

MOZ-C-2014 - Concept Note Integrated View

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A. Program details

Country / Applicant:	Mozambique	Principal Recipients	Ministry of Health of Mozambique Fundacao para o Desenvolvimento da Comunidade	Total requested amount	
Component:	HIV/TB			Allocation	USD 58,654,454
Start Month/Year:	July 2015			Above	USD 396,389,741

Summary Budget by Module

Module	Allocated/Above	2015	2016	2017	Total
Prevention programs for adolescents and youth, in and out of school	Allocation + Other Sources	2,248,430	1,830,484	915,242	4,994,156
	Above	496,982	338,352	169,176	1,004,510
Prevention programs for other vulnerable populations (please specify)	Allocation + Other Sources	1,680,994	1,393,588	696,794	3,771,376
	Above	308,060	204,703	102,352	615,115
Prevention programs for sex workers and their clients	Allocation + Other Sources	652,954	381,808	190,904	1,225,666
	Above	773,764	756,513	24,531	1,554,808
Prevention programs for MSM and TGs	Allocation + Other Sources	453,950	299,611	93,893	847,454
	Above	0	0	0	0
PMTCT	Allocation + Other Sources	290,777	492,422	81,363	864,562
	Above	0	0	0	0
Treatment, care and support	Allocation + Other Sources	1,664,793	577,468	334,396	2,576,657
	Above	100,917,154	159,511,800	86,694,313	347,123,267
TB/HIV	Allocation + Other Sources	0	0	0	0
	Above	2,081,626	2,079,388	817,256	4,978,270
TB care and prevention	Allocation + Other Sources	7,972,341	6,705,558	2,718,471	17,396,370
	Above	255,215	310,788	112,046	678,049
MDR-TB	Allocation + Other Sources	6,106,350	2,051,836	1,414,736	9,572,922
	Above	151,305	171,282	27,964	350,551
HSS-Procurement supply chain management (PSCM)	Allocation + Other Sources	0	0	0	0
	Above	7,388,586	388,586	0	7,777,172
HSS-Health and community workforce	Allocation + Other Sources	538,238	658,609	218,237	1,415,084
	Above	3,297,143	3,205,321	156,373	6,658,837
Community systems strengthening	Allocation + Other Sources	306,762	139,028	1,186	446,976
	Above	6,952	632	0	7,584
HSS-Health information systems and M&E	Allocation + Other Sources	3,176,047	2,198,724	523,505	5,898,276
	Above	3,673,614	2,496,268	1,324,561	7,494,443
Program management	Allocation + Other Sources	3,589,582	3,900,492	1,262,716	8,752,790
	Above	344,566	375,559	224,949	945,074
Prevention programs for general population	Allocation + Other Sources	356,866	356,866	178,433	892,165
	Above	5,538,509	7,761,923	3,901,629	17,202,061
Total	Allocation + Other Sources	29,038,084	20,986,494	8,629,876	58,654,454
	Above	125,233,476	177,601,115	93,555,150	396,389,741

Summary Budget by Principal Recipient

Principal Recipient	Allocated/Above	2015	2016	2017	Total
Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources	11,200,296	9,758,457	3,862,240	24,820,993
	Above	3,107,229	1,848,366	865,472	5,821,067
Ministry of Health of Mozambique	Allocation + Other Sources	17,837,788	11,228,037	4,767,636	33,833,461
	Above	122,126,247	175,752,749	92,689,678	390,568,674
Total	Allocation + Other Sources	29,038,084	20,986,494	8,629,876	58,654,454
	Above	125,233,476	177,601,115	93,555,150	396,389,741

B. Program goals and impact indicators

1	Reduce HIV related mortality by 30% by 2017
2	Reduce the rate of HIV transmission from mother to child to <5% by 2017
3	Reduce by 50% the number of new HIV infections by 2017
4	Reduce the incidence of TB from 544/100,000 persons in 2011 to 390/100,000 by 2018
5	Reduce the mortality of TB from 49/100,000 in 2011 to 37/100,000 in 2018
6	Reduce the incidence of TB in HIV infected persons (by provision of IPT and ART)
7	Reduce the mortality from HIV in TB patients (by HTC and provision of early ART to all)
8	Reduce the mortality from TB in HIV infected persons (by ICF and early TB treatment to all with TB)

Linked to goal(s) #	Impact indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
1, 2	HIV I-1: Percentage of young people aged 15–24 who are living with HIV (disaggregated by sex)		13.2	2011	Other (specify)	7.1	7.1	7.1	Antenatal Surveillance (RVE) Please note that, in accordance with GARPR guidelines, Mozambique is reporting HIV prevalence in females 15-24 for this indicator. Target for 2015 defined in HAP, targets for 2016/2107 defined in PESS.
2	HIV I-10: Percentage of sex workers who are living with HIV		31.2	2011	BSS (Behavioral Surveillance Survey)				Base Line Value reported via 2011 FSW IBBS (Maputo). Targets and future results to be reported via future IBBSs conducted in the same cities as in 2011 (Maputo City, Beira, Nampula). 2011 baseline data: Maputo 31.2%, Beira 23.6%, and Nampula 17.8%. Targets to be elaborated during grant making based on PEN IV.
2	HIV I-9a: Percentage of men who have sex with men who are living with HIV		8.2	2011	BSS (Behavioral Surveillance Survey)				Base Line Value reported via 2011 MSM IBBS (Maputo). Targets and future results to be reported via future IBBSs conducted in the same cities as in 2011 (Maputo City, Beira, Nampula). 2011 baseline data: Maputo 8.2%, Beira 9.1%, and Nampula 3.7%. Targets to be elaborated during grant making based on PEN IV.
4, 6	TB I-2: TB incidence rate		544	2011	Reports (specify)	452	438	425	Not a percentage. To the WHO TB Global Report baseline in 2011, 9% annual decrease was applied, aiming to achieve 390/100.000 in 2018 targeted in NSP
5	TB I-3: TB mortality rate		49	2011	Reports (specify)	40	38	37	Not a percentage. To the WHO TB Global Report baseline in 2011, 3.8% annual decrease was applied aiming to achieve 37/100.000 in 2018 targeted in NSP
7, 8	TB/HIV I-1: TB/HIV mortality rate								This will be elaborated during grant making.

C. Program objectives and outcome indicators

Objectives:	
1	Increase the percentage of eligible (including WHO recommendations for-CD4<350) patients receiving antiretroviral treatment to 90% by 2017

2	Increase access for diagnosis, care and treatment of HIV for children
3	Increase targeted HIV testing for the general population, pregnant women, and key populations
4	Increase awareness, distribute and promote consistent use of condoms and lubricants
5	Outreach key populations with comprehensive HIV/TB package of services (female sex workers, migrant population, MSM, Youth and Adolescents)
6	Improved detection, diagnosis and early treatment of STIs
7	Increase prevention, diagnosis and treatment of highest mortality opportunistic infections (TB, Crypto)
8	Increase case notifications of all forms of TB at a speed of 6-12%/year, from 186/100,000 at baseline in 2011 to 343/100,000 in 2018 (72% of expected cases)
9	Increase coverage to ART for HIV positive TB patients from 72% in 2013 to 90% in 2015 and 100% in 2017 (addressed in TB/HIV component)
10	Increase the number of enrolled MDR-TB patients from 313 in 2013 to 1,433 in 2017
11	Improve the cure rate of patients treated for MDR-TB from 30% in 2012 (cohort 2010) to 60% in 2017
12	Increase ART coverage for HIV positive TB patients from 72% in 2013 to 90% in 2015 and 95% in 2017
13	Increase the uptake of IPT for eligible PLHIV to 90% by 2017
14	Maintain the uptake of CPT for HIV+ TB patients at >95%
15	Increase TB screening in PLHIV to 90% in 2015

Linked to objective(s) #	Outcome Indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
1	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy (disaggregated by age <15, 15+, sex, with 24 and 36 month data)		72	2013	Other (specify)	84	84	84	Source: PEPFAR SAPR/APR Result reporting conducted via electronic patient tracking systems and cohort sampling methods applied in the majority of HF offering ART. Please note that reporting years reflect the end of cohort follow-up period. Also note that Mozambique will only report 12 month and 36 months retention with 36 month target fixed at 70% in each year of plan.
3, 4	HIV O-4a: Percentage of men reporting the use of a condom the last time they had anal sex with a male partner		76.0	2011	BSS (Behavioral Surveillance Survey)				IBBS 2011 on MSM data used for baseline; value inserted is Maputo at 76,0%; other cities, Beira: 80,3% and Nampula: 61,9%. Targets to be elaborated during grant making.
3, 4	HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client (disaggregated by sex male, female, transgender)		85.8	2011	BSS (Behavioral Surveillance Survey)				IBBS 2011 on female sex workers used for baseline; value inserted is Maputo at: 85,8%. Other cities include Beira: 73,4% and Nampula: 62,8%. Targets to be elaborated during grant making.
8	TB O-1b: Case notification rate per 100,000 population - bacteriologically confirmed, new and relapse cases (disaggregated by age <15, 15+ and sex)		221	2013	R&R TB system, yearly management report	268	294	320	Assumes the NTP will fine tune current reporting system, and strengthen age dis-aggregation. These targets were calculated assuming an 9-11% annual growth from the 186/100,000 at baseline in 2011, as in the NSP.
10, 11	TB O-3: Notification of RR-TB and/or MDR-TB cases- Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of the estimated number of RR-TB and/or MDR-TB cases among notified TB cases (disaggregated		15	2013	R&R TB system, yearly management report	35	41	44	NTP will improve and strengthen quality of notification. The numerator is the number of cases to be detected according to the PMDT. The denominator is the number of expected MDR-TB cases. Expected cases are calculated based on 3.5% of prevalence among new cases and 11.6% among previously treated cases according to 2008 DRSurvey. Re-treatments are 10/5 of notified cases.
10, 11	TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated (disaggregated by sex and age <15, 15+)		30	2012	R&R TB system, yearly management report	50	55	60	Assuming disaggregation - by age and sex will have to be strengthened

8	TB O-2a: Treatment success rate - all new TB cases		37	2011	R&R TB system, yearly management report	87	87	87	Taken from interim NFM TB grant performance framework.
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D. Modules

Module: Prevention programs for adolescents and youth, in and out of school																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets									Comments ¹
							Total Targets	Year 1		Year 2		Year 3				
			N #	%	Year	Source		N #	%	N #	%	N #	%			
			D #					D #		D #		D #				
YP: Percentage of young girls (15-24) reached with HIV prevention programs - defined package of services	Fundacao para o Desenvolvimento da Comunidade	Current grant														The targets were calculated based on FDC current grant implementation targets. The service package includes three-session intensive phase and quarterly follow-up, plus HIV testing. The targets on Above refer to New 7 Districts suggested by MoH for TB activities.
			Allocation + Other Sources	1634449		59	1318639		46	626510		21				
				2776198			2848450			2924701						
			Above	1731967		62	1416157		50	675269		23				
				2776198			2848450			2924701						
YP: Percentage of young girls (15-24) that have received an HIV test during the reporting period and know their results	Fundacao para o Desenvolvimento da Comunidade	Current grant														The targets were calculated based on FDC current grant implementation targets. The testing services will be provided at community level. And Re-testing is intended to be done quarterly. The targets on Above refer to New 7 Districts suggested by MoH for TB activities.
			Allocation + Other Sources	327614		12	169519		6	285862		10				
				2776198			2848450			2924701						
			Above	400752		14	242657		9	322431		11				
				2776198			2848450			2924701						
Module budget - Prevention programs for adolescents and youth, in and out of school																

Allocated request for entire module	USD 4,994,156	Above allocated request for entire module					USD 1,004,510		
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)						
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³		Other funding ⁴
Behavioral change as part of programs for adolescent and youth	Outreach young girls (15-24 years-old) with comprehensive package of services to prevent HIV/TB, early and unintended pregnancies, GBV 1) Target population and geographic scope: a) Adolescents and young girls (15-24 years old) at national level, with special focus on Zambézia, Sofala, Manica, Gaza, Maputo Province and Maputo City; 2) Implementation approach: • Adjust and combine the package of services for adolescent and girls currently implemented by FDC R9 Grant and the evidence-based Tchova Tchova BCC tool developed and implemented by JHU, including TB components. • Outreach young girls with adjusted "go girls" package of services trough community activists in 11 provinces. • Referral of young girls to health services at community and health facility level for HIV counselling and testing, distribution of male and female condoms and reproductive health services (health facility) Community HIV testing for young girls under TB treatment Print and distribution of IEC material	Fundacao para o Desenvolvimento da Comunidade							
			Allocation + Other Sources	2,248,430	1,830,484	915,242	Allocated: To expand from 56 to 57 districts: 1. Training for 22 new activists (to be chosen from pool of 30) in 1 new district 2. Refresher training for 1060 existing activists 3. Printing IEC materials for all 1082 activists 4. Payment subsidies to all 1082 activists Above: To expand from 57 to 71 districts: 1. Training for 200 new activists (to be chosen from pool of 280) in 14 new district 3. Printing IEC materials for 200 new activists activists 4. Payment subsidies to 200 new activists		
			Above	496,982	338,352	169,176			

Programmatic Gap

Coverage Indicator : YP-1: Percentage of young people aged 10–24 years reached by life skills–based HIV education in schools

Current National Coverage		Year	Source	Latest Results	CCM Comments
		2015	2016	2017	
Current Estimated Country Need					The intended indicator is: Number and percentage of young girls (15-24) reached with the defined service package - This not available in the drop down menu The targets were calculated based on FDC current grant implementation targets. The service package includes three-session intensive phase and quarterly follow-up, plus HIV testing.
A. Total estimated population in need/at risk (from National Strategic Plan)		2'776'198	2'848'450	2'924'701	
B. Country targets (from National Strategic Plan)		1'731'967 62.39 %	1'416'157 49.72 %	675'269 23.09 %	
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources		0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap					
D. Expected annual gap in meeting the need A-C		2,776,198 100.00 %	2,848,450 100.00 %	2,924,701 100.00 %	
Country need planned to be covered by domestic & other sources					
E. Targets to be financed by allocation amount		1'634'449 58.87 %	1'318'639 46.29 %	626'510 21.42 %	
F. Coverage from Allocation amount and other resources C+E		1,634,449 58.87 %	1,318,639 46.29 %	626,510 21.42 %	
G. Targets to be potentially financed by above allocation amount		97'518 3.51 %	97'518 3.42 %	48'759 1.67 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G		1,731,967 62.38 %	1,416,157 49.71 %	675,269 23.09 %	

Module: Prevention programs for other vulnerable populations (please specify)

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹	
							Total Targets	Year 1		Year 2		Year 3				
			N #	%	Year	Source		N #	%	N #	%	N #	%	N #		%
			D #					D #		D #		D #		D #		

KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	Fundacao para o Desenvolvimento da Comunidade	Current grant			Allocation + Other Sources	944218	25	760990	19	362114	9		Women 25-49. The targets were calculated based on FDC current grant implementation targets. The service package includes three-session intensive phase and quarterly follow-up, plus HIV testing. The denominator was taken from the 2015, 2016, 2017 population projections. The targets on Above refer to New 7 Districts suggested by MoH for TB activities
						3852006		3965527		4080661			
					Above	994033	26	810805	20	387021	9		
						3852006		3965527		4080661			
KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	Fundacao para o Desenvolvimento da Comunidade				Allocation + Other Sources	708164	18	570743	14	271586	7		Women 25-49. The targets were based on the assumptions that 75% of the target population will be tested. The testing services will be provided at community level. And Re-testing is intended to be done quarterly.
						3852006		3965527		4080661			
					Above	745524	19	608103	15	290266	7		
						3852006		3965527		4080661			
KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	Fundacao para o Desenvolvimento da Comunidade	Current grant			Allocation + Other Sources	17760	35	21616	43	9040	18		Miners. The targets were calculated based on FDC current grant implementation targets in the Performance framework. The denominator is the same used for calculating the PF targets. The targets on Above refer to New 7 Districts suggested by MoH for TB activities
						50519		50519		50519			
					Above	21684	43	25540	51	11002	22		
						50519		50519		50519			
KP-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	Fundacao para o Desenvolvimento da Comunidade	Current grant			Allocation + Other Sources	13320	26	16212	32	6780	13		Miners. The targets were calculated based on the assumption that 75% of the target population of miners will be tested. The denominator is the same used for calculating the PF targets.
						50519		50519		50519			
					Above	16263	32	19155	38	8252	16		
						50519		50519		50519			

KP-1e.2: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services - Workplace interventions	Fundacao para o Desenvolvimento da Comunidade	Current grant												Workplace interventions. The targets were calculated based on FDC current grant implementation targets in the Performance framework. The denominator is the same used for calculating the PF targets.		
							Allocation + Other Sources	27333	17	56038	34	39096	24			
								163822		163822		163822				
							Above									
KP-3e.2: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results - Workplace intervetions	Fundacao para o Desenvolvimento da Comunidade	Current grant												Workplace interventions. The targets were calculated based on the assumption that 75% of the target population of miners will be tested. The denominator is the same used for calculating the PF targets.		
							Allocation + Other Sources	20500	75	42029	75	29322	75			
								27333		56038		39096				
							Above									
Module budget - Prevention programs for other vulnerable populations (please specify)																
Allocated request for entire module	USD 3,771,376		Above allocated request for entire module							USD 615,115						
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)													
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³			Other funding ⁴						
Behavioral change as part of programs for Adult women (25-49)	Outreach Adult women (25-49 years-old) with comprehensive package of services to prevent HIV/TB, GBV 1) Target population and geographic scope: a) Adult women (25-49 years old) at national level. 2) Implementation approach: • Adjust and combine the package of services for adult women currently implemented by FDC R9 Grant and the evidence-based Tchova Tchova BCC tool developed and implemented by JHU, including TB components. • Outreachadult women (25-49 years-old) with adjusted Tchova tchova package of services trough community activists in 11 provinces. • Referral of adult women (25-49 years-old) to health services at community and health facility level for HIV counselling and testing, distribution of male and female condoms and reproductive health services (health facility) . Print and distribution of IEC material	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources	1,289,278	1,050,583	525,291	Allocated: To expand from 56 to 57 districts: 1. Training for 14 new activists (to be chosen from pool of 20) in 1 new district 2. Refresher training for 607 existing activists 3. Printing IEC materials for all 621 activists 4. Payment subsidies to all 621 activists Above: To expand from 57 to 71 districts: 1. Training for 112 new activists (to be chosen from pool of 140) in 14 new district 3. Printing IEC materials for 112 new activists activists 4. Payment subsidies to 112 new activists									
				284,035	189,477	94,739										
			Above													

Behavior change as part of programs for migrant population (miners)	Outreach migrant workers with comprehensive package of prevention of HIV and TB services 1) Target population and geographic scope: migrant workers (miners) in the south region - Gaza Province 2) Implementation Approach: a) Adjust (to cover TB diagnose and treatment) and fully implementation of existing package of services for miners developed under R9 NCF, which includes targeted and specific messages and peer to peer skills transfer aiming to: • Increase condom, • Promote adherence to HTC, HIV services and other health services, • Increase HIV treatment literacy among migrant workers in targeted communities and sites; b) Community VCT for miners c) Strengthen the referral system to ensure that migrant workers reach the health facilities to get necessary services (HIV VCT, TB screening and treatment)	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources	59,125	47,369	23,685	Allocated: 1. Refresher training for 28 existing activists 2. Printing IEC materials for all 28 activists 3. Payment subsidies to all 28 activists Above: 1. Training for 9 new activists (to be chosen from pool of 15) 3. Printing IEC materials for 9 new activists activists 4. Payment subsidies to 9 new activists
			Above	24,025	15,226	7,613	
Behavioral change as part of programs for the workplace	Outreach company employees with comprehensive package of prevention of HIV and TB services 1) Target population and geographic scope: a) company employees 2) Implementation Approach: a) Adjust (to cover TB diagnose and treatment) and fully implementation of existing package of services for miners developed under R9 NCF, which includes targeted and specific messages and peer to peer skills transfer aiming to: • Increase condom use, • Promote adherence to HTC, HIV services and other health services, • Increase HIV treatment literacy among company employess in targeted communities and sites; b) Community VCT for company employes c) Strengthen the referral system to ensure that company employees reach the health facilities to get necessary services (HIV VCT, TB screening and treatment)	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources	332,591	295,636	147,818	Allocated: To expand from 0 to 57 districts: 1. Refresher training for 79 existing activists in 57 new districts 2. Printing IEC materials for all 79 activists 3. Payment subsidies to all 79 activists 4. Non medical consumables for HCT. 245.268 test kits to provide annual VCT follow up and semesterly follow up SBCC/VCT combined sessions. In the SBCC/VCT combined sessions, a group session is delivered, then after each session, employees with personal questions can have separate sessions with the PA, in wich testing has to be available. An estimate of 10% of the total participantes was assumed.
			Above				

Programmatic Gap				
Coverage Indicator : KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services				
Current National Coverage	Year	Source	Latest Results	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	3'852'006	3'965'527	4'080'661	The targets were calculated based on FDC current grant implementation targets. The service package includes three-session intensive phase and quarterly follow-up, plus HIV testing.
B. Country targets (from National Strategic Plan)	994'033 25.81 %	810'805 20.45 %	387'021 9.48 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	3,852,006 100.00 %	3,965,527 100.00 %	4,080,661 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	944'218 24.51 %	760'990 19.19 %	362'114 8.87 %	
F. Coverage from Allocation amount and other resources C+E	944,218 24.51 %	760,990 19.19 %	362,114 8.87 %	
G. Targets to be potentially financed by above allocation amount	49'815 1.29 %	49'815 1.26 %	24'907 0.61 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	994,033 25.80 %	810,805 20.45 %	387,021 9.48 %	

Coverage Indicator : KP-2e: Percentage of other vulnerable populations reached with HIV prevention programs - individual and/or smaller group level interventions

Current National Coverage		Year	Source	Latest Results	CCM Comments
		2015	2016	2017	
Current Estimated Country Need					The targets were calculated based on FDC current grant implementation targets in the Performance framework. The denominator is the same used for calculating the PF targets.
A. Total estimated population in need/at risk (from National Strategic Plan)		50'519	50'519	50'519	
B. Country targets (from National Strategic Plan)		21'684 42.92 %	25'540 50.56 %	11'002 21.78 %	
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources		0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap					
D. Expected annual gap in meeting the need A-C		50,519 100.00 %	50,519 100.00 %	50,519 100.00 %	
Country need planned to be covered by domestic & other sources					
E. Targets to be financed by allocation amount		17'760 35.16 %	21'616 42.79 %	9'040 17.89 %	
F. Coverage from Allocation amount and other resources C+E		17,760 35.16 %	21,616 42.79 %	9,040 17.89 %	
G. Targets to be potentially financed by above allocation amount		3'924 7.77 %	3'924 7.77 %	1'962 3.88 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G		21,684 42.93 %	25,540 50.56 %	11,002 21.77 %	

Module: Prevention programs for sex workers and their clients																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹	
							Total Targets	Year 1		Year 2		Year 3				
			N #	%	Year	Source		N #	%	N #	%	N #	%			
			D #					D #		D #		D #				

KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	Fundacao para o Desenvolvimento da Comunidade				Allocation +	99914	75	127789	94	81717	58		The targets were calculated based on FDC current grant implementation targets. Whereby The denominator was estimated based on 2% of the total female population aged 15-49 years old. The targets on Above refer to New 7 Districts suggested by MoH for TB activities	
					Other Sources	132564		136280		140107				
					Above	104389	79	132264	97	83954	60			
						132564		136280		140107				
KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results	Fundacao para o Desenvolvimento da Comunidade	Multiple Global Fund grants			Allocation +	80556	61	92019	68	99586	71		The targets were calculated based on FDC current grant implementation targets. Whereby the denominator was estimated based on 2% of the total female population aged 15-49 years old.	
					Other Sources	132564		136280		140107				
					Above	83912	63	95375	70	101264	72			
						132564		136280		140107				
KP-1c.1: Percentage of sex worker clients reached with HIV prevention programs - defined package of services - Long distance truck drivers	Fundacao para o Desenvolvimento da Comunidade	Current grant			Allocation +	29500	27	54577	49	44796	40		Long distance truck drivers. The targets were calculated based on FDC current grant implementation targets. Whereby The service package includes one intensive session and 1 follow up session after every six months The targets on Above refer to New 7 Districts suggested by MoH for TB activities	
					Other Sources	110785		110785		110785				
					Above	30382	27	18021	16	21935	20			
						110785		110785		110785				
KP-3c.1: Percentage of sex worker clients that have received an HIV test during the reporting period and know their results - Long distance truck drivers	Fundacao para o Desenvolvimento da Comunidade	Current grant			Allocation +	29419	27	17058	15	21454	19		Long distance truck drivers. The targets were calculated based on FDC current grant implementation targets. The target group will be reached at resting places.	
					Other Sources	110785		110785		110785				
					Above	30382	27	18021	16	21935	20			
						110785		110785		110785				
Module budget - Prevention programs for sex workers and their clients														
Allocated request for entire module	USD 1,225,666		Above allocated request for entire module							USD 1,554,808				
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)											
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³			Other funding ⁴				

Behavioral change as part of programs for sex workers and their clients	Outreach FSW with a comprehensive package of Prevention and Treatment services 1) Target population and geographic scope: a) Female Sex Workers Maputo, Gaza, Inhambane, Sofala, Manica, Tete, Nampula, and Cabo Delgado provinces b) 24 selected health facilities in Maputo, Inhambane, Sofala, Manica, Tete, Nampula, and Cabo Delgado provinces 2) Implementation approach: i) Adjust (to cover TB diagnose and treatment) and fully implementation of the existing package of services FSW and Clients (Truck drivers) developed under R9 NCF, which includes targeted and specific messages and peer to peer skills transfer aiming to: a)Train and improve skills and knowledge of 205 and Clients (Truck drivers) peer educators to deliver the full package of services for FSW, adopting wrights and gender based approach; b) Strengthen the referral system to ensure that FSW and Clients (Truck drivers) reaches the health facilities to get necessary services (HIV VCT, STI screening and treatment) c) Develop job aids, flow charts, training modules and risk assessment tools to increase capacity of health care providers to identify and ensure access to ARV treatment of HIV+ for FSW Female; d) Develop tools to ensure and monitor linkages of FSW and Clients (Truck drivers) to HIV and other health services within health facilities (peer educators and Community based lay counselors); e)Create demand to community counselling and testing f) Concept and print specific IEC material for FSW	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources	391,884	297,750	148,875	Allocated FDC: To expand from 56 to 57 districts: 1. Training for 3 new activists (to be chosen from pool of 5) in 1 new district 2. Refresher training for 173 existing activists 3. Printing IEC materials for 176 activists 4. Payment subsidies to all 176 activists 2. Train and improve skills and knowledge of 250 peer educators and lay counselors to deliver the full package of services for FSW, adopting rights and gender based approach; Above FDC: To expand from 57 to 71 districts: 1. Training for 29 new activists (to be chosen from pool of 40) in 14 new district 3. Printing IEC materials for 29 new activists activists 4. Payment subsidies to 29 new activists Above MOH: 1. Procurement of lubricants to supply sex workers visiting 24 health facilities (6 4 ml satchets per month per MSM, based on district specific FSW size estimation)
			Above	82,832	49,061	24,531	
		Ministry of Health of Mozambique	Allocation + Other Sources	261,070	84,058	42,029	Allocated: 1. Train and improve skills and knowledge of a total of 360 health providers at clinical and community settings to increase up-take of HTC; identification, registering and referrals of FSW for HIV care and services; knowledge and skills to diagnose and treat STI's(anal ,oral) Above: 1. Price quoted from Kenya. 11 lubricants per month per FSW living in 15 districts
			Above	690,932	707,452	0	

Programmatic Gap				
Coverage Indicator : KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services				
Current National Coverage	Year	Source	Latest Results	CCM Comments
	2015	2016	2017	
Current Estimated Country Need				The targets were calculated based on FDC current grant implementation targets. Whereby The service package includes one intensive session and 1 follow up session after every six months
A. Total estimated population in need/at risk (from National Strategic Plan)	132'564	136'580	140'107	
B. Country targets (from National Strategic Plan)	104'389 78.75 %	132'264 96.84 %	83'954 59.92 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	132,564 100.00 %	136,580 100.00 %	140,107 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	99'914 75.37 %	12'789 9.36 %	81'717 58.32 %	
F. Coverage from Allocation amount and other resources C+E	99,914 75.37 %	12,789 9.36 %	81,717 58.32 %	
G. Targets to be potentially financed by above allocation amount	4'474 3.37 %	4'474 3.28 %	2'237 1.60 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	104,388 78.74 %	17,263 12.64 %	83,954 59.92 %	

Module: Prevention programs for MSM and TGs															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹
							Total Targets	Year 1		Year 2		Year 3			
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #		D #		D #			
KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services	Fundacao para o Desenvolvimento da Comunidade						Allocation + Other Sources	6311	12	6311	12	3156	6		
							52594	52594		52594					
							Above								
KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results	Fundacao para o Desenvolvimento da Comunidade	Multiple Global Fund grants					Allocation + Other Sources	4733	9	4733	9	2367	5		The target was calculated on the assumption the 75% of the target will be tested
							52594	52594		52594					
							Above								
Module budget - Prevention programs for MSM and TGs															

Allocated request for entire module	USD 847,454	Above allocated request for entire module					USD 0
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)				
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³
Behavioral change as part of programs for MSM and TGs	Develop Package of outreach services for MSM and strengthen linkages with selected health facilities for HIV/TB (prevention and Treatment) 1. Target population and geographic scope: a) Reach 15778 MSM in Maputo,Gaza, Inhambane, Sofala, Manica, Tete, Nampula, and Cabo Delgado provinces 2. Implementation approach: a) Develop and deliver Package of Services for MSM with SBCC contents and acess to health friendly services including: o Promotion of safe sex practices among MSM; o Increase condom and water base lubricant use, o Prevent and promote STI treatment; o Promote adherence to HTC, HIV services, TB treatment and other health services, o Increase HIV literacy among MSM in targeted communities and sites; b) Train and improve skills and knowledge of 111 peer educators to deliver the full package of services for MSM; c) Awareness to ensure that MSM reaches the Community VCT d) Strengthen the referral system to ensure that MSM reaches the health facilities to get necessary services (HIV, VCT, TB, STI screening and treatment). e) Engage peer educator to facilitate ART enrolment of at least 80% of MSM newly diagnosed HIV+ on ART services in targeted provinces f) Concept and print specific IEC materials for MSM g) Community VCT and TB DOT activities	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources	343,779	187,785	93,893	Allocated: FDC: To expand from 0 to 37 districts: 1. Training for 111 new activists (focus on 9 urban areas in priority districts) 2. Printing IEC materials for all 111 activists 3. Payment subsidies to all 111 activists
			Above				
		Ministry of Health of Mozambique	Allocation + Other Sources	110,171	111,826		Allocated: 1. Procurement of lubricants to supply 6 lubricants per month per MSM living in 16 districts. All comodities will be procured under the health system. Package of services will be developed and delivered by CSO in coordination with the MoH.
			Above				

Programmatic Gap				
Coverage Indicator : KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services				
Current National Coverage	Year		Latest Results	
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	52'594	52'594	52'594	
B. Country targets (from National Strategic Plan)	6'311 12.00 %	6'311 12.00 %	3'156 6.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	52,594 100.00 %	52,594 100.00 %	52,594 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	6'311 12.00 %	6'311 12.00 %	3'156 6.00 %	
F. Coverage from Allocation amount and other resources C+E	6,311 12.00 %	6,311 12.00 %	3,156 6.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	6,311 12.00 %	6,311 12.00 %	3,156 6.00 %	

Module: PMTCT															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹
							Total Targets	Year 1		Year 2		Year 3			
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #		D #		D #		D #	

PMTCT-1: Percentage of pregnant women who know their HIV status (disaggregated by HIV status)	Ministry of Health of Mozambique	National program					Allocation +	1167846	91	1222082	92	1273378	94		Source: Modulo basico Program data Denominator SpectrumNo. pregnant women expected was lower than achieved. Note reflects ANC only. Baseline data had results above 100% because the estimated number of pregnant women was lower than the number of pregnant women attending ANC in 2013.
			1317178	108	2013		Other Sources	1286396				1321181			
			1218000				Above								
PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission (disaggregated by type of regimen)	Ministry of Health of Mozambique	National program					Allocation +	86625	90	84887	90	83225	90		Source: Numerator: Modulo basico (Program data) Denominator: Spectrum ART at entry excluded due to quality issues. This indicator will be disaggregated by prophylaxis (biprophylaxis 20% by 2015; 10% by 2016; 0% by 2017; ART 80% by 2015; 90% by 2016; 90% by 2017) Monoprophylaxis not included as not considered to be more effective.In the 1st semester data to AZT prophylaxis was adjusted due to duplication. Note reflects ANC only. In 2017 (and probably 2016) this indicator represent the population ART coverage among Pregnant women.
			83766	84	2013		Other Sources	96250				94319			
			100121				Above								
PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	Ministry of Health of Mozambique	National program					Allocation +	69300	72	69796	74	70279	76		Source: Numerator: regular MoH report (Módulo Basico). Denominator: Spectrum (expected number of infants born from HIV infected mothers).
			35338	35	2013		Other Sources	96250				94319			
			100121				Above								

Module budget - PMTCT									
Allocated request for entire module	USD 864,562	Above allocated request for entire module					USD 0		
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)						
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³	Other funding ⁴	
Prong 1: Primary prevention of HIV infection among women of childbearing age	Treatment for sero-discordant couples 1) Target population and geographic scope: Seropositive partners of seronegative PW and LW in all ART HF (2015: 707 HF, 2016: 889 HF, 2017: 1,072 HF) 2) Implementation approach: Identify and treat sero-discordant HIV partners	Ministry of Health of Mozambique	Allocation + Other Sources				RTK for discordant couples included in the cost of prevention for the general population.		
			Above						
Prong 3: Preventing vertical HIV transmission	Provide most effective ARV prophylaxis for HIV infected women: Expand Option B+ to peripheral sites 1) Target population and geographic scope: 2015 80% PW, 2016: 87% PW, 2017: 90% PW 2) Implementation approach: Purchase of NVP and CTX syrup for HIV Exposed Infants Provide most effective ARV prophylaxis for HIV infected women (all regimens) 1) Target population and geographic scope: 2015 90% PW, 2016: 92% PW, 2017: 95% PW, National 2) Implementation approach: Purchase of AZT and NVP (2015: 10% all PW), (2016: 5% all PW), (2017: 5% all PW)	Ministry of Health of Mozambique	Allocation + Other Sources				No funding gap for NVP to reach PMTCT service delivery targets. ARV prophylaxis for pregnant women included in the cost of first and second line ART.		
			Above						
Prong 4: Treatment, care & support to HIV+ mothers, their children & families	Increase access to EID for HIV Exposed Infants (HEI) 1) Target population and geographic scope: 1,414 HF by 2015, x 2016, x 2017 2) Implementation approach: a. Purchase of PCR DNA HIV kits (ver com CHAI) b. Transportation within districts, province and between provinces for PCR HIV samples	Ministry of Health of Mozambique	Allocation + Other Sources	290,777	492,422	81,363	1. Procurement of PCR DNA kits for EID (Assumes 18% PSM) 2. Weekly transporation for samples from the health facility to provincial lab 3. Weekly transportation for samples from the provincial labs to regional labs		
			Above						

Programmatic Gap				
Coverage Indicator : PMTCT-1: Percentage of pregnant women who know their HIV status (disaggregated by HIV status)				
Current National Coverage 1317178	Year	Source	Latest Results	
	2013	Health Facility survey		
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	1'286'396	1'321'181	1'356'427	Source: Modulo basico Program data Denominator SpectrumNo. pregnant women expected was lower than achieved. Note reflects ANC only. Baseline data had results above 100% because the estimated number of pregnant women was lower than the number of pregnant women attending ANC in 2013.
B. Country targets (from National Strategic Plan)	1'167'846 90.78 %	1'222'082 92.50 %	1'273'378 93.88 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	1,286,396 100.00 %	1,321,181 100.00 %	1,356,427 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	1'167'846 90.78 %	1'222'082 92.50 %	1'273'378 93.88 %	
F. Coverage from Allocation amount and other resources C+E	1,167,846 90.78 %	1,222,082 92.50 %	1,273,378 93.88 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	1,167,846 90.78 %	1,222,082 92.50 %	1,273,378 93.88 %	

Module: Treatment, care and support																
Measurement framework for module																
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹	
							Total Targets	Year 1		Year 2		Year 3				
			N #	%	Year	Source		N #	%	N #	%	N #	%			
			D #					D #		D #		D #				

TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (disaggregated by sex and age <15, 15+)	Ministry of Health of Mozambique						Allocation + Other Sources								Please note, all denominators taken from Spectrum projections used to produce revised HAP targets
			497455	31	2013	Reports (specify)									
			1586097												
							Above	750023	44	885164	50	996593	54		
					1703887		1771191			1839617					
TCS-1a: Percentage of adults currently receiving antiretroviral therapy among all adults living with HIV	Ministry of Health of Mozambique	National program					Allocation + Other Sources	650938	43						Please note, all denominators used for baseline and targets taken from revised acceleration plan target file (Metas_HIVSIDA_AU_2014_v14.xlsx)
			456055	32	2013	Reports (specify)		1530792							
			1406683												
							Above			780384	49	883517	53		
							1602712		1675894						
TCS-1b: Percentage of children currently receiving antiretroviral therapy among all children living with HIV	Ministry of Health of Mozambique	National program					Allocation + Other Sources	99086	57						Please note, all denominators used for baseline and targets taken from revised acceleration plan target file (Metas_HIVSIDA_AU_2014_v14.xlsx)
			41400	23	2013	Reports (specify)		173095							
			179414												
							Above			104779	62	113076	69		
							168479		163723						
Number of health facilities that offer anti-retroviral treatment according to national norms	Ministry of Health of Mozambique	National program					Allocation + Other Sources	707	49						2016/2017 targets assume 10% annual expansion of ART to peripheral HF previously without ART
								1435							
							Above			861	60	1005	70		
							1435		1435						

Module budget - Treatment, care and support

Allocated request for entire module	USD 2,576,657	Above allocated request for entire module						USD 347,123,267			
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)								
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³			Other funding ⁴	
Antiretroviral Therapy (ART)	Scale up provision of ART using standardised efficacious and simplified ARV regimens 1) Target population and geographic scope: HIV + adult and pediatric eligible for ART; National 2) Implementation Approach: Procurement of TDF/3TC/EFV and other first line regimens; Targets: 750,024 adults and children on ART by December 2015, 885,163 adults and children on ART by December 2016 and 996,593 adults and children on ART in 2017	Ministry of Health of Mozambique	Allocation + Other Sources				1. Procure ARVs (1st line, 2nd line, 3rd line). Cost reflects full projected funding gap.			Funding gap takes into account constant PEPFAR COP 2014 funding through December 2017.	
			Above	68,092,642	105,244,389	52,086,268					

Referral systems for laboratory samples and results	Strengthen timely management of lab sample and results referral systems for biochemistry, hematology, CD4, viral load and PCR tests 1) Target population and geographic scope: Health facilities providing HIV care, treatment and PMTCT services; National 2) Implementation Approach: • Establish a network of sample transportation that is routine and reliable in all ART facilities • Update health facility lab referral network in accordance with service expansion • Scale up transport capacity (follow up with IPs-re: actual costs for transportation) 3) Additional note: Timely receipt of results defined as results returned to patient within 2 weeks of sample collection	Ministry of Health of Mozambique	Allocation + Other Sources	1,036,678	37,807	1) Conduct rovincial workshops with national support to develop a work plan to: a. Establish a network of sample transportation that is routine and reliable in all ART facilities; b. Update health facility lab referral network in accordance with service expansion; c. Scale up transport capacity 2) GIS consultant to support provinical planning workshops remotely (geographic anlysis and map production) 3) Procurement of 6 VL machines		
Pre-ART care	Perform creatinine and hemoglobin on pre-ART and ART patients 1) Target population and geographic scope: Patients enrolled in pre-ART care; National 2) Implementation Approach: Procurement of biochemistry, hematology,and CD\$ reagents	Ministry of Health of Mozambique	Allocation + Other Sources	17,985,787	24,538,538	11,767,192	1) CD4, Biochemistry and hematology monitoring of all patients in care (pre-ART and ART)* *Assumes 6-monthly HgB and Creatinine monitoring for pre-ART and ART patients. The exisiting guideline recommends 6-monthly hemogram and biochemistry testing for pre-ART patients. A decision was made for the purposes of this application given the new treatement regimen that only CD4, HgB and Creatinine would be monitored every 6-months. Quantification and related procurement planning is synchronized for pre ART and ART patients. Therefore the aggregate cost is presented here.	Funding gap takes into account constant PEPFAR COP 2014 funding through December 2017.
Prevention, diagnosis and treatment of opportunistic infections	Screen HIV patients for cryptococal meningitis 1) Target population and geographic scope: HIV+ adults with CD4 <100cells/mm3; District capital health facilities with >1000 patients on ART 2) Implementation Approach: Procurement of cryptococoal antigen tests; Targets: (15% in yr 1, 30% in yr 2) Increase screening, diagnosis and treatment of STIs 1) Target population & geographic scope: General population including... a) Pregnant women in all health facilities with ANC services (1,368 HF) b) Partners of index case identified with STIs in all health facilities at national level c) Key population referred to heath facilities (FSW/MSM/Mobile population) 2) Implementation approach: • Procurement of RTK syphilis and RPR reagents • Improve partner notification system by sending partner notices; • Provide STI treatment to 80% of notified partners;	Ministry of Health of Mozambique	Allocation + Other Sources	8,370,664	14,365,666	7,111,222	1. Procurement of cryptococcal antigen tests to screen patients for crytococcal meningitis. US\$ 0 funding gap projected, therefore no cost. 2. Procure RTK for syphilis (pregnant women only) - no cost because \$0 projected funding gap. 3. Procure drugs for management and prevention of OIs and STIs . Assume half of historical consumption due to HIV. Target funding gap to meet half of the country's projected needs.	USG makes a small contribution to OIs. MOH usually covers the remaining cost.

Treatment adherence	Support treatment literacy 1) Target population and geographic scope: General population with specific focus on PLHIV, HIV+ pregnant women and family members 2) Implementation Approach: a) Develop, reproduce and distribute treatment literacy materials, b) Purchase of community radio-spots c) Community mobilization for Community Adherence Groups (GAAC) to provide Positive Prevention and reinforce treatment retention to ART patients d) Facilitate creation of new and support existing peer-support groups to provide Positive Prevention and psychosocial support to PLHIV e) Provide SMS reminders for ART patients through existing treatment support call center f) Active follow up for defaulting patients by activists g) Provision of logistic, financial, technical and material support for community-based HIV/TB support groups and HIV network associations	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources	460,282	371,828	166,563	Allocated: To expand from 56 to 57 districts: 1. Train community radio presenters in production and broadcasting of HIV messages 2. Initial training for 4 new activists (chosen from pool of 6) from 1 new district 3. Refresher training for 187 existing activists in integrated TB/HIV services 4. Reprint and distribute IEC materials for all 191 activists 5. Allowances for 191 activists to support treatment retention, including GAACs and peer support groups 6. Procurement of SMS above the subsidized levels provided through Mozambican telephoen companies Above: Expand from 57 to 71 districts, 1) Disseminate HIV/TB prevention related messages through community radio on a daily basis in 14 additional districts (30 second spot) 2) Initial training for 50 additional activists (taken from pool of 90) 3) IEC for 50 additional activists 4) Allowances for 50 additional activists 5) Hire a consultant to develop manual and reference guide 6) Printing and distribution of reference guide 7) Dissemination HIV/TB prevention related messages through community radio on a daily basis in 57 districts (30 second spot)	
			Above	861,982	809,655	404,828		
		Ministry of Health of Mozambique	Allocation + Other Sources	167,833	167,833	167,833	1. Development and adaptation of materials aimed at educating HIV positive people and people with TB on their disease and available services; (Central validation meeting) 2. Printing and distribution of treatment literacy materials to people living with HIV and TB (health facilites need 2000 IEC materials. Estimate 15% of all IEC needs at the health facility are for treatment literacy)	
			Above					
Treatment monitoring	Perform rapid urine dipstick test and viral load on HIV patients receiving ART to ensure those with ARV treatment failure switch therapy to efficacious regimens; Provide nutritional support to children and women living with HIV Urine dipstick test 1) Target population and geographic scope: Patients enrolled in ART care; National 2) Implementation Approach: Procurement of urine dipsticks, hemoglobin reagents and CD4 test reagents for newly enrolled patients Viral load 1) Target population and geographic scope: Patients on ART; National 2) Implementation Approach: Procurement of viral load, biochemistry, hematology and CD4 tests Nutritional support 1) Target population and geographic scope: HIV and/or TB malnourished adults, pregnant and lactating women and children that are initiating ART; National 2) Implementation Approach: • Acquisition of plumpy nut for the treatment of severe cases of malnutrition without complications and • Acquisition of CSB or other similar product for the treatment of moderate cases of malnutrition;	Ministry of Health of Mozambique	Allocation + Other Sources	5,606,079	14,553,552	15,324,803	1) Procure urine dipsticks *Urine dipstick testing monitoring for ART patients. The exisiting guidelines recommends 6-monthly hematology and biochemistry testing. A decision was made for the purposes of this application given the new treatement regimen that only CD4, HgB and urine dipstick testing would be monitored every 6-months. Cost reflects full projected funding gap. 2) Procure viral load reagents In 2015 viral load testing will be used to prevent unnecessary transitions to second-line treatment while the laboratory network is fortified for routine viral load testing. In 2017 routine viral load testing will commence. We assume that unit cost will decrease by 2017. Cost reflects full projected funding gap. 3) Procure nutritional support commodities Procurement of product for the treatment of moderate and severe acute malnutrition in 1 Women on ART - Corn soya blend and plumpy nut 2. Children on ART - Plumpy nut, F75, F100 Cost reflects full projected funding gap.	Funding gap takes into account constant PEPFAR COP 2014 funding through December 2017.
			Above					

Programmatic Gap				
Coverage Indicator : TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (disaggregated by sex and age <15, 15+)				
Current National Coverage 497455	Year	Source	Latest Results	
	2013			
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	1'703'887	1'771'191	1'839'617	Please note, all denominators taken from Spectrum projections used to produce revised HAP targets
B. Country targets (from National Strategic Plan)	750'023 44.02 %	885'164 49.98 %	996'593 54.17 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	750'023 44.02 %	198'423 11.20 %	212'741 11.56 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	953,864 55.98 %	1,572,768 88.80 %	1,626,876 88.44 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
F. Coverage from Allocation amount and other resources C+E	750,023 44.02 %	198,423 11.20 %	212,741 11.56 %	
G. Targets to be potentially financed by above allocation amount	%	885'164 49.98 %	996'593 54.17 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	750,023 44.02 %	1,083,587 61.18 %	1,209,334 65.73 %	

Module: TB/HIV															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹
							Total Targets	Year 1		Year 2		Year 3			
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #		D #		D #			

TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	Ministry of Health of Mozambique	National program													1) It is expected that HIV testing and counseling will be available universally for all patients diagnosed with TB, through an approach of Provider Initiated Testing and Counseling. 2) Scale-up will be achieved by expansion to all health facilities of HTC, and close supervision and enhancement of actual HTC practices. 3) The population estimates are based on the estimated number of annually notified patients the NTP hopes to detect. 4) % of notified TB patients with an HIV+ test result out of all notified patients. / Provider Initiated Counseling and Testing. 5) NTP TB Register and Quarterly and Annual reports.
			51172	96	2013	R&R TB system, yearly management report	Allocation + Other Sources	73626	97	83656	98	96000	100		
			53272					75903				85363			

TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Ministry of Health of Mozambique	National program															1) It is expected that the HIV program will continue decentralizing ART to peripheral clinics. 2) The scale-up is a projection of increase of ART between 2012 and 2013 as well as aspirational targeting. 3) The expected number of notified HIV+ TB patients. 4) Task-shifting to (TB) nurses and other cadres, and full application of the one-stop-shop approach for TB patients on ART, thus achieving full coverage of TB/ART located care. 5) NTP TB Register, Quarterly and annual Reports.
			20449	72	2013	R&R TB system, yearly management report	Allocation +	38255	90	44935	94	52685	98				
			Other Sources				42506	47803		53760							
			28585				Above										
TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	Ministry of Health of Mozambique	National program															1) The current practice of TB screening is expanded as planned by NAP. 2) Aspirational target starting from reported baseline. 3) All PLHIV in care. 4) Application of questionnaire to all PLHIV attending the clinic and recording of the outcome in the patient record and HIS. 5) NAP electronic record system. 6) Scale-up is already reported as high, but there are issues in quality of screening and capturing the data.
			332293	50	2013	Reports (specify)	Allocation +		90		90		90				
			Other Sources														
			661269				Above										

TB/HIV-4: Percentage of new HIV-positive patients starting IPT during the reporting period	Ministry of Health of Mozambique	National program															1) Targets are based on current achievement intention for scale-up. 2) Aspirational targets for ensuing years. 4) All PLHIV Screened for TB (see above) and without any symptoms, and newly diagnosed with HIV are offered IPT for 6 months. 5) NAP HIS.
			48330	17	2013	R&R TB system, yearly management report	Allocation + Other Sources	239641	45	320480	55	373488	65				
			532536				582692	574597									
			277173				Above										

Module budget - TB/HIV																
Allocated request for entire module	USD 0		Above allocated request for entire module								USD 4,978,270					
Intervention	Description of Intervention ²			Intervention budget (request to the Global Fund only)												
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³				Other funding ⁴					
Engaging all care providers	MOH (Above allocated) 1) Health care workers in all regions. MOH health workers in all regions. 2) Review of integrated training curriculum; TOT and cascade training in 3 regions and 71 districts. FDC (Costs included in other modules) 1) Community care organizations in 71 districts. 2) Review and revision of data collection tools for community engagement on TB and HIV; Development of an integrated package of interventions on TB/HIV for community health workers; TOT training and cascade training on the integrated package; refresher training on prevention, BCC and in support of the integrated TB/HIV package of interventions; Monthly coordination meetings between health facility and community care organizations; Monthly coordination meetings at district level between CSO and MOH; Identification of persons possibly sick with TB or HIV and referral, as well as treatment follow-up; Quarterly provincial integrated supervision to community actors; Six-monthly national level integrated supervision with community health care actors	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources				FDC - Cost included in HSS, HIV, and TB modules. MoH 1) Up-date integrated TB/HIV training curriculum 2) TOT for integrated TB/HIV in service training of health care workers 3) Integrated in-service training of health care workers Costs of training: ToT and cascade training on TB/HIV.				USAID in follow-up mechanism of TB CARE I PEPDAR, USAID					
			Above													
		Ministry of Health of Mozambique	Allocation + Other Sources				1) Up-date integrated TB/HIV training curriculum 2) TOT for integrated TB/HIV in service training of health care workers 3) Integrated in-service training of health care workers Costs of training: ToT and cascade training on TB/HIV.				PEPFAR, USAID					
			Above	2,081,626	2,079,388	817,256										

TB/HIV collaborative interventions	A) HIV Testing and Counselling: 1) All newly diagnosed patients with TB are targeted. 2) HIV testing and counseling among TB patients is already very high, and will be expanded further to reach 100%. This will include HTC of contacts of HIV+ indect patients. B) ART provision: 1) All PLHIV eligible for ART are targeted. 2) Further ART expansion is important to achieve 95% ART among TB patients. This will be achieved by further decentralization to peripheral health facilities, using task shifting and the one-stop-shop approach for TB patients on ART which is already widely implemented. C) IPT provision: TB-IC: 1) AI HIV care facilities will be prioritized for this intervention. 2) IPT provision to eligible PLHIV in care will be further expanded for eligible PLHIV, through on-the-job training and supervision. D) CPT provision: 1) All HIV+ TB patients are the target. 2) CPT provision will be maintained at high levels by an uninterrupted supply of CTM is all health facilities. E) TB-IC: 1) AI HIV care facilities will be prioritized for this intervention. 2) TB-IC will be expanded to all these health facilities by training; provision of personal protection equipment; minor renovations (e.g. waiting areas); UVGI; health care worker screening for both HIV and TB. Quality of implementation will be safeguarded through routine joint supervision by TB and HIV program.	Ministry of Health of Mozambique	Allocation + Other Sources			HCT: 1) Funded by HIV program grants; 2) Provider initiated CT. ART: 1) Funded by HIV program grants; 2) Training, conducted as integrated training and included in section below. IPT: 1) Funded by TB program grant; 2) Training, (supervision and data validation covered under M&E of TB and HIV grants; 3) Isoniazide funded by TB grant allocation; 4) Staffing, operations and training by HIV and HSS grant and co-funders; 5) Costs of Isoniazide under Treatment budget of TB Modular template together with other first-line TB drugs. CPT: 1) Cotrimoxazole funded by HIV program grant and general MOH budget; 2) Training, supervision covered under HSS grant application. TB-IC: Funding from TB grant. Budget included in TB Modular Template under Treatment; 1) Costs for simple health facility refurbishment, surgical masks as a package; 2) Sun-shaded open air waiting areas for PLHIV with cough and presumed TB; simple disposable masks, selective UVGI; Budget in Modular Template TB /Treatment	IPT, TB-IC, ART provision, and HCT co-funded by USG (CDC/PEPFAR/USAID).
			Above				

Programmatic Gap				
Coverage Indicator : TB/HIV-4: Percentage of new HIV-positive patients starting IPT during the reporting period				
Current National Coverage	Year	Source	Latest Results	
	2013			
	2015	2016	2017	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	532'536	582'692	574'597	1) Targets are based on current achievement intention for scale-up. 2) Aspirational targets for ensuing years. 4) All PLHIV Screened for TB (see above) and without any symptoms, and newly diagnosed with HIV are offerd IPT for 6 months. 5) NAP HIS.
B. Country targets (from National Strategic Plan)	239'641 45.00 %	320'480 55.00 %	373'488 65.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	532,536 100.00 %	582,692 100.00 %	574,597 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	239'641 45.00 %	320'480 55.00 %	373'488 65.00 %	
F. Coverage from Allocation amount and other resources C+E	239,641 45.00 %	320,480 55.00 %	373,488 65.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	239,641 45.00 %	320,480 55.00 %	373,488 65.00 %	

Module: TB care and prevention																						
Measurement framework for module																						
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹							
							Total Targets	Year 1		Year 2		Year 3										
			N #	%	Year	Source		N #	%	N #	%	N #	%									
			D #					D #		D #		D #		D #								
DOTS-7c: Percentage of notified TB cases, all forms, contributed by non-NTP providers - community referrals	Fundacao para o Desenvolvimento da Comunidade														1) Baseline provided by NTP in 2013 report Through expansion of community activities and better recording and reporting it is assumed that this will increase in 2015 - 2017.							
							Allocation + Other Sources	6895 68951		10		11653 77685		15		16987 84934		20				
							Above															

DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Ministry of Health of Mozambique	National program														1) Targets are based on the National Strategic Plan 2014-2018, aiming to achieve 70% CDR by 2018 . 2) the rate of scale-up is based on the difference between base-line and target, incorporating anticipated population growth of 2.8% per year. 3) Population size data are taken from DHS. 4) Diagnostis is expanded by expansion of microscopy (ZN/LED), GeneXpert, and by clinical orientation for pediatric TB. 5) Notification data come from NTP routine notification system.
			53877	2013	R&R TB system, yearly management report	Allocation + Other Sources	68951		77685		84934					
						Above										
DOTS-2a: Percentage of all new TB cases, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period	Ministry of Health of Mozambique															1) targets are based on NSP 2014-2018, aiming to achieve 87% in 2016 and stabilizing it in 2017.
			40300	87	2012	R&R TB system, yearly management report	Allocation + Other Sources	47500	87	53500	87	60042	87			
			54565				61366	69014								
			46290	Above												
DOTS-5: Number of children <5 in contact with TB patients who began IPT	Ministry of Health of Mozambique															1) The number of bacteriological confirmed TB patients is taken as an index case number for the denominator. For target setting it is assumed that each one will have one close contact under 5 years of age. 2) IPT is provided to close contacts of sputum-smear positive patients. Scale-up through expansion of integrated TB/HIV home visits by community workers.
			11392	2013	R&R TB system, yearly management report	Allocation + Other Sources	22784		27286		32878					
						Above										

Module budget - TB care and prevention									
Allocated request for entire module	USD 17,396,370	Above allocated request for entire module					USD 678,049		
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)						
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³	Other funding ⁴	
Case detection and diagnosis	1) NTP is operating countrywide. 2) Continuation of laboratory functions initiated under NFM Interim grant. This includes: a) ZN, LED-FM, GeneXpert and Culture/DST for both first- and second-line anti-TB drugs; b) Cough days in each district; c) Training of provincial and district laboratory staff; regional trainings on GeneXpert for lab staff and clinicians; procurement of lab reagents and PSM costs; procurement of pediatric lab diagnostic equipment. d) Contact tracing in the household members and neighbours of the patient in Treatment by activists; - Transportation of samples of contacts to the health facility twice a week; - Reference contacts for early treatment of TB; - Reference contacts that require other tests to diagnose TB - Community HIV testing of the contacts - Referral of children under five years in contact with DOT patients to start prophylaxis with isoniazid; - Follow up of the child in prophylaxis and referral in cases of adverse effects or onset of symptoms of TB	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources				It is assumed that Community agents will reinforce TB literacy and contribute to higher awareness on TB and self-referral of patients with TB symptoms.		
			Above						
		Ministry of Health of Mozambique	Allocation + Other Sources	2,581,904	2,449,732	773,335	Allocated: 1) The continuation of activities under GF interim proposal: a. case-detection b. Mobile teams for conducting "cough days" for active case finding in high-burden communities Also introducing: 2) Radio advertisement for cough days (in each of 128 districts, quarterly) 3) Procurement of lab reagents and PSM costs. 4) Biannual regional trainings on GeneXpert for lab staff and clinicians 5) Procurement of pediatric lab diagnostic equipment and PSM costs (169 nebulizers, 600 gastric tubes) Above: 1) Training for provincial (1 training per year) and district lab staff (11 trainings per year)	1) CF (Interim Proposal) 1 grant will be major sources for expanding laboratory network one of the key requisites for increasing diagnosis; Expansion of laboratories from 315 in 2013 to 600 in 2017. Laboratories with LED microscopes will move from 62 in 2013 to 420 in 2017; GeneXpert will rise from 16 in 2013 to 101 in 2017. In Interim proposal 17 GeneXpert and 150 LED microscopes were budgeted to achieve these goals through June 2015. 2)Training of laboratory technicians (under R8 Grant, HSS) and capacity buiding are other complementary activities	
			Above		44,225				
Collaborative activities with other programs and sectors	Nutritional supplements for pediatric TB cases. Target population and geographical scope: Pediatric TB and MDR-TB patients nationally. Implementation approach: Treat pediatric TB patients and MDR –TB patients with moderately acute malnutrition and severely acute malnutrition with corn soya blend. Treat pediatric TB patients and MDR –TB patients with moderately acute malnutrition and severely acute malnutrition with F75, F100, and Plumpynut.	Ministry of Health of Mozambique	Allocation + Other Sources	535,616	459,771	Allocated: 1) Treat pediatric TB patients and MDR –TB patients with moderately accute malnutrition and severely acute malnutrition with corn soya blend Cost of HSS and TB/HIV under interim NFM TB grant refelcted here. Above: 1) Treat pediatric TB patients and MDR –TB patients with moderately accute malnutrition and severely acute malnutrition with F75, F100, and Plumpy nut			
			Above	119,753	101,621				

Community TB care delivery	Target population and geographical scope: National Level. Implementation approach: Train trainers at provincial level to provide integrated training on TB and TB/HIV. This will be done one time in the second year of this grant. The first time is done under the prevailing grant. Target population and geographical scope: Training 718 new activists for community DOTS in 15 high priority districts (chosen from pool of 900) Implementation approach: The selection of priority districts was based on the need to improve treatment outcomes for MDR-TB, and to improve contact screening in high burden districts. Priority was given to districts with high burden of TB (high notification rates), or 6 or more MDRTB cases notified annually.	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources	1,402,613	1,214,684	607,342	Introducing, 1) Training 718 new activists for community DOTS in 15 high priorty districts (chosen from pool of 900) 2) Printing IEC mateirals for activists 3) Allowances for activists (US\$ 133/month)	
			Above					
			Ministry of Health of Mozambique	Allocation + Other Sources	2,456,328	268,238		
		Above						
		Engaging all care providers	1) We target private providers, MOH staff and Traditional Healers. 2) Private and MOH clincians: we provide an annual training for clinical staff on TB and TB/HIV 2x per year in each province; pax 25 for a duration of 5 days including travel. For Traditional healers, we provide once annually a training in each province of 2 days, for traditional healers to make them aware of TB and TB/HIV and stimulate them to refer patients with presumed TB to the health facility.	Ministry of Health of Mozambique	Allocation + Other Sources			89,889
Above	20,214					29,717	29,717	
Prevention	1. All health facilities with priority for busy HIV clinics and general health centers and hospitals. 2. Procurement of N95; fit test kits; construction of simple open air waiting shelters or other simple renovations; UVGI in well targeted places where natural ventilation is poor; ceiling fans; IB-IC measuring equipment (vaneometer, UV meter, smoke tubes), TB-IC training; regional trainings in TB-IC for HCWs. Health care worker surveillance will be maintained in all health facilities, and focus both on TB and HIV among health workers; organized by TB-IC programs such as initiated by JHIPIEGO and TB CARE I, and now in over 60 health facilities.	Ministry of Health of Mozambique	Allocation + Other Sources	566,065	766,527	168,250	Allocated: 1) Procurement of T-masks and PSM 2) Procurement of equipment for infection control: fit testing (112 facilities), open air waiting shelters (225 facilities), UVGI fittings (125 facilities), ceiling ventilators (200 facilities), and TB-IC measuring equipment (2 sets per province) 3) Cost to procurement of IPT drugs is NOT reflected here. Combined with first line drugs under Treatment. Above: 1) Annual regional trainings in infection control	1) Private providers provide full or partial TB management (referrals for diagnosis and treatment); cases detected in the private sector are notified to the NTP Health facilities, prerequisite for drugs supply by the NTP; TB drugs are not allowed to be sold in private institutions. Notificaton system to capture cases detected in private sector is being established.
				Above	49,410	49,410		

Treatment	1) Our target population is all TB patients. 2) The funds provide for procurement of: first-line TB drugs, and isoniazide for IPT; Procurement and supply management by CMAM; training of CMAM staff on TB drugs management (twice per year); PSM training for health technicians (2x per year in each region); quarterly supervision by central level staff to all three regions (2x per year); quarterly supervision from provincial level to all districts; regional trainings on pediatric TB (2x per year). -Support on ART adherence in patients on TB / HIV Community DOT and adherence to anti-TB tablets; -Education of patients and contacts about TB infection and control at home -Provide HBC for patients under DOT -Follow-up of Patients and reference TB spectrum samples for examinations and controls; -Referral of patients with adverse drug reactions	Ministry of Health of Mozambique	Allocation + Other Sources	429,815	1,546,606	1,079,655	Allocated: 1) General TB program supervision from central to provincial level, 2) Comprehensive TB supervision by provincial to district level, 3) PSM courses at the district level 4) Procurement of first line medicines for TB from July 2016 to meet funding gap (including IPT) and costs of PSM Above: 1) ToT for provincial staff on DOTS and TB/HIV interventions 2) Biannual regional trainings on logistics management and rational use of medicine	1) It is assumed that NFM1 will cover the cost of drugs until June 2015. PSM costs are included. 2) Community DOT will take place under FDC (the other PR) activities;
			Above	65,838	85,815	32,919		

Programmatic Gap				
Coverage Indicator : DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses				
Current National Coverage	Year	Source	Latest Results	
	2013	HMIS	53877.0	
		2015	2016	2017
				CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	115'785	113'493	111'245	1) Targets are based on the National Strategic Plan 2014-2018, aiming to achieve 70% CDR by 2018 . 2) the rate of scale-up is based on the difference between base-line and target, incorporating anticipated population growth of 2.8% per year. 3) Population size data are taken from DHS. 4) Diagnostis is expanded by expansion of microscopy (ZN/LED), GeneXpert, and by clinical orientation for pediatric TB. 5) Notification data come from NTP routine notification system.
B. Country targets (from National Strategic Plan)	68'951 59.55 %	77'685 68.45 %	84'934 76.35 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	115,785 100.00 %	113,493 100.00 %	111,245 100.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	67'492 58.29 %	75'903 66.88 %	85'363 76.73 %	
F. Coverage from Allocation amount and other resources C+E	67,492 58.29 %	75,903 66.88 %	85,363 76.73 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	67,492 58.29 %	75,903 66.88 %	85,363 76.73 %	

Coverage Indicator : DOTS-5: Number of children <5 in contact with TB patients who began IPT

Current National Coverage		Year	Source	Latest Results	CCM Comments
		2013	HMIS	11392.0	
		2015	2016	2017	
Current Estimated Country Need					1) The number of bacteriological confirmed TB patients is taken as an index case number for the denominator. For target setting it is assumed that each one will have one close contact under 5 years of age. 2) IPT is provided to close contacts of sputum-smear positive patients. Scale-up through expansion of integrated TB/HIV home visits by community workers.
A. Total estimated population in need/at risk (from National Strategic Plan)		34'475	38'843	42'467	
B. Country targets (from National Strategic Plan)		22'784 66.09 %	27'286 70.25 %	32'878 77.42 %	
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources		0 0.00 %	0 0.00 %	0 0.00 %	
Programmatic Gap					
D. Expected annual gap in meeting the need A-C		34,475 100.00 %	38,843 100.00 %	42,467 100.00 %	
Country need planned to be covered by domestic & other sources					
E. Targets to be financed by allocation amount		22'784 66.09 %	27'286 70.25 %	32'878 77.42 %	
F. Coverage from Allocation amount and other resources C+E		22,784 66.09 %	27,286 70.25 %	32,878 77.42 %	
G. Targets to be potentially financed by above allocation amount		0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G		22,784 66.09 %	27,286 70.25 %	32,878 77.42 %	

Module: MDR-TB															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								Comments ¹
							Total Targets	Year 1		Year 2		Year 3			
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #		D #		D #			
MDR TB-1: Percentage of previously treated TB patients receiving DST	Ministry of Health of Mozambique														This is based on the expected increase of lab capacity in the Lab strategic plan. Denominator is calculated using 8% of notified cases as verified in 2013.
			1287.0	28.6	2013	TB laboratory register	Allocation + Other Sources		35.0		50.0		70.0		
			4496.0				Above								

MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	Ministry of Health of Mozambique									1) Increase based on expansion of GeneXpert and C/DST capacity and sample transportation system. 3) Population size estimates are based on expansion of case-detection of all forms of TB and proportional increase of estimated MDR-TB patients among patients with PTB. 5) Data source will be the Laboratory system and NTP R& R system. The numerator ate the PMDT targets for MDR-TB cases detected. The denominator is the number of expected cases calculated using 3.5% of prevalence in new cases and 11.6% in retreatment cases notified.
			359	2013	R&R TB system, yearly management report	Allocation + Other Sources	918	1194	1443	
						Above				

MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	Ministry of Health of Mozambique						1) The prevalence of MDR-TB in notified patients will remain as in 2009. Since the number of notifications is expected to increase sharply due to improved case detection the overall percentage of estimated patients with MDR-TB will increase to 50% in 2010. Of those diagnosed 100% will be started on MDR-TB treatment. 2) Through scale-up of GeneXpert testing all patients started on re-treatment will be tested with GeneXpert and an increasing number of PLHIV and other high risk categories. Figures are based on the PMDT ambitious plan. Annual increase of enrolled cases is stated at 75% for 2013 and 2014. For 2015 the increase is assumed at 50%; and 30% for 2016 and 2017. 3) NTP projects that over 90% of the bacteriologically confirmed cases will be previously treated cases as compared to 87% at present. Follow up at 6 months to be strengthened. 4) Percentage of cases DR TB cases detected/over expected; Cases enrolled for treatment as compared to diagnosed; cases lost to follow up at 6 mo			
			313	2013		Allocation + Other Sources		918	1194	1433
						Above				
Module budget - MDR-TB										

Allocated request for entire module	USD 9,572,922	Above allocated request for entire module					USD 350,551
Intervention	Description of Intervention ²	Intervention budget (request to the Global Fund only)					
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³
Case detection and diagnosis: MDR-TB	1) The target population comprises of all notified retreatment patients, as well as other eligible high risk categories (health care workers, primary contacts, miners, prisoners, children, new smear positive cases who do not convert smear on 2nd month) which will be tested with GeneXpert and C/DST. Increasingly also new HIV+ persons with presumed TB will be tested with GeneXpert for MTB, of whom some will be diagnosed with MDR-TB 2) A sample referral system using courier services will be established to strengthen sputum referrals from the districts to GeneXpert sites for MDR-TB diagnosis. COSTS BUDGETED UNDER SECTION CASE DETECTION AND DIAGNOSIS ABOVE.	Ministry of Health of Mozambique	Allocation + Other Sources	352,810	321,327	124,620	1) Procurement of MDR reagents and consumables from to meet funding gap and PSM 2) Transport of sputum samples from facilities to GeneXpert centers (Target 70 districts referring sputum samples every 2 weeks in 2015; 60 in 2016.; 40 in 2017. Decreasing targets as GeneXpert expands.)
Prevention for MDR-TB	1) TB-IC measures will be implemented in all MDR-TB admission facilities. 2) TB-IC plans will be developed in combination with staff training for all staff. Implementation will be monitored through integrated supervision. Community-health workers will be oriented during training. Patients and family will be oriented on TB-IC measures in the household. 3) Refurbishment and renovation will be done in prioritized high-risk areas in particular for care of MDR-TB patients.	Ministry of Health of Mozambique	Allocation + Other Sources	5,132,448			Cost of PMDT based on approved budget of interim TB grant; carry-over activity into NFM period.

Treatment: MDR-TB	<p>1) Nationwide population is targeted, with priority to 6 high burden provinces. 2) Along with GeneXpert expansion and diagnosis of MDR-TB, treatment capacity will be expanded ensuring that every diagnosed patients can be started on treatment as soon as possible with minimal delay. 3) Patients are admitted initially for clinical evaluation (biochemistry, audiometry, HIV testing and counseling etc.) in 12 provincial MDR-TB treatment centers. When the patient is well oriented and on treatment (e.g. also ART) and ambulatory care organized, the patients will be discharged and continue ambulatory treatment at their nearest health facility to place of residence. Patient management may involve both health workers and community case workers. Quality of MDR-TB care will be strengthened by strictly quarterly evaluation of every patient on treatment through patient card reviews during supervision, also ensuring correct and timely recording and reporting of MDR-TB data. The budget includes: quarterly supervision from national o provincial level, provincial supervision in 6 priority provinces, international training for 3 persons (per year), one national training of 5 days for 30 persons (year 2 and 3), procurement of second-line drugs and PSM costs, costs of 15 audiometers for baseline and audiogram monitoring, training of health workers (doctors, nurses, technicians) . Standard costs of GLC affiliation is covered by this budget. Six additional medical officers will be recruited for the function of MDR-TB provincial coordinator in 6 high burden provinces. At national level 3 additional staff will be hired (one medical officer, 2 M&E staff).</p>	Ministry of Health of Mozambique	Allocation + Other Sources	621,092	1,730,509	1,290,116	<p>Allocated: 1) Green Light Committee contribution 2)International training of 3 clinicians in PMDT and MDR-TB, 3)) Procure audiometers and PSM for 20 MDR-TB centers 4) Procurement of second line medicines for TB from July 2016 to meet funding gap 5) Monthly transporation incentives for all MDR TB patients (US\$ 35/month) Allocated: 1) The continuation of three activities under GF interim proposal after December 2016: 2) Annual central training on MDR-TB 3) MDR-TB program annual supervision from central to provincial level, and from provincial to district level</p>	<p>1)Surveillance of MDR TB patients will be strengthened as well as the clinical management. Follow up through out the treatment period including management of adverse reactions, patient support and incentives as well as psychological support will have to be part of the treatment package. In addition, reduction of stigma will have to be the backbone of information to improve adherence and treatment success. 2) The current request will have to include retired health staff allowance and transportation for Community DOT (injectables): transportation fees for MDR-TB patients not covered by community DOT; Nutritional support package.</p>
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Programmatic Gap

Coverage Indicator : MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment

Current National Coverage		Year	Source	Latest Results	
		2013	HMIS	313.0	
		2015	2016	2017	CCM Comments
Current Estimated Country Need					
A. Total estimated population in need/at risk (from National Strategic Plan)	1'080	1'327	1'508	1) The prevalence of MDR-TB in notified patients will remain as in 2009. Since the number of notifications is expected to increase sharply due to improved case detection the overall percentage of estimated patients with MDR-TB will increase to 50% in 2010. Of those diagnosed 100% will be started on MDR-TB treatment. 2) Through scale-up of GeneXpert testing all patients started on re-treatment will be tested with GeneXpert and an increasing number of PLHIV and other high risk categories. Figures are based on the PMDT ambitious plan. Annual increase of enrolled cases is stated at 75% for 2013 and 2014. For 2015 the increase is assumed at 50%; and 30% for 2016 and 2017. 3) NTP projects that over 90% of the bacteriologically confirmed cases will be previously treated cases as compared to 87% at present. Follow up at 6 months to be strengthened. 4) Percentage of cases DR TB cases detected/over expected; Cases enrolled for treatment as compared to diagnosed; cases lost to follow up at 6 months 5) Global TB Reports, PMDT plan and the annual reports are major source of data.	
B. Country targets (from National Strategic Plan)	918 85.00 %	1'194 89.98 %	1'433 95.03 %		
Country Need Already Covered					
C. Country need planned to be covered by domestic & other sources	0 0.00 %	0 0.00 %	0 0.00 %		
Programmatic Gap					
D. Expected annual gap in meeting the need A-C	1,080 100.00 %	1,327 100.00 %	1,508 100.00 %		
Country need planned to be covered by domestic & other sources					
E. Targets to be financed by allocation amount	918 85.00 %	1'194 89.98 %	1'433 95.03 %		
F. Coverage from Allocation amount and other resources C+E	918 85.00 %	1,194 89.98 %	1,433 95.03 %		
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %		
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	918 85.00 %	1,194 89.98 %	1,433 95.03 %		

Module: HSS-Procurement supply chain management (PSCM)									
Module budget - HSS-Procurement supply chain management (PSCM)									
Allocated request for entire module	USD 0		Above allocated request for entire module					USD 7,777,172	
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)						
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³		Other funding ⁴

Operationalization of procurement and supply chain management system	Improve the LMIS, health products distribution network in the Supply Chain, and management 1) Target population and geographic scope: 2) Implementation approach: Improve the management information system for drugs and logistics: Regional trainings	Ministry of Health of Mozambique	Allocation + Other Sources Above	107,136	107,136	0	Above: 1. Regional training to improve the management informatin system for drugs and logistics. Once annually.	
PSM infrastructure and development of tools	Warehouse rehabilitation and fleet expansion	Ministry of Health of Mozambique	Allocation + Other Sources Above	7,281,450	281,450		1. Acquire 50 pick up trucks to provide transport from districts to facilities. 2. Car insurance, and fuel for 50 new vehicles 2. Warehouse rehabilitation a. Contract for pre-assessment and mapping of warehouses b. Contract to architectual engineering firm to analyze the costs to rehabilitate each of 30 high priority warehouses c. Rehabilitation of 30 warehouses d. Contract for inspection of the work	

Module: HSS-Health and community workforce									
Module budget - HSS-Health and community workforce									
Allocated request for entire module	USD 1,415,084	Above allocated request for entire module					USD 6,658,837		
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)						
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³		Other funding ⁴

Health and community workers capacity building	<p>Provide 4 week in-service trainings for 832 TB nurses and basic level clinical officers on HIV to support task-shifting and ART expansion 1) Target population and geographic scope: TB nurses; National 2) Implementation approach: Curriculum includes 2 weeks of theory followed by 2 weeks of practical sessions and a pre/post test. The main focus of the training is TB/HIV management for children and adults including HIV/TB prevention, diagnosis, care and treatment, palliative care, gender-based violence and post-exposure prophylaxis, opportunistic infections, MDR-TB, and prevention with positives. Each trainings is composed of 30 participants Provide in-service training on Option B+ to 510 basic and mid-level MCH nurses 1) Target population and geographic scope: Basic and mid-level MCH nurses; National 2) Implementation approach: These on-the-job trainings are conducted in 4 weeks. 2 weeks of trainings is theoretical and 2 weeks are practical. Training includes a pre/post test. The main focus of the training is TB/HIV management for children, pregnant and breastfeeding women, TB/HIV prevention, diagnosis, care and treatment, gender-based violence, post-exposure prophylaxis, opportunistic infections, MDR-TB, and prevention with positives. 30 nurses will participate in each training</p>	Ministry of Health of Mozambique	<table><tr><td>Allocation + Other Sources</td><td>1,517,360</td><td>1,108,840</td><td></td><td>Source: MOH-HRD Training Departement, In-service Costing tool Costs related to health care workers on job training that includes acommodation, meals, didatic material, transportating to praticum site, transportation to and from the province of origin, internet, and cost of facilitaters honorarium. 1) Each Class of 30 TB or MCH nurses costs \$ 58,360.</td><td>Target for TB nurses is set based on Zambezia's numbers * 11 provinces. Number will be ajust once all provinces submit the information.Clinical partners way contribute % of the budget</td></tr><tr><td>Above</td><td></td><td></td><td></td><td></td><td></td></tr></table>	Allocation + Other Sources	1,517,360	1,108,840		Source: MOH-HRD Training Departement, In-service Costing tool Costs related to health care workers on job training that includes acommodation, meals, didatic material, transportating to praticum site, transportation to and from the province of origin, internet, and cost of facilitaters honorarium. 1) Each Class of 30 TB or MCH nurses costs \$ 58,360.	Target for TB nurses is set based on Zambezia's numbers * 11 provinces. Number will be ajust once all provinces submit the information.Clinical partners way contribute % of the budget	Above					
Allocation + Other Sources	1,517,360	1,108,840		Source: MOH-HRD Training Departement, In-service Costing tool Costs related to health care workers on job training that includes acommodation, meals, didatic material, transportating to praticum site, transportation to and from the province of origin, internet, and cost of facilitaters honorarium. 1) Each Class of 30 TB or MCH nurses costs \$ 58,360.	Target for TB nurses is set based on Zambezia's numbers * 11 provinces. Number will be ajust once all provinces submit the information.Clinical partners way contribute % of the budget										
Above															
Retention and distribution of health and community workers	<p>Support recruitment cost and salaries of 276 data clerks for sites implementing TB/HIV Electronic Patient Tracking System (EPTS) 1) Target population and geographic scope: Data clerks, National 2) Implementation approach: Training will focus on core skills of data abstraction, data entry and quality control, use of EPTS for HF level patient monitoring and LTFU detection. Training will also include a module on ethical issues related to patient-level data and confidentiality. This cadre will conduct retrospective data entry using paper-based patient records in medium volume ART facilities (500-2,000 patients in ART)</p>	Ministry of Health of Mozambique	<table><tr><td>Allocation + Other Sources</td><td>375,360</td><td>750,720</td><td></td><td>Estimation is based on expense analysis obtained from clinical partners currently supporting the majority of data clerk salaries. Data clerk salary is estimated at \$2,720 per year. Costing foresees 276 data clerks contracted in January 2016</td><td></td></tr><tr><td>Above</td><td></td><td></td><td></td><td></td><td></td></tr></table>	Allocation + Other Sources	375,360	750,720		Estimation is based on expense analysis obtained from clinical partners currently supporting the majority of data clerk salaries. Data clerk salary is estimated at \$2,720 per year. Costing foresees 276 data clerks contracted in January 2016		Above					
Allocation + Other Sources	375,360	750,720		Estimation is based on expense analysis obtained from clinical partners currently supporting the majority of data clerk salaries. Data clerk salary is estimated at \$2,720 per year. Costing foresees 276 data clerks contracted in January 2016											
Above															

Scaling up health and community workers	MOH: Provide scholarship support for national mid-level pre-service training of 6 classes of pharmacy technicians 1) Target population and geographic scope: Pharmacy technicians; National 2) Implementation approach: These 30 student courses are implemented in 2 years in the MOH mid-level training institutions. The curriculum is composed of 3 semesters of in-class and practicum work and the last semester includes a rural internship. After completion of the course, the students conduct a theoretical and practical exam that includes an oral component. Graduates will be allocated to national health facilities (Plano de Formacao 2011-2015) Provide scholarship support for national mid-level pre-service training of 4 classes of lab technicians 1) Target population and geographic scope: Lab technicians; National 2) Implementation approach: See above. Provide scholarship support for national pre-service training of statisticians 1) Target population and geographic scope: Statisticians; National 2) Implementation approach: See above. FDC: Increase CHTC for General and Key Populations 1) Target population & geographic scope: a) Clients who voluntarily want to get tested for HIV at community level as well as referred clients with access to 285 VCT sites at National level; b) Partners and family members of HIV index case: in community settings of high HIV prevalence and high population density to increase detection of HIV infection: c) Vulnerable population (young girls in community settings of high HIV prevalence) d) Key populations (FSW, MSM, Migrant population, Workplace population) 2) Implementation approach: a) FDC will implement CHCT through specific activists trained by MoH. The Test will be obtained from a Health Unit at provincial or district level, stored at SR storage and distributed to the CHCT counsellors at the point of activity. b) FDC will prucure consumables and non consumables for the CHCT services. c) The transportation cost of test kits is included in the condom logistics.	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources	538,238	658,609	218,237	Allocated: To expand from 56 to 57 districts: 1. Training for 5 new CHCT activists (to be selected from a pool of 8) in 1 new district 2. Refresher training of the existing 253 CHCT activists in year one and 258 activists in year 2 3. Printing IEC mateirals for all 258 CHCT activists 4. Payment of allowances to all 258 CHCT activists Above: To expand from 57 to 71 districts: 2. Training for 43 new CHCT activists (to be selected from a pool of 70) in 14 new districts 3. Refresher training for 43 CHCT activists in year 2 4. Printing IEC mateirals for 43 CHCT activists 5. Payment of allowances to 43 CHCT activists	
			Above	146,217	87,555	36,373		
		Ministry of Health of Mozambique	Allocation + Other Sources				Above: Source: MOH-HRD Training Departement, Pre-service Costing tool Costs related to students training kit that includes acommodation, meals, schools fees, didatic material, higine and sanitation material, transportating to praticum rural and urban site, transportation to and from the province of origin, internet, and cost of operatinnal and maintiness of institutions infrastructures and equipment. 1) Each Class of 30 pharmacy technicians costs \$114.765.00 2) Each Class of 30 lab technicians costs \$112.404 3) Each Class of 30 statisticians costs \$120.000	
			Above	1,258,206	1,258,206	120,000		

Module budget - Community systems strengthening									
Allocated request for entire module	USD 446,976	Above allocated request for entire module					USD 7,584		
Intervention	Description of Intervention ²	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)						
			Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³	Other funding ⁴	
Community-based monitoring for accountability	Strengthen community monitoring and accountability capacity 1. CSO Platform at Central level, 11 CSO platforms at provincial level, and 71 district coordination forums in 71 priority districts 2.Implemenation Approach a) Revise the community accountability tools to assess progress in community health services delivery (ex: community score cards...) for use in all communities b) Train community facilitators to carry out community monitoring and accountability sessions d) Conduct community and accountability monitoring session	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources Above	144,759 6,952	107,303 632	750 0	Allocated: 1. TA to develop community monitoring and accountability guidelines/tools/mechanism, including definition of indicators at community level, to feed /use during the district planning/and community monitoring 2. Printing of the community accountability manual/tools/score cards 3. Training of 57 community accountability facilitators 4. District Forum for HIV and TB meets twice a year with an average of 30 participants to strengthen Community Accountability mechanisms 5. Provincial platforms. 1 session per year, 30 participants (including 15 representatives from the districts) 7. Central meeting for Civil Society national Platform, 1 per year. 50 participants including representatives from provinces (25 participants from provinces) Above: 1. Training of 14 additional community accountability facilitators to reach 71 districts		
Institutional capacity building, planning and leadership development	Strengthening SRs capacity to deliver quality community health services with linkages with health facility 1. Selected SR at Provincial and district level 2. Implementation approach a) Capacity building for two selected SRs in institutional/organizational with focus on leadership, governance sustainability, program implementation cycle (Planning, M&E, Reporting), and financial management (accountability, reporting)	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources Above	11,715					
	Enforce community/SR engagement mechanisms to implement the grant: Strengthening the PRs capacity to disseminate the Grant and SR recruitment 1. Target population & Geographic Scope: NGOs, CBOs, FBO, Civil Society Platforms, Business Coalitions, Provincial and District authorities (National, Provincial, District levels) 2. Implementation approach: a) Engage national, provincial, and district CSO platforms in revising the existing TORs in preparation of the selection process for two new SR b) Launch the SR recruitments process (two vacancies) at national, provincial and district level using wide dissemination of the tender trough mass media, community radio, CSO platform, and public entities. c) Set up of the proposal review panel for two new SR that includes the CSO Platforms, MCP, NAC/NPCS, and MoH/DPS to select the								

Social mobilization, building community linkages, collaboration and coordination	SRs Build a conducive environment at community level to enable a successful implementation of prioritized interventions 1. Community leaders, committees, and champions in 11 provinces and 71 priority districts 2. Implementation Approach a) Validation of respective packages of services (FSW, MSM, young girls, woman at a reproductive age, sero-discordant couples, TB/HIV, workplace, miners, LDTD, community DOTS), engaging multiple stakeholders at central and provincial level, to ensure adherence to rights and gender approaches, address stigma and discrimination b) Revise advocacy guidelines for community based advocacy c) Implementation of district sessions with community leaders, committees, and champions to ensure buy in on the intervention package Strengthen standardized approaches to community health work 1) CSO Platform, CSO, NGOs, FBO, CBO and community health workers in all implementation sites 2. Implementation approach a) Develop SOP for community implementation to ensure that CSOs deliver complementary and standardized services that respond to the National Strategies b) Produce a disseminate an annual booklet to compare the results of the community accountability tool, grant implementation results, and best practices c) Facilitate participation of SRs in robust national dialogue to standardize community health workers' classification, including incentives and compensation.	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources	150,288	31,725	436	Allocated: 1) Community/SR engagement mechanisms a. CSO Platform coordination national meetings (.5 day x 3) b. Mass media time and air space for publicize the tender (advertisement time/ radio, news papers) c. Recruitment sessions: 12 sessions (1/province and 1 at central level) 2) Conducive community environment a. TA do adjust the package of services (30 days) b. 2 days workshop to validate the packages of services (30 participants at central level) c. Engage 10 community leaders per district per year. ½ day working sessions 3) Standardized community approach a. TA to develop the SOPs for CSO on health b. 11 provincial working session with 20 participants per province validate the SOPs to guide community health work c. Editing and printing costs for annual 30 page booklet d. 11 Provincial working session to standardize community health workers' classification, including incentives and compensation (30 participants) e. 1 national validation meeting to standardize community health workers' classification, including incentives and compensation (30 participants)
			Above				

This will support a a long term sustainable approach for community health work across the three diseases.

Module: HSS-Health information systems and M&E									
Module budget - HSS-Health information systems and M&E									
Allocated request for entire module	USD 5,898,276		Above allocated request for entire module					USD 7,494,443	
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)						
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³		Other funding ⁴

Surveys - HIV	Conduct 2016 & 2017 Integrated Bio-Behavioral Surveys (IBBS): MSM (2016) and Mobile Populations (2017) 1) Target population and geographic scope: Miners and truck drivers concentrated in Tete, Gaza, Inhambane and along transport corridors in Mozambique. 2) Implementation approach: Conduct 2017 IBBS designed to measure HIV prevalence and risk behavior as well as to produce population size estimates to be conducted with support of Global Fund NFM. 3) Other relevant information: 2016 and 2017 IBBS to be co-funded with PEPFAR. Mozambique proposes leveraging NFM funds to support implementation costs (i.e. personnel and training) and PEPFAR funds to support needed lab materials (i.e. HIV test kits, etc.). Global Fund Round 9 Phase 2 support already secured in support of 2014 and 2015 IBBS targeting FWS and Miners. Conduct 2017 HIV drug resistance threshold survey 1) Target population and geographic scope: Pregnant women attending ANC in 36 surveillance sites in 11 provinces. 2) Implementation approach: Mozambique will leverage established ANC surveillance platform to support proposed threshold survey (as done in 2013). 3) Other relevant information: 2015 ANC surveillance activities including threshold survey already financed through PEPFAR and Global Fund Round 9 Phase 2. Conduct 2016 Demographic Health Survey (DHS) 1) Target population and geographic scope: National and Sub-national representative cluster sample of Mozambican households 2) Implementation approach: Mozambique requests NFM funding to support planned 2016 DHS survey which may serve as a reference for monitoring progress towards behavioural indicator targets included in the TB/HIV NFM performance framework 3) Other relevant information: Mozambique is currently investigating the possibility of integrating HIV testing in the 2016 DHS which would provide a complementary data source to measuring population-based HIV prevalence in Mozambique. Current 2016 DHS budget estimated at 4.2 million. This activity will be co-funded by an array of donors including Global Fund Malaria grant (if approved)	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources				Same cost assumptions as MOH. IBBS for FSW and Miners in 2015.	DHS 2016 will be co-funded by an array of donors including Global Fund Malaria grant (if approved)	
			Above	845,796					
		Ministry of Health of Mozambique	Allocation + Other Sources				Proposed IBBS budget has been derived from final budget used in support of MSM and FSW IBBS. Activities include paying salaries for personnel supporting survey, trainings and meetings, RDS survey implemenation, supervision, data analysis, community forum, and local and national results dissemination. 1) IBBS for MSM in 2016 and LDTD in 2017 2) HIV drug resistance threshold survey in 2017 (use IBBS cost assumptions) 3) DHS 2016. Proposed budget has been derived from 2014 AIDS Impact Survey budget. Activities include paying salaries for survey personnel (120k) and transport costs supporting data collection in the field (1.025K)		
			Above	1,569,678	845,796				

Surveys - TB	1) The start of the first prevalence survey in MOZ is planned for 2015. 2) Previous Drug resistance survey performed 6 years ago. It is planned for 2017. These surveys will allow to determine the real TB burden of TB and MDR-TB and guide program policies and strategies	Ministry of Health of Mozambique	Allocation + Other Sources Above	2,034,787	900,560		Allocated: 1) Conduct prevalence survey based on protocol and budget developed by technical partners in line with international guidance. 2) Cost of operational research under interim GF TB grant also included here	
Routine reporting - TB	1) NTP Is revising recording and reporting tools according to the 2013 WHO revised definitions, In addition is developing an Electronic TB register to be both piloted in 4rd quarter of 2014. 2) Nationwide scale up is foreseen to begin in 2015 at district level. This system will allow data quality improvement as well as timely report.	Ministry of Health of Mozambique	Allocation + Other Sources Above	545,005 28,966	551,231 28,966	215,802 28,966	Allocated: 1) Annual provincial ToT for TB supervisors in data quality 2) M&E provincial monitoring meetings 3) Set-up an electronic surveillance system including, internet access and equipment (150 sets - laptop, dongel, and accessories) 4) M&E costs planned in interim grant Above: 5) Annual central training in M&E	1) Scale up will be gradual, starting from high TB notification districts. 2) Data quality Supervision costs are already covered by the Interim funding. 3)Currents request will have to include purchase of computers and internet mobile devices.
	Reproduction of data collection instruments including paper-based charts, registries and monthly summary forms in 2016 and 2017 1) Target population and geographic scope: Instruments used to support ART/Pre-ART, PMTCT, HCT, STI and Key-Population services provided in 11 provinces 2) Implementation approach: HIV program has projected estimated instrument needs for paper-based tools based on historic consumption patterns and 2015-2017 HIV targets. Conduct 2017 Data Quality Assessment (DQA) 1) Target population and geographic scope: 7 HIV/TB related indicators audited in approximately 55 health facilities in 11 provinces 2) Implementation approach: Conduct MoH led DQA's using protocol currently being piloted in 70 health facilities offering ART, PMTCT, HCT and VMMC services. DQA's to be conducted in collaboration with central level PEPFAR strategic information staff. 3) Other relevant information: DQA activities for 2015 and 2016 to be supported by Global Fund Round 9 Phase 2 budget. Please note that proposed budget only addresses needs for central and provincial-level MoH staff participation. Establish provincial and central-level EPTS data warehouse network 1) Target population and geographic scope: DPS offices in 11 provinces and HIV program office at central MoH 2) Implementation approach: IT equipment to be procured and distributed to provincial and central offices. PEPFAR to provide support for the set-up and maintainance of system. Expand use of traditional EPTS at medium volume ART							

Routine reporting - HIV	facilities (>500 patients on ART) at 125 new HF 3) Other relevant information: Electronic systems to be leveraged for better monitoring and supervision on TB/HIV clinical services in high demand health facility (>500 patients on ART). Enhance routine data analysis and data use at Department of Health Information (DIS) through the contracting of epidemiologist 1) Target population and geographic scope: National 2) Implementation approach: Recruit technical assistant to support the epidemiological	Ministry of Health of Mozambique	Allocation + Other Sources	396,255	546,933	107,703	Allocated: 1) DQA budget has been derived from 2014 DQA budget approved as part of Global Fund Round 9 Phase II proposal. Targets start from December 2016. Activities include, a. Air travel, per diems for MoH participants (central and provincial level), and fuel b. Printing of DQA reports. c. Annual workshop on management and use of HIV related strategic information 2) EPTS budget based on cost assumptions obtained from a PEPFAR expense analysis conducted in 2012. 12 units of the following to be procured in January 2017: Server, computer, monitor, printer, UPS, and surge protector 3)DIS support budget based on the estimations elaborated by the GITEV in plan to strengthen the capacities of the MoH to analyze causes of death. TI assumes the seniority and experience required in Mozambique context. 4)Evaluation planned for January-March 2016. Activities include, a. 30 day TA by international consultant b. Transportation for provincial visits c. Central level meeting d. Report printing Above: 1) Reproduction of data collection instruments includes 14 materials. Targets differ by material and are a function of facility scale-up.	EPTS: PEPFAR to support costs associated with installation of IT equipment, networking the server network as well as recurring costs including maintenance costs, printer ink/cartridges, etc. Data collection materials: Global Fund Round 9 Phase 2 is currently supporting 25% of estimated need for instrument reproduction in 2015 and 2016. With the identified reduction in PEPFAR support for strategic information activities, Mozambique proposes augmenting Global Fund support for 2016 from 25% to 50% and extending support to 2017 via NFM for 50% of reproduction needs.
			Above	1,229,174	1,621,506	1,295,595		

	analysis at the Health Information Systems Department Conduct final HIV Acceleration Plan/EMTCT evaluation											
Vital registration system	Expand use of MoH death registry database (SIS-ROH) to all district hospitals by 2017 1) Target population and geographic scope: SIS-ROH to be implemented in all 148 district hospitals by 2017 2) Implementation approach: Funding requested to contract an external company/consultant to assist in implementation of SIS-ROH in remaining district hospitals where system in not currently in use. Funding will also cover costs for needed software upgrades and hardware for new installations. 3) Other relevant information: An expanded SIS-ROH will provide an important data source to the national Vital Statistics Working Group, comprised of MOH, INE, MinJust, UEM, MOASIS, UNICEF, WHO. This includes data around TB/HIV related mortality which can used to better understand the impact of and the effectiveness of the national response to HIV. The broader effort to support SIS-ROH expansion is being supported by WHO and CIDA (Canada).	<table><tr><td rowspan="2">Ministry of Health of Mozambique</td><td>Allocation + Other Sources</td><td>200,000</td><td>200,000</td><td>200,000</td><td rowspan="2">1. Contract an external company/consultant to assist in implementation of SIS-ROH in remaining district hospitals where system in not currently in use (includes cost of Software upgrades and hardware for new installations)</td></tr><tr><td>Above</td><td></td><td></td><td></td></tr></table>	Ministry of Health of Mozambique	Allocation + Other Sources	200,000	200,000	200,000	1. Contract an external company/consultant to assist in implementation of SIS-ROH in remaining district hospitals where system in not currently in use (includes cost of Software upgrades and hardware for new installations)	Above			
Ministry of Health of Mozambique	Allocation + Other Sources	200,000		200,000	200,000	1. Contract an external company/consultant to assist in implementation of SIS-ROH in remaining district hospitals where system in not currently in use (includes cost of Software upgrades and hardware for new installations)						
	Above											

Module: Program management									
Module budget - Program management									
Allocated request for entire module	USD 8,752,790	Above allocated request for entire module					USD 945,074		
Intervention	Description of Intervention ²	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)					Other funding ⁴	
			Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³		
Policy, planning, coordination and management - TB/HIV	1) The target population is TB and HIV implementing partners at all levels from National to District level; including community-based organizations; all country. 2) Quarterly meetings of one day will be organized at which planning and progress of TB/HIV expansion is discussed, based on routine collected data from health facilities. Remedial actions will be agreed upon where performance indicators are poor or not meeting the planning targets. These meetings will be organized back-to-back to TB program meetings of 2 days each (funded from TB grant).	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources				Cost for TBHIV program management covered by NTP and HIV programs 1) NTP and HIV program. 2) Quarterly meetings at all levels. One day on TB/HIV. 2 days on TB /MDR-TB 3) Costs funded by the TB grant. Budget included in FDC budget.		
			Above						
		Ministry of Health of Mozambique	Allocation + Other Sources				Cost for TBHIV program management covered by NTP and HIV programs 1) NTP and HIV program. 2) Quarterly meetings at all levels. One day on TB/HIV. 2 days on TB /MDR-TB 3) Costs funded by the TB grant. Budget included in TB Modular Template under TB treatment.	USAID for TB, PEPFAR for HIV?	
			Above						

Supervision to all levels -TB/HIV	1) Scope is countrywide. Target is NTP staff at national, provincial, district level supervising lower levels. 2) a. Supervision from national to each province (11) done at least once per year and more frequent to weakly performing provinces (4 visits each quarter = 16/annum); including 3 staff (TB, M&E, HIV); b. Supervision from provincial level to each district done quarterly by TB and HIV staff and more frequently to weak districts. c) Supervision from district level to each health facility done quarterly by TB and HIV staff and more frequently to weak HFs.	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources				Cost for TBHIV program management covered by NTP and HIV programs 1) FDC. 2) Budget under FDC grant in section above.	
			Above					
		Ministry of Health of Mozambique	Allocation + Other Sources				Cost for TBHIV program management covered by NTP and HIV programs 1) NTP. 2) See left columns. 3) TB grant. Costs are included under HSS budget. Supervision costs only for NTP program staff.	
			Above					
Policy, planning, coordination and management - TB	1) National level NTP.	Ministry of Health of Mozambique	Allocation + Other Sources	81,030	135,409	198,417	Allocated: 1) maintenance and insurance for central program unit vehicles and district supervisors' motorcycles, 2) external audit 3) annual National Coordination Meeting for TB/HIV , 4) biannual supervision from provinces to districts 5) Recruitment of 1 M&E staff and 1 medical officer at the national level 6) Annual National Coordination Meeting for TB/HIV 3) Central regional trainings in TB program management Above: 1) Quarterly supervision from Central to provinces 2) Annual provincial coordination meetings 3) Recruitment of 6 medical officers at provincial level 4) Annual provincial coordination meetings	
			Above	113,274	144,267	155,741		
Grant management - TB/HIV	Intervention: Incentives and salaries for human resources for the PR1, PR2 and 16 SRs Target population and geographical scope: This include PR and SR central, Provincial and district staff. For the GF Unit based at MoH: Salaries for 8 staff. Implementation approach: The grant management module covers incentives, salaries and supervision for program managers 3 Supervision - Central level team makes 3 trips per year to provinces, and procurement of laptops (MoH). Under FDC the request also covers for Overhead (transportation, office materials, office equipment, and other non-HR overhead) for PR and SRs (new and old) and Annual grant audit. Purchase of furniture and equipment, motorcycles, computers, printers, etc. for use by new SR under FDC.	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources	3,470,448	3,307,835	835,675	Allocated: 1) Overhead (transportation, office materials, office equipment, and other non-HR overhead) for PR, 12 existing SRs, and 2 new SRs 2) PR and SR staff salaries for PR, 12 existing SRs, and 2 new SRs 3) Annual grant audit Above: 1) Overhead (transportation, office materials, office equipment, and other non-HR overhead) for 2 additional SRs 2) PR and SR staff salaries for 2 additional SRs	
			Above	203,968	203,968	50,992		
		Ministry of Health of Mozambique	Allocation + Other Sources	38,104	457,248	228,624	Allocated: For the GF Unit based at MoH, 1) Salaries for 8 staff (average US\$ 4,763/month/person) beginning June 2016 (end of R8 HSS which covers salaris is May 2016) Above: 2) Supervision - Central level team makes 3 trips per year to provinces	Other overhead (rent, utilities) financed by MoH/State budget.
			Above	27,324	27,324	18,216		

Module: Prevention programs for general population									
Module budget - Prevention programs for general population									
Allocated request for entire module	USD 892,165	Above allocated request for entire module					USD 17,202,061		
Intervention	Description of Intervention ²		Intervention budget (request to the Global Fund only)						
		Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions ³		Other funding ⁴

Condoms as part of programs for general population	Improve condom warehousing and distribution 1) Target population and geographic scope: a) General population (sexually active men and women 15–49) at national level b) Key populations at targeted sites (FSW/MSM/Miners/and LDTD) c) Other vulnerable population in targeted sites (young girls and partners 15-24 years); 2) Implementation approach: • Strengthen condom transportation and distribution from provincial warehouses to community distribution centers; • Strengthening coordination between principal recipient (FDC), sub recipients and other CSO's to ensure condom distribution and storage in community settings where FDC is not present (Niassa Province); • Ensure availability and accessibility of condoms in all national health facilities (waiting rooms, pharmacies, VCT sectors, toilets, consultation rooms) . condom provision to final beneficiaries is accounted under specific packages of services targeting specific populations bellow	Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources				1. Transportation of condoms from provincial and district warehouses to the communities (fuel and vehicle rent). Once per month per province.		
			Above	154,440	154,440	77,220			
		Ministry of Health of Mozambique	Allocation + Other Sources				1. Provide information and education for correct and consistent condom utilization and strengthen condom promotion efforts in clinic (Each facility needs 2000 total IEC materials per year. 5% of total IEC on condom content)	National condom needs covered by UNFPA.	
			Above	55,198	55,198	55,198			

HIV testing and counseling as part of programs for general population	Increase HTC for General and Key Populations 1) Target population & geographic scope: a) Clients who voluntarily want to get tested for HIV as well as referred clients with access to 285 VCT sites at National level; b) Partners and family members of HIV index case: in community settings of high HIV prevalence and high population density to increase detection of HIV infection: • HIV positive partners of pregnant women; • HIV negative males to refer to VMMC services in areas with high HIV prevalence and low male circumcision (Zambezia, Manica, Sofala, Gaza, Maputo, and Maputo City) c) Vulnerable population (young girls in community settings of high HIV prevalence) d) Key populations (FSW, MSM, Migrant population) 2) Implementation approach: a) Purchase rapid test kits for HTC for all national HIV testing activities included PITC, VCT and community-based testing; b) Expand PITC availability in key entry points of health facilities (adult and children Triage, Emergency room, in-wards, MCH services and TB); c) FDC will implement CHCT through specific activists trained by MoH. The Test will be obtained from a Health Unit at provincial or district level, stored at SR storage and distributed to the CHCT counsellors at the point of activity. d) FDC will prucure consumables and non consumables for the CHCT services. e) The transportation cost of test kits is included in the condom logistics.							
		Fundacao para o Desenvolvimento da Comunidade	Allocation + Other Sources	356,866	356,866	178,433	1. Procurement of non medical consumables for HCT.	
			Above					
		Ministry of Health of Mozambique	Allocation + Other Sources				1. Procurement of rapid test kits (RTK) for all national HCT activities included PITC, VCT and community-based testing	
			Above	5,328,871	7,552,285	3,769,211		

E. Financial Gap Analysis and Counterpart Financing

Country: Mozambique	Currency: USD
Component: HIV/AIDS	Cycle: January - December
Year of CN Submission: 2014	

	Current and previous				Estimated			
Part One: National Strategic Plan Funding Needs and Resources								
Total Funding Needs								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total Funding needs for the National Strategic Plan (provide annual amounts)			432,447,171		538,798,352	520,419,671	532,974,157	Due to the absence of costs of a national multisectorial plan for HIV, the overall estimated needs for HIV in Mozambique were estimated by compiling and comparing the costing of different plans and projecting costs up to 2017. It included costs of PEN III (2013-2014), PAH (2013-2015), EMTCT plan (2013-2015), Costs of the Global Fund Concept Note (2015-2017). All data was reconcilled to avoid duplication. Additionally, certain expenses reported in resources available but not accountnted for in the different plans (e.g. donor program management costs). These costs corresponds to Calendar years, which may be different from the CN aggregated data.
LINE A: Total Funding needs for the National Strategic Plan			2,024,639,351					

Domestic Resources							Data Sources/Comments
	2012	2013	2014		2015	2016	2017
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017
Total Resources							
Domestic source B1: Loans							No domestic loans that can be attributed to HIV and TB specifically
Domestic source B2: Debt relief							last debt relief in 2009
Domestic source B3: Government revenues	13,265,658	18,744,517	24,089,539		49,529,992	52,506,423	55,056,544
							Government expenditure for HIV was estimated on the basis of NASA results for 2010&2011, programatic data of EMTCT, ART, testing , MC, and Blood safety for the years 2012 and 2013. The year 2014 to 2017 were estimated on the basis of existing targets from 2014 to 2017, and validated with the health budgets for 2014, 2015 and projections for 2015-2017. Includes the commitment of the Government to increase State Budget allocation to the three diseases, including USD 22.1 million in budget request for 2015.
Domestic source B4: Social health insurance							
Domestic source B5: Private sector contributions national							no reliable estimate for private sector contribution
LINE B: Domestic Resources	13,265,658	18,744,517	24,089,539		49,529,992	52,506,423	55,056,544

External Resources								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Other	9,403,829	9,941,042	9,412,168		9,532,168	9,686,856	9,686,856	UN Agencies - correspondes to funding from UN agencies for HIV. Source: UNAIDS estimates on the basis of - CNCS, MEGAS (2014); ODAMOZ online database; UNAIDS JPMS reports (2014); projections of UN agencies support to Mozambique.
Other	4,067,245	4,998,672	4,474,477		4,736,474	4,736,474	4,736,474	International NGOs - estimates of international NGO funding for HIV (essentially from MSF). Source: UNAIDS estimates on the basis of - CNCS, MEGAS (2014); Interviews with international NGOs
United States Government (USG)	193,608,747	213,332,712	231,105,504		244,816,848	244,816,848	244,816,848	Includes resources for HIV. Does not iclude above national allocation. Source: UNAIDS estimates on the basis of - PEPFAR EA expenditure; reported budget from COP13; and predictions of resources available for FY 2015.
Other	984,740	944,224	955,865		622,371	625,887	625,887	PROSAUDE - Refers to expenditure from the Comun Fund PROSAUDE to HIV. PROSAUDE is funded by various donors for health. Part of it is used for HIV. Source: UNAIDS estimates on the basis of - MoH, Budget execution reports (from 2012 to 2014); CNCS, MEGAS (2014).
Other	20,954,393	12,629,308	10,142,661		9,282,143	9,282,143	9,282,143	Other bilateral Funding - Refers to other vertical project funding from bilateral agencies. The reduction of funding from other bilateral funding reflects a shift from donor funding from vertical programmes to overall health spending and other priority areas. Source: NAIDS estimates on the basis of - ODAMOZ online database; MISAU, IFE (2014); interviws with bilateral agencies
LINE C: External Resources	229,018,954	241,845,958	256,090,675		268,990,004	269,148,208	269,148,208	

Global Fund Resources								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
MOZ-809-G08-S	0	0	0		0	0	0	THIS REFER TO HSS grant, so was removed
MOZ-911-G10-H	37,691,711	6,282,369	75,490,517		85,617,868		0	Initially, USD 55'286'489 was reported in 2014. Resources available under MOZ-911-G10-H from 2014 to June 2015 correspond to implementation plan of R9 phase 2 from MISAU. and the decision to procure all drugs in 2015 Q1.
MOZ-911-G09-H	4,997,840	3,207,492	7,849,511		6,232,653	0	0	Initially, USD 14'011'888 was reported in 2014. Resources available under MOZ-911-G09-H from 2014 to June 2015 correspond to implementation plan of R9 phase 2
LINE D: Global Fund Resources	42,689,551	9,489,861	83,340,028		91,850,521	0	0	

Total Request								
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total anticipated resources (annual amounts)			363,520,242		410,370,517	321,654,631	324,204,752	
LINE E : Total anticipated resources (Line B+C+D)			1,419,750,142					
Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)			68,926,929		128,427,835	198,765,040	208,769,405	
LINE F: Total anticipated funding gap (Line A - E)			604,889,209					
LINE G: Total Funding Request to the Global Fund			0		138,122,638	188,295,327	97,603,054	
LINE H: Funding request within the Allocated Amount			0		14,440,529	11,758,899	4,359,932	
LINE I: Funding request above the Allocated Amount			0		123,682,108	176,536,428	93,243,122	

Part Two: Overall Health Sector - Government Health Spending							
Government Health Spending							Data Sources/Comments
	2012	2013	2014		2015	2016	2017
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017
Domestic source J1: Loans			114,857,463				Estimated execution of loan from the World Bank. source: UNAIDS estimates on the basis of MISAU, Relatorio d'Execução do OE, (2011, 2012, 2013, 2014)
Domestic source J2: Debt Relief							
Domestic source J3: Government funding resources	170,344,211	236,435,222	353,418,877		372,289,047	401,784,709	442,082,221
Total government health	170,344,211	236,435,222	468,276,340		372,289,047	401,784,709	442,082,221
Part Three: Counterpart Financing							
Low income = 5% low income, lower lower-middle income = 20%, upper lower-middle income (high level) = 40%, upper-middle income = 60%							
Counterpart Financing							
	2012	2013	2014		2015	2016	2017
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017
Total government resources	13,265,658	18,744,517	24,089,539				
Average of government resources	18,699,905						
Average of request within allocated					10,186,453		
Counterpart financing based on existing commitments							64.74%
Average of total request					141,340,340		
Counterpart financing based on total funding request							11.68%

Country: Mozambique	Currency: USD
Component: Tuberculosis	Cycle: January - December
Year of CN Submission: 2014	

	Current and previous				Estimated			
Part One: National Strategic Plan Funding Needs and Resources								
Total Funding Needs								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total Funding needs for the National Strategic Plan (provide annual amounts)			32,031,747		39,083,342	42,961,460	40,588,646	The overall estimated needs for TB in Mozambique were estimated by compiling the estimated costs of the TB NSP, complemented with latest updates of procurement plan for 1st and 2nd line of TB drugs. Additionally, certain expenses reported in resources available but not accounted for in the different plans (e.g. donor program management costs). These costs corresponds to Calendar years, which may be different from the CN aggregated data.
LINE A: Total Funding needs for the National Strategic Plan			154,665,195					
Domestic Resources								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total Resources								
Domestic source B1: Loans								No domestic loans that can be attributed to HIV and TB espezifically
Domestic source B2: Debt relief								last debt relief in 2009
Domestic source B3: Government revenues		1,983,266	3,889,553		3,261,155	3,396,451	3,547,258	Government expenditure for TB was estimated on the basis form the programmes of health work force salaries for TB, national programme management and M&E, and utilization of state budget to procure TB drugs. 2012 data was not available.
Domestic source B4: Social health insurance								
Domestic source B5: Private sector contributions national								no reliable estimate for private sector contribution
LINE B: Domestic Resources	0	1,983,266	3,889,553		3,261,155	3,396,451	3,547,258	

External Resources								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Medicins Sans Frontiers (MSF)	506,783	506,783	506,783		506,783	506,783	506,783	International NGOs - corresponds to funding from UN agencies for TB. Source: Preliminary results of the NHA for 2012, maintained flat for 2013 onwards.
Other	829,704	829,704	829,704		829,704	829,704	829,704	UN Agencies - correspondes to funding from UN agencies for TB. Source: Preliminary results of the NHA for 2012, mainted flat for 2013 onwards.
United States Government (USG)	10,412,014	11,805,462	10,179,319		10,057,188	10,057,188	10,057,188	Includes resources for TB. Does not include above national allocation. Source: UNAIDS estimates on the basis of USG reported disbursements and budgets.
Other	2,209,103	2,118,214	2,144,327		1,396,188	1,404,076	1,404,076	PROSAUDE - Refers to expenditure from the Common Fund PROSAUDE to TB. PROSAUDE is funded by various donors for health. Part of it is used for TB. Source: UNAIDS estimates on the basis of - MoH, Budget execution reports (from 2012 to 2014); data compiled for the NHA 2012.
Belgium	522,708	522,708	271,720					Source: ODAMOZ online database (http://www.odamoz.org.mz/), last visited September 2014.
LINE C: External Resources	14,480,312	15,782,871	13,931,853		12,789,863	12,797,751	12,797,751	

Global Fund Resources								Data Sources/Comments
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
MOZ-708-G07-T	2,060,041	4,757,183	3,301,690		15,106,623	0	0	
LINE D: Global Fund Resources	2,060,041	4,757,183	3,301,690		15,106,623	0	0	

Total Request								
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total anticipated resources (annual amounts)			21,123,096		31,157,641	16,194,202	16,345,009	
LINE E : Total anticipated resources (Line B+C+D)			84,819,948					
Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)			10,908,651		7,925,701	26,767,258	24,243,637	
LINE F: Total anticipated funding gap (Line A - E)			69,845,247					
LINE G: Total Funding Request to the Global Fund			0		16,148,922	10,292,282	4,581,972	
LINE H: Funding request within the Allocated Amount			0		14,597,555	9,227,595	4,269,944	
LINE I: Funding request above the Allocated Amount			0		1,551,368	1,064,687	312,028	

Part Two: Overall Health Sector - Government Health Spending								
Government Health Spending							Data Sources/Comments	
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Domestic source J1: Loans		114,857,463						estimated execution of loan from the world bank
Domestic source J2: Debt Relief								
Domestic source J3: Government funding resources	170,344,211	236,435,222	353,418,877		372,289,047	401,784,709	442,082,221	source: UNAIDS estimations based on various reports including : MISAU OE 2012; MISAU OE 2013; MISAU , OE 2014, MISAU budget request for 2015, and MDP&MF, CFMP 2014-2016.
Total government health	170,344,211	351,292,685	353,418,877		372,289,047	401,784,709	442,082,221	

Part Three: Counterpart Financing								
Low income = 5% low income, lower lower-middle income = 20%, upper lower-middle income (high level) = 40%, upper-middle income = 60%								
Counterpart Financing								
	2012	2013	2014		2015	2016	2017	
	01/2012 - 12/2012	01/2013 - 12/2013	01/2014 - 12/2014		01/2015 - 12/2015	01/2016 - 12/2016	01/2017 - 12/2017	
Total government resources	0	1,983,266	3,889,553					
Average of government resources	1,957,606							
Average of request within allocated			9,365,031					
Counterpart financing based on existing commitments						17.29%		
Average of total request			10,341,059					
Counterpart financing based on total funding request						15.92%		

Footnotes

1 - Target Assumptions :

Please describe:

- 1) overall assumptions used in calculating targets,
- 2) anticipated rate of scale-up,
- 3) population size estimates,
- 4) description of indicator/package of services,
- 5) data source,
- 6) other relevant information

2 - Description of Intervention :

Please describe:

- 1) rationale for Global Fund support,
- 2) linkages to national strategic plan,
- 3) target population and geographic scope,
- 4) implementation approach, and
- 5) other relevant information.

Please differentiate between scope of allocated and above allocated request

3 - Cost Assumptions for the request of the Global Fund

Please describe:

- 1) cost assumptions and data sources,
- 2) key activities,
- 3) other relevant information.

Please differentiate between allocated and above allocated

4 - Other funding received for this intervention (including scope of activities funded)