP**  MONASO | $5,000 | $5,000 | $5,000 OR |
| 2.3 Support capacity building of constituents (SME, Transport Sector) to develop comprehensive workplace policies and programmes integrating TB | X | X | X | X | **ILO**  IOM  UNAIDS  SINTRAT  ECOSIDA  OTM-CS  CONSILMO | 50.000 | 0,00 | 50.000 OR  (ILO) |
| 2.4 Training on HIV and Business Development Services (SIYB) and gender issues for SMEs, informal organizations and trade unions in Maputo, Gaza, Manica and Sofala provinces |  | X | X | X | **ILO**  UNDP  UNIFEM  UNAIDS  ADEls, CBOs, OTM, CONSILMO | 40.000 | 10.000  ILO | 10.000 RR  30.000 OR |
| 2.5 Support the development of HIV and AIDS programmes for Transport Sector organizations/institutions |  |  | X | X | **ILO**  UNAIDS  IOM  UNDP  SINTRAT  MTC  CFM | 50.000 | 10.000  ILO | 40.000 OR  (ILO) |
| 2.6 Publication of a compilation of national and international HIV and AIDS and Human Rights related instruments |  | X |  |  | **UNDP** | $20.000 | $20.000 | $20.000 OR |
| 2.7 Conduct a study on HIV, sex work nad poverty in Maputo City  and conduct studies on CAP to inform and assess communication interventions | X | X | X | X | **UNDP**  CNCS, UEM-(Dept of Sociology) | $35.000 | $35.000 | $35.000 OR |
| 2.8 Conduct capacity building for informal sector organizations on how to develop and implement gender sensitive HIV/AIDS and TB programmes |  | X | X | X | **ILO**  ASSOTSI  OTM  ECOSIDA  UGC | 30.000 | 0,00 | 30.000 OR |
| 2.9 Organize 6 workshops to train partners on HIV, TB and gender mainstreaming |  | X | X | X | **ILO**  UNDP  MoL  OTM  ASSOTSI | 20.000 | 20.000 | 20.000 RR  (ILO) |
| 2.10 Support provided for Home Based Care (HBC), referral, and treatment for informal sector and cooperative members |  | X | X | X | **ILO**  CDC  ADELs  UGC | 45.000 | 15,000  ILO | 30.000 OR |
| 2.11 Enhance the capacity of provinces for the implementation of district plans to fight HIV and AIDS, under the principle of decentralization of the response. | X | X | X | X | **UNDP**  CNCS | $70.000 | $70.000 | $50.000 RR  $20.000 OR |
| 2.12 Provide technical assistance (consultancy services) to key sectors within the scope of PEN III operationalization and establish a mechanism to include HIV and AIDS progress reports in the Government monitoring and evaluation instruments (PES assessment) | X | X | X | X | **UNDP**  CNCS | $85.000 | $85.000 | $50.000 RR  $35.000 OR |
| 2.13 M&E activities (mainstreaming group members and partners) | X | X | X | X | **UNDP**  UNAIDS  ILO  UNFPA  UNIFEM  IOM  UNESCO | $45.000 | 45.000 | $25.000 OR  $15.000 RR UNDP |
| Project implementation evaluation |  |  | X | X | **UNDP** and partners | $25.000 | $25.000 | $25.000 RR |
| 3. Integration of HIV and AIDS and gender in emergency training plans of Government and Civil Society Organizations. | 3.1 Capacity building for HCT clusters, CTGC and NAC members on HIV/AIDS, gender and human rights needs programming and planning for targeting key populations at risk and PLHIV in emergency preparedness and response. |  | X | X |  | **UNAIDS**  UNIFEM  UNFPA  CNCS | 21,000 UNAIDS | 0  UNAIDS | $21,000 RR UNAIDS |
| 3.2 Promote HIV at the work place and meetings between parliamentarians and PLHA and vulnerable populations through appropriate media coverage |  |  | X |  | **UNDP**  UNAIDS  ILO  Parliament | 90.000 | $50.000 UNDP  $40,000 UNAIDS | $50.000 OR  UNDP  $10.000 RR UNAIDS  $30.000 OR  UNAIDS |
| 3.3 Training of final year university students on the integration of HIV and AIDS in plans and programmes, and for students participating in the 7th edition of the project “ferias desenvolvendo o distrito” |  |  | X |  | **UNDP** AEFUM | 50.000 | 50.000  UNDP | 40.000 RR  $10.000 OR |
| 4. Development of training programmes for marginalized groups (prisoners, people living with disabilities, etc) that integrate sexual and reproductive health, HIV and AIDS and gender components. | 4.1 Regional capacity building programmes targeting uniformed services personnel (UNAPROC) on sexual and Gender Based Violence (SGBV), HIV and Human Rights for more effective intervention in emergency settings. |  | X | X | X | **UNAIDS**  UNFPA  INGC-UNAPROC | $45,000 UNAIDS | $45,000 UNAIDS | $45,000 OR UNAIDS |
| 4.2. Integrate HIV/AIDS issue in vocational training curricula |  |  | X | X | **ILO**  UNDP  INEFP  MoL  ADEL Maputo | 35.000 | 0,00 | 35.000 OR  (ILO) |
| 4.3. Support coordination of the national response to address HIV in the transport sector, including technical and financial assistance in the strategic planning and policy development process |  | X |  |  | **ILO**  IOM  UNDP  Ministry of Transport and Communication | $30.000 | $30.000 | $20.000 OR  UNDP  $10.000 OR  ILO |
| 4.4. Organize orientation meetings with cross border authorities managers to discuss steps to be undertaken in the integration of HIV/AIDS/TB in their strategies and cross border measures |  | X | X | X | **ILO**  Migration  SINTRAT  ASSOTSI  RENSIDA  UGC | 30.000 | 10.000  ILO | 10.000 RR  20.000 OR  (ILO) |
| 4.5. Facilitate an assessment to increase understanding of the health experiences and needs of Mozambican mine workers in South Africa, and support the development of a national action plan for the sector | X | X | X |  | **IOM**  UNAIDS  MoL  MoH  WHO  TEBA  AMIMO  CNCS | 73,500 | 73,500 | 73,500 RR  IOM |
| 4.6 Support the Development of HIV and AIDS programmes for mineworkers and their families in Gaza province in partnership with AMIMO and the Ministry of Labour |  | X | X | X | **ILO**  AMIMO  MoL  CBOs | 30.000 | 0,00  ILO | 0,00 RR  30.000 OR  (ILO) |
| 4.7. Support the operationalization of the National Action Plan to address HIV amongst Mozambicans employed in South Africa |  | X | X | X | **IOM**  UNAIDS  MoL  MoH  WHO  TEBA  AMIMO  CNCS | 88,500 | 73,500 IOM  15,000 UNAIDS | 73,500 RR IOM  15,000 RR UNAIDS |
| **TOTAL** |  |  |  |  |  |  | **1,627,500** | **775,500** |  |

**HIV JP M&E Annual Work Plan 2011**

Agencies: UNAIDS, IOM, ILO

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **M&E COMPONENT** | | | | | | | | | |
| **EXPECTED RESULTS**  **.** | **KEY ACTIVITIES** | **TIMEFRAME** | | | | **RESPONSIBLE PARTY** | **PLANNED BUDGET** | | |
| Q1 | Q2 | Q3 | Q4 | Planned Amount | Amount Allocated | Source of Funds |
| 1. Integrated Monitoring and Evaluation Plan (PIMA), costed and financed up to at least 50% | 1.1 Support the development and update of PIMA | X | X |  |  | UNAIDS  ILO | 5,000 | 0 | One Fund |
| 1.2. Provide technical support for the development of the M&E Plan for the PENIII 2010-2014 |  | X |  |  | UNAIDS  OMS  UNFPA  ILO | 25,000 | 0 | One Fund |
| 2. CNCS and partners’ capacity strengthened at central and provincial level for the use of evidence-based information in the planning and decision making process. | 2.1. Support the provision of capacity building for improved research and M&E to ARPAC and IMT | X | X |  |  | UNESCO | 20,000.00 | 0,00 | 20,000.00 |
| 2.2. Hire technical assistance to support M&E activities at provincial level. | X | X | X | X | UNAIDS | 55,000 | 55,000 | One Fund |
| .2.3. Support the strengthening of institutional capacity to monitor the response at central and provincial level in the southern region |  |  | X | X | OMS  UNAIDS  UNFPA  ILO | 12,000 | 12,000 |  |
| 2.4. Support the NPCS of Gaza and Maputo provinces in the preparation of annual implementation reports |  |  |  | X | OMS  UNAIDS  UNFPA  ILO | 3,000 | 3,000 |  |
| 2.5. Conduct planning, monitoring and evaluation workshops for the strengthening of district HIV plans |  |  |  |  | OMS  UNAIDS  UNFPA  ILO | 60,000 | 15,000 | WHO/One Fund |
| 2.6. Provide support to MJD, MISAU and MINED technicians in the management and utilization of *Geração Bizz* date base and strengthen their capacity to supply information to the HIV national data base | x |  |  |  | UNFPA | No cost |  | UNFPA- RR,  DANIDA- OR  NORWAY-OR  SWEDEN-OR |
| 2.7. Joint supervision and field trips with NAC and NPCS in at least 2 provinces. |  | X |  | X | UNAIDS  OM | 10,000 | 8,000 | One Fund |
| 3. Strategic information to document the HIV national response produced and disseminated, including the institutionalization of NASA and other relevant studies. | 3.1 Integrated Biological Behavioural Surveillance (IBBS) Study with Mozambican mine workers travelling to South Africa | X | X | X | X | IOM | 350,000 | 350,000 | UCSF (CDC)  IOM – RR |
| 3.2. Support participation in international and national training workshops and conferences. |  |  |  |  | UNAIDS | 20,000 | 0 | One Fund |
| 3.3. Conduct an assessment of HIV and AIDS, ITS and TB in prison settings. |  | X | X |  | UNODC  SNAPRI | 150,000 | 100,000 | UNODC-RR |
| 3.4. Support the production of HIV and AIDS estimates. |  |  |  |  | UNAIDS | 10,000 | 10,000 | One Fund |
| 3.5. Support NAC in the development of NASA for 2009 and implement NASA in 3 provinces, including training of technical staff. | X | X |  |  | UNAIDS | 50,000 | 50,000 | DFID, Irish Cooperation, One Fund |
| 3.6. Provide technical support to NAC for the institutionalization of NASA | X | X | X | X | UNAIDS | 20,000 | 20,000 | DFID, Irish Cooperation, One Fund |
| 3.7. Undertake further analysis on children from INSIDA database (UNAIDS-UNICEF) if the final report doesn’t provide enough information |  |  |  |  | UNICEF  UNAIDS |  |  |  |
| 3.8. Conduct assessment of young people and HIV in Mozambique |  |  |  |  | UNICEF  UNFPA  UNAIDS |  |  |  |
| 3.9. Undertake Social Impact Assessment at the Mozambique/Tanzania border at Mtam Basala (Unity Bridge) |  | X | X |  | IOM | 150,000 | 0,00 | One fund |
| 3.10. Conduct IBBS Study with mine workers and community in Tete Province (mine-receiving community) | X | X | X | X | IOM | 350,000 | 0,00 | One fund |
| 3.11. Provide technical assistance to main stakeholders working with Labour in the collection of data to feed theNAC M&E national system |  | X | X | X | ILO | 20,000 | 0,00 |  |
| **TOTAL** |  |  |  |  |  |  | **1.310.000** | **603.000** |  |