

Country	Mozambique			
Grant Name	FR817-MOZ-C			
Implementation Period	01-Jan-2021 - 31-Dec-2023			
Principal Recipient	Ministry of Health of Mozambique			

Reporting Periods	Start Date	01-Jan-2021	01-Jan-2022	01-Jan-2023
	End Date	31-Dec-2021	31-Dec-2022	31-Dec-2023
	PU includes DR?	Yes	Yes	No

Program Goals, Impact Indicators and targets	
1	Reduce new HIV infections 25% by 2025
2	Reduce HIV-related deaths 30% by 2025
3	Reduce the estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months to <5% by 2025
4	Reduce the incidence of TB (per 100,000 population) by 4% até 2023
5	Reduce TB-related mortality (per 100,000 population) by 39% até 2023

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	HIV I-4 Number of AIDS-related deaths per 100,000 population	Mozambique	N: 161 D: 100,000 P: 0.2%	2019 Model Estimate Spectrum v.5.87	Age,Gender,Gender Age	Ministry of Health of Mozambique	N: 145 D: 100,000 P: 0.15% Due Date:	N: 137 D: 100,000 P: 0.14% Due Date:	N: 129 D: 100,000 P: 0.13% Due Date:
	Comments This indicator measures reduction in HIV-related mortality. Official updated Spectrum v5.87 model used to produce baseline results. Annual reporting will be conducted using official Spectrum files which are submitted to UNAIDS Geneva annually. At baseline there were a total of 50,586 deaths in 2019. Pen V aims to reduce mortality by 30% to 35,410 by 2025. We have applied an adjustment for year 2023 Source: Spectrum estimates								
2	HIV I-6 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	Mozambique	N: 14 D: 100 P: 14.0%	2019 Model Estimate Spectrum v.5.87		Ministry of Health of Mozambique	N: 11 D: 100 P: 11.00% Due Date:	N: 9.4 D: 100 P: 9.40% Due Date:	N: 7.9 D: 100 P: 7.90% Due Date:
	Comments This indicator measures reduction in mother-to-child transmission of HIV as a result of early HIV identification, increased ART coverage and viral suppression in ANC and PMTCT services. Official Spectrum v5.87 modeling estimate was used to produce baseline results. Annual reporting will be conducted using official updated Spectrum files which are submitted to UNAIDS Geneva annually. PEN IV targets for vertical transmission aim to achieve a MTCT transmission rate of <5% by 2025.We have applied an adjustment for year 2023 Source: Spectrum estimates								
3	HIV I-14 Number of new HIV infections per 1000 uninfected population	Mozambique	N: 4.55 D: 1,000 P: 0.5%	2019 Model Estimate Spectrum v.5.87	Gender Age,Gender,Age	Ministry of Health of Mozambique	N: 4.17 D: 1,000 P: 0.42% Due Date:	N: 3.98 D: 1,000 P: 0.40% Due Date:	N: 3.79 D: 1,000 P: 0.38% Due Date:
	Comments This indicator measures progress in reducing HIV incidence. Official Spectrum v5.87 modeling estimate was used to produce baseline results. Annual reporting will be conducted using official updated Spectrum files which are submitted to UNAIDS Geneva annually. PEN 5 aims to reduce new infections by 25% from an estimated 132,944 to 99,708 by 2025. We have applied an adjustment for year 2023 Source: Spectrum estimates.								

4	TB/HIV I-1 TB/HIV mortality rate per 100,000 population	Mozambique	N: 73 D: 100,000 P: 0.1%	2018 WHO TB Modelled Estimates 2018		Ministry of Health of Mozambique	N: 58 D: 100,000 P: 0.06%	N: 55 D: 100,000 P: 0.06%	N: 50 D: 100,000 P: 0.05%
	Comments						Due Date:	Due Date:	Due Date:
	This indicator measures the estimated HIV/TB mortality rate and is expressed in terms of per 100,000 of the overall population of Mozambique.								
5	TB I-2 TB incidence rate per 100,000 population	Mozambique	N: 526 D: 100,000 P: 0.5%	2019 Optima 150% Current Expenditure Optimized		Ministry of Health of Mozambique	N: 521 D: 100,000 P: 0.521%	N: 516 D: 100,000 P: 0.52%	N: 504 D: 100,000 P: 0.504%
	Comments						Due Date:	Due Date:	Due Date:
	This indicator measures the estimated new cases of TB per 100,0000 in the overall population of Mozambique. Baseline data is from Optima 150% Current Expenditure Optimized which is most realistic among the 3 situations which were drawn in the study. Targets are based on year-wise projections of Optima 150%, Current Expenditure Optimized. Incidence data is challenging, targets based on Optima model are tentative and may change based on results from the TB prevalence study, that are expected to be available in June or July 2020.								
6	TB I-3□□ TB mortality rate per 100,000 population	Mozambique	N: 145 D: 100,000 P: 0.2%	2018 WHO TB Modelled Estimates 2018		Ministry of Health of Mozambique	N: 114 D: 100,000 P: 0.114%	N: 100 D: 100,000 P: 0.10%	N: 88 D: 100,000 P: 0.09%
	Comments						Due Date:	Due Date:	Due Date:
	This indicator measures the TB mortality and is expressed in terms of per 100,000 in the overall population. Baseline data is from annual 2018 WHO estimates (WHO Global TB Report). Performance results will be obtained from the Optima 150% Current Expenditure Optimized estimation of TB mortality in the country.								

Program Objectives, Outcome Indicators and targets	
1	Increase the percentage of PLHIV who know their status to 95% by 2025.
2	Increase coverage of PLHIV on ART to 81% by 2025.
3	Increase viral supression among PLHIV to 73% by 2025.
4	Reduce the percentage of AGYW involved in risky behaviors 10% by 2025.
5	Increase case notification rate of all forms of TB (per 100,000 population) from 340 in 2019 to 402 in 2023
6	Sustain treatment success rate of all forms of TB in 90% or above
7	Improve treatment success rate of RR TB and/or MDR-TB from 57% in 2019 to 70% in 2023

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	HIV O-4a□□ Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner	Mozambique	N: 26,220 D: 38,000 P: 69.0%	2011 IBBS Among MSM, Mozambique	Age	Funding Request Place Holder	N: D: P: %	N: 31,350 D: 38,000 P: 82.50%	N: D: P: %
	Comments This indicator measures the extent to which condoms are used by people who are likely at higher risk for acquiring and transmitting HIV. Mozambique conducted a Biological and Behavioral Surveillance Survey (IBBS) among men who have sex with men (MSM) in 2011. Data from 1372 MSM was collected on condom use at last anal sex; results were reported from 3 cities (Maputo (76% - sample 461), Beira (80.3% - sample 577) and Nampula (61.9% sample size 334). The baseline is based on RDS-weighted aggregate estimate of condom use at last anal sex. NOTE: BBS does not assess anal sex with non-regular partner. In the PLACE study MSM who reported using a condom at last anal sex was 73.1%(indicator C50B). The results do not represent all MSM groups in the country. Targets are aligned with the National Condom Strategy, Oct. 2019 for KPs. Reporting during grant implementation will be responsibility of civil society primary recipient. A Performance will be assessed in relation to the percentage target. Follow-up IBBS among MSM planned the for 2021; results expected to be avaiible not earlier than 2022.						Due Date:	Due Date:	Due Date:

2	HIV O-7 Percentage of other vulnerable populations who report the use of a condom at last sexual intercourse	Mozambique	N: 2,612,347 D: 4,670,743 P: 55.9%	2015 IMASIDA 2015		Fundação para o Desenvolvimento da Comunidade	N: D: P: % Due Date:	N: 3,035,983 D: 4,670,743 P: 65.00% Due Date:	N: D: P: % Due Date:
	Comments This indicator measures the extent to which condoms are used by adolescents and young women who are likely at higher risk for acquiring and transmitting HIV. Mozambique conducted a AIS 2015. Survey results on reported condom use at last sex among 15-19 year old females of 52.3% (sample size of 322) and among 20-24 year old females 61.6% (sample size of 206). The baseline percentage for condom use is calculated based on weighted aggregate average of participants in the survey. Targets are ambitious and are aligned with the National Condom Strategy to increase condom use by 15% among young men 15 to 24 year. The same rationale is assumed for young females. Reporting during grant implementation will be responsibility of civil society primary recipient. Performance will be assessed in relation to the percentage target. INSIDA was initiated in 2020. However, due to Covid-19 response measures, data collection has been postponed. It will be reinitiated as soon as possible. Results are expected in 2022								
3	HIV O-5□M□ Percentage of sex workers reporting the use of a condom with their most recent client	Mozambique	N: 66,220 D: 86,000 P: 77.0%	2012 IBBS Among FSW, Mozambique	Gender, Age	Funding Request Place Holder	N: D: P: % Due Date:	N: 70,950 D: 86,000 P: 82.50% Due Date:	N: D: P: % Due Date:
	Comments This indicator measures the extent to which condoms are used by female sex workers who are likely at higher risk for acquiring and transmitting HIV. Mozambique conducted a Biological and Behavioral Surveillance Survey (IBBS) among female Sex Workers in Mozambique, 2012 Final Report. Data were collected in three cities. Condom use with last client ranged from 62.8% in Nampula to 73.4% in Beira and 85.8% in Maputo. Sample size was 1,240. The baseline is calculated based RDS-weighted aggregate estimate of condom use with last client . The results do not represent all FSW the entire country. Targets have been set based on the National Condom Strategy, Oct. 2019, page 13. Reporting during grant implementation will be responsibility of civil society primary recipient. An IBBS was planned in 2020. Survey data was completed for the city of Maputo. Continuation of the Survey in other cities was postponed due to COVID-19 response activities. The Survey will be resumed as soon as possible. Results are expected in 2022. Performance will be assessed in relation to the percentage target.								
4	Custom HIV O-13 Proportion of young women aged 18-24 who report experiencing intimate partner violence in the past 12 months	Mozambique	N: 12.3 D: 100 P: 12.3%	2015 IMASIDA 2015		Fundação para o Desenvolvimento da Comunidade	N: D: P: % Due Date:	N: 10.25 D: 100 P: 10.25% Due Date:	N: D: P: % Due Date:
	Comments This indicator measures the proportion of adolescent and young women who report intimate partner violence in the last 12 months. Because many AGYW do not report partner violence, under reporting for this indicator is likely. The baseline is based on DHS 2015, page 263, showing 8.9% (sample size 337) of women 18-19 years of age and 14% (sample size 679) of women 20-24 years of age experienced intimate partner violence in the past year. A weighted average has been calculated based on participant responses in the survey. Target reflects a 25% reduction in partner violence in 2023. A forthcoming paper from UNAIDS called “Re-envisioning the social enablers of the global HIV response: a new framework for achieving the 2030 HIV goals” recommends countries reduce intimate partner violence reported by women by 50% by 2030. The recommended reduction has been adjusted by half to 25% to account for reporting year in 2023. This has been interpreted as a proxy international target, and used as a basis for national target setting in this funding request for reducing stigma among key populations. Reporting during grant implementation will be responsibility of civil society primary recipient. Performance will be assessed in relation to the percentage target. The INSIDA 2020 will provide data for this indicator. It was initiated in 2020. However, due to Covid-19 reponse measures, survey implementation was postponed. Results are expected in 2022.								
5	HIV O-16a Percentage of men who have sex with men who avoid health care because of stigma and discrimination	Mozambique	N: 3,154 D: 38,000 P: 8.3%	2011 IBBS Among MSM, Mozambique	Age	Ministry of Health of Mozambique	N: D: P: % Due Date:	N: 2,838 D: 38,000 P: 7.47% Due Date:	N: D: P: % Due Date:
	Comments This indicator measures progress on reducing feeling afraid of seeking care or avoiding seeking care due to anticipated, perceived, or experienced stigma or discrimination as a result of sexual experience as a man who has sex with men. The reduction of stigma nd discrimination is especially important for timely diagnosis and optimal HIV treatment outcomes. The baseline percentage is calculated based on unweighted aggregate estimates of pooled responses from participants in the 2011 IBBS among men who have sex with men in Mozambique. The Survey reported 8.3% of MSM avoid health care because of stigma and discrimination. Target reflects a 15% reduction in stigma and discrimination by 2023. A forthcoming paper from UNAIDS called “Re-envisioning the social enablers of the global HIV response: a new framework for achieving the 2030 HIV goals” recommends countries reduce stigma experienced by PLHIV and key populations in health care settings by up to 30% by 2030. The recommended stigma reduction has been adjusted by half to 15% to account for reporting year in 2023. This has been interpreted as a proxy international target and used as a basis for national target setting in this funding request for reducing stigma among key populations. Results will be reported based on a follow-up IBBS among MSM that is planned for 2121. Results for this survey are expected in 2022. Performance will be assessed in relation to the percentage target								
6	HIV O-16c Percentage of sex workers who avoid health care because of stigma and discrimination	Mozambique	N: 7,740 D: 86,000 P: 9.0%	2018 PLACE Study-FHI360	Gender, Age	Ministry of Health of Mozambique	N: D: P: % Due Date:	N: 6,966 D: 86,000 P: 8.10% Due Date:	N: D: P: % Due Date:

6	Comments								
	This indicator measures progress on reducing feeling afraid of seeking care or avoiding seeking care due to anticipated, perceived, or experienced stigma as a result of sexual experience as a female sex worker. The reduction of stigma is important for timely HIV diagnosis and optimal HIV treatment outcomes. This variable was not assessed in the 2012 IBBS among FSW. The baseline is from a Place Study conducted in four cities in 2018. It measured the percent of sex workers being seen at the health care facility who reported feeling discrimination against sex workers. It did not measure stigma and discrimination that caused the sex worker not to seek care. A follow-up IBBS survey among sex workers began in 2020, and survey data collection was completed for the city of Maputo in 2020. Continuation of the Survey in other cities was postponed due to COVID-19 response activities. The Survey will be resumed as soon as possible. Results from this survey are expected in 2022.Also an HIV Stigma Index Survey was planned for 2020. It has been postponed due to COVID-19 response. The baseline will be adjusted as soon as results are available (expected in 2022). Target reflects a 15% reduction in stigma and discrimination by 2023. A forthcoming paper from UNAIDS called "Re-envisioning the social enablers of the global HIV response: a new framework for achieving the 2030 HIV goals" recommends countries reduce stigma experienced by PLHIV and key populations in health care settings by up to 30% by 2030. The recommended reduction has been adjusted in half to 15% to account for reporting year in 2023. Performance will be assessed in relation to the percentage target.								
7	HIV O-6□M□ Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	Mozambique	N: 7,673 D: 12,000 P: 63.9%	2014 IBBS Among PWID, Mozambique	Gender,Age	Funding Request Place Holder	N: D: P: %	N: 8,640 D: 12,000 P: 72.00%	N: D: P: %
	Comments						Due Date:	Due Date:	Due Date:
	This indicator measures progress towards reducing the risk of HIV infection through unsafe needle and syringe practices among injection drug users. Improved performance on this indicator is anticipated with the roll-out and scale-up of harm reduction programs to four cities in three provinces. The baseline is based on results from the 2014 IBBS that showed 61.2% (sample 327) of drug users in Maputo, and 71.1% (sample 138) in Nampula reported that at last injection they used a brand new needle or syringe, never used by anyone. A weighted average of results was calculated for the two survey cities. Targets are based on aggressive needle exchange program scale-up in three intervention provinces, with 75% of those reached expected to report they are using a brand new needle and syringe at last injection in 2023. Reporting during grant implementation will be responsibility of civil society partnering in the three targeted provinces. Additional data will be obtained from a follow-up IBBS among injection drug users planned for 2021. Results are expected in 2022. Performance will be assessed in relation to the percentage target.								
8	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	Mozambique	N: 470,325 D: 587,786 P: 80.0%	2019 PEPFAR Program Data	Gender	Ministry of Health of Mozambique	N: 84 D: 100 P: 84.00%	N: 87 D: 100 P: 87.00%	N: 90 D: 100 P: 90.00%
	Comments						Due Date:	Due Date:	Due Date:
	This indicator measures levels of virological suppression defined as <1000 copies/ml among patients currently on antiretroviral therapy. This measure corresponds to the third 90 of the 90-90-90 cascade (90% of patients on ART have suppressed viral loads). Viral load testing capacity and coverage has improved; PEPFAR reported a coverage of 58% for 2019, with a VL suppression rate of 80%. This indicator's baseline is based on the 58% who had a viral load. For the remainder of 2020 this indicator will be reported based on PEPFAR results for AJUDA sites, which comprise 39% of ART sites and approximately 80% of active patients on treatment. The new national M&A manual tools will not have results available for this indicator until the end of 2020. For 2021-23 GF grant period the country will be reported using both EPTS (in sites where available), and the MoH manual reporting system (in sites without EPTS). VL targets are aligned with 90-90-90 strategy. Results will be reported annually. Performance will be assessed in relation to the percentage target. (Source: Numerator: EPTS in sites with EPTS + Mod. SIS-H04-A in sites without EPTS and Denominator: EPTS in sites with EPTS + Mod. SIS-H04-A in sites without EPTS).								
9	HIV O-14 Percentage of women and men aged 15–49 who report discriminatory attitudes towards people living with HIV	Mozambique	N: 20.7 D: 100 P: 20.7%	2015 IMASIDA 2015		Ministry of Health of Mozambique	N: D: P: %	N: D: P: %	N: D: P: %
	Comments						Due Date:	Due Date:	Due Date:
	This indicator measures progress towards reducing discriminatory attitudes and provides support for developing policies aimed at reducing stigma and discrimination. The indicator does not directly measure discrimination but rather measures perceived discriminatory attitudes that may result in discriminatory actions. The baseline is based on DHS 2015 that measured accepting attitudes toward people living with HIV among women and men aged 15-49 through an index comprised of four questions related to acceptance; 20.7% corresponds to one question in the index. (http://aidsinfo.unaids.org/) Target reflects a 15% reduction in stigma and discrimination by 2023. A forthcoming paper from UNAIDS called "Re-envisioning the social enablers of the global HIV response: a new framework for achieving the 2030 HIV goals" recommends countries reduce stigma experienced by PLHIV and key populations in health care settings by up to 30% by 2030. The recommended reduction has been adjusted in half to 15% to account for reporting year in 2023. This has been interpreted as a proxy international target and used as a basis for national target setting in this funding request for reducing stigma among key populations. Results will be reported based on INSIDA. Results are expected by 2022. Performance will be assessed in relation to the percentage target.								
10	HIV O-11□M□ Percentage of people living with HIV who know their HIV status at the end of the reporting period	Mozambique	N: 1,709,178 D: 2,243,966 P: 76.2%	2019 Model Estimate Spectrum v.5.87	Gender	Ministry of Health of Mozambique	N: 1,921,480 D: 2,372,197 P: 81.00%	N: 2,088,727 D: 2,428,752 P: 86.00%	N: 2,231,824 D: 2,479,804 P: 90.00%
	Comments						Due Date:	Due Date:	Due Date:

10	This indicator measures progress towards increasing the proportion of people living with HIV who know their HIV status and the efficacy of HIV testing interventions. It helps to monitor the first 90 of the UNAIDS 90–90–90 target: that 90% of the people living with HIV know their HIV status by 2020. The official updated Spectrum v5.8.7 model estimate (Shiny 90 estimation tool) was used to produce baseline results. Annual reporting will be conducted using annually updated official Spectrum files which are submitted to UNAIDS Geneva . Performance will be assessed in relation to the percentage target. (Source: Numerator: Shiny 90 tool and Denominator: Spectrum estimates)								
11	TB O-1a Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Mozambique	N: 340 D: 100,000 P: 0.3%	2019 National TB Program		Ministry of Health of Mozambique	N: 417 D: 100,000 P: 0.42%	N: 427 D: 100,000 P: 0.43%	N: 402 D: 100,000 P: 0.40%
	Comments This indicator measures all forms of TB cases that are bacteriologically confirmed or clinically diagnosed with active TB by a clinician, reported to PNTB and expressed per 100000 population. The source of annual population estimates is the National Institute of Statistics (INE) 2017 census projections (2019). Population estimates for 2020-2025 have not yet been released. Targets are set by national TB Program based on an expected increase the case detection rate from 2021 to 2023, in line with the expansion of multiple case finding strategies, with a focus on improved contact tracing and expanded diagnostic capacity.						Due Date:	Due Date:	Due Date:
12	TB O-4□M□ Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Mozambique	N: 507 D: 876 P: 57.9%	2019 National TB Program		Ministry of Health of Mozambique	N: 842 D: 1,336 P: 63.02%	N: 1,183 D: 1,765 P: 67.03%	N: 1,439 D: 2,055 P: 70.02%
	Comments This indicator measures improvement in treatment success rates for MDR TB. The 2019 baseline result represents outcomes for the cohort of patients that initiated TB treatment in the calendar year of 2017. The target numerator is based on the number of patients with RR/MDR TB cases that began 2nd line treatment in 2018, 2019, and the estimated number that will begin treatment in 2020. The target denominator is based on total reported cases in 2018, 2019 and total estimated cases for 2020. Targets for this indicator aim for significant improvement of MDR treatment success rate from 58% in the 2017 cohort to 70% by the 2023 (2021 treatment cohort). Results will be reported with numerator, denominator and percentage based on program data from the reporting period. Performance will be assessed in relation to the percentage target.						Due Date:	Due Date:	Due Date:
13	TB O-5□M□ TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	Mozambique	N: 97,111 D: 162,000 P: 59.9%	2019 National TB Program		Ministry of Health of Mozambique	N: 128,429 D: 162,000 P: 79.28%	N: 134,851 D: 162,000 P: 83.24%	N: 130,272 D: 162,000 P: 80.41%
	Comments This indicator assesses country performance in detecting cases of TB and enrolling them in treatment. The numerator is based on Optima modelling data that shows cases peak in 2022 and then it begins to fall in 2023. The denominator is based on modelled estimates of total new TB cases of all forms for the same year. Population levels of TB burden are currently unknown. Results from the TB prevalence study are expected sometime in 2020. This study will provide a more accurate estimation of target population size. Results may justify a modification to 2021-2023 Global Fund targets. Results will be reported using TB program data for the numerator. Performance will be assessed in relation to the percentage target.						Due Date:	Due Date:	Due Date:
14	TB O-7 Percentage of people diagnosed with TB who experienced self-stigma that inhibited them from seeking and accessing TB services	Mozambique	N: D: P:	TBD New indicator	Gender	Ministry of Health of Mozambique	N: D: P: %	N: D: P: %	N: D: P: %
	Comments This indicator will measure progress on reducing feeling afraid of seeking care or avoiding seeking care due to anticipated, perceived, or experienced stigma or discrimination as a result of having TB. The reduction of stigma and discrimination is especially important for timely diagnosis and optimal TB treatment outcomes. This is a new indicator; data are not available for the baseline. A TB stigma and discrimination assessment is planned for 2021 and will be used for reporting against this indicator. Results are expected in 2022						Due Date:	Due Date:	Due Date:

Coverage indicators and targets												
CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jan-2021 31-Dec-2021	01-Jan-2022 31-Dec-2022	01-Jan-2023 31-Dec-2023
Prevention												

1	Men who have sex with men	KP-1a□M□ Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Mozambique; Coverage: Geographic Subnational, less than 100% national program target	N: 2,124 D: 38,000 P: 5.6%	2019 FDC Program Data		No	Funding Request Place Holder		N: 5,498 D: 38,000 P: 14.5%	N: 6,556 D: 38,000 P: 17.3%	N: 8,320 D: 38,000 P: 21.9%
	Comments											
	This indicator measures the number of MSM reached with a preventive package. The denominator is based on the total estimated population size of MSM. Size estimates were validated in 2020 based on the 2011 MSM IBBS, literature on MSM prevalence from Eastern and Southern Africa, and adjusted using the 2017 census; 0.56% of men 15+ are estimated to be MSM. The proposed GF investment will reach 8320 MSM in 2023, covering 22% of all MSM in the country. This is expected to be complemented by PEPFAR's investment to reach another 8,241 MSMs (based on COP 20 investment), for a total national coverage of 44% in 2023. Targets reflect GF investment.Funding to reach an additional 13,839 MSM (to achieve the recommended 80% national coverage) is contained in the PAAR. The intervention areas have been selected based on high incidence districts in all 11 provinces where MSM programs are on-going. To minimize duplication, geographic focus for preventive services are harmonized with PEPFAR COP20 areas for prevention services. Reporting during grant implementation will be responsibility of civil society primary recipient. Results will be reported with numerator, denominator and percentage based on follow-up reports. Performance will be assessed in relation to the percentage target											
2	Sex workers and their clients	KP-1c□M□ Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Mozambique; Coverage: Geographic Subnational, less than 100% national program target	N: 24,848 D: 86,000 P: 28.9%	2019 FDC Program Data		No	Funding Request Place Holder		N: 32,870 D: 86,000 P: 38.2%	N: 36,141 D: 86,000 P: 42.0%	N: 39,411 D: 86,000 P: 45.8%
	Comments											
	This indicator measures number of FSW reached with a preventive package. The baseline numerator is based on FDC program data for 2019. The denominator is based on the total estimated population size of FSW. Size estimates were validated in 2020, based on the 2012 FSW IBBS, literature on FSW prevalence from Eastern and Southern Africa, and adjusted using the 2017 census; 1.08% of women 15+ are estimated to be FSW in Mozambique. The proposed GF investment will reach 39,411 FSWs in 2023 – covering 46% of all FSW in the country. The GF investment is expected to be complemented by PEPFAR's contribution which is expected to reach another 18,484 FSW (based on COP 20 investment), for a total national coverage of 67% in 2023. Funding to reach an additional 10,905 FSW (to achieve the recommended 80% national coverage) is contained in the PAAR. Targets reflect GF investment. The intervention areas have been selected based on high incidence districts in all 11 provinces where sex worker activity is on-going. To minimize duplication, geographic focus for preventive services are harmonized with PEPFAR COP20 areas for prevention services. Reporting during grant implementation will be responsibility of the civil society primary recipient. Results will be reported with numerator, denominator and percentage based on follow-up reports.. Performance will be assessed in relation to the percentage target.											
3	Sex workers and their clients	KP-6c Percentage of eligible sex workers who initiated oral antiretroviral PrEP during the reporting period	Country: Mozambique; Coverage: Geographic Subnational, less than 100% national program target	N: 328 D: 86,000 P: 0.4%	2020 PEPFAR Q2 Program Data (PreP_New)		No	Ministry of Health of Mozambique		N: 222 D: 8,275 P: 2.7%	N: 233 D: 9,116 P: 2.6%	N: 245 D: 9,956 P: 2.5%
	Comments											
	This indicator measures the percent of eligible FSWs who initiate PrEP in selected health facilities in 17 high incidence districts in all 11 provinces where sex worker activity is on-going and PrEP will be made available in selected health facilities. The baseline is from Q2 2020 (Oct. 1 2019 - March 31,2020) PEPFAR program data for PreP_New. This is a new indicator for MISAU. The baseline is larger than the 2021 target because the PEPFAR baseline reflects reporting from a larger number of districts than the number of districts included in the 2021 target. Also, the target numerator reflects the number of newly enrolled eligible FSWs who will be solely supported by GF (it does not include PEPFAR's expected contribution in 2021) during the reporting period. The denominator is based on projected population data for females 15+ years in the 17 intervention districts, multiplied by 1.08% to calculate the estimated number of FSW in the districts, minus FSW HIV prevalence to obtain an estimated number of eligible HIV negative FSWs. Targets reflect GF contribution of new PrEP each year for 2021-2023. Targets increase by 5% each year. The targets are sub-national. These targets will be complimented by PEPFAR contribution which is expected to enroll another 3,409 FSW in COP20 in 38 districts. Geographic areas of focus have been harmonized with PEPFAR COP 20; the 17 GF target districts are shared, but unique facilities are assigned to FDC (non AJUDA) and PEPFAR (AJUDA) for initiation of PrEP preventive services. To ensure efficacy of the intervention, at enrollment each participant will agree to use PrEP for at least 6 months. Program performance will be measured based on the percentage of sex workers who initiate PrEP											
4	People who inject drugs and their partners	KP-1d□M□ Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	Country: Mozambique; Coverage: Geographic Subnational, less than 100% national program target	N: 940 D: 12,000 P: 7.8%	2019 PEPFAR Program Data (Maputo City and Maputo Province)		No	Funding Request Place Holder		N: 1,243 D: 12,000 P: 10.4%	N: 3,483 D: 12,000 P: 29.0%	N: 6,635 D: 12,000 P: 55.3%
	Comments											
	This indicator measures the percent of injection drug users reached with a preventive package. The denominator is based on the total estimated population size of PWID. Size estimates were validated in 2020 based on the 2014 PWID IBBS, literature on injection drug users, prevalence data among PWIDs from Eastern and Southern Africa, and adjusted using the 2017 census; 0.08% of adults 15+ are estimated to inject drugs. Four cities have been selected for PWID interventions based on high PWID prevalence. Country targets are ambitious, cummulative number is shown. The aim is to saturate intervention provinces and to achieve a 55% national coverage by year three. Country targets will be complimented by MSF contribution to cover 2,700 IDUs in 2021.Funding to reach an additional 2,810 PWUD (to achieve the recommended 80% national coverage) is contained in the PAAR. The preventive package will include the provision of syringe, needle and other injecting materials, naloxone for overdose prevention, community empowerment, behavioral interventions and sensibilization around and distribution of condoms and lubricants. Reporting during grant implementation will be responsibility of civil society primary recipient. Program performance will be measured based on the percentage of PWIDs reached with preventive services.											
5	Adolescent girls and young women in high prevalence settings	YP-1a Percentage of young people aged 10-24 years attending school reached by compehensive sexuality education and/or life skills-based HIV education in schools	Country: Mozambique; Coverage: Geographic Subnational, less than 100% national program target	N: 152,629 D: 1,229,999 P: 12.4%	2020 FDC Program Target 2020		No	Fundação para o Desenvolvimento da Comunidade		N: 200,326 D: 1,482,047 P: 13.5%	N: 252,410 D: 1,482,047 P: 17.0%	N: 309,203 D: 1,482,047 P: 20.9%
	Comments											

5	This indicator measures the percent of adolescent girls and young women reached with comprehensive sexual education and/or life skills-based HIV education activities in schools. The baseline numerator is based on 2020 program target for FDC for girls reached in school with sexual education. Please note the baseline reports on girls 10-14 years who were reached in schools in 2019; not 15-24 years. The denominator reflects all girls 10-24 enrolled in schools in the 78 districts. These numbers are expected to be complemented by PEPFAR’s investment to DREAMS which is expected to reach another 60,302, AGYWs in school in 2021-2023 (based on COP 20 investment and the assumption of level funding), and RaparigaBiz an NGO expected to reach an additional 385,019 AGYWs in school each year(based on 2020 contribution and assuming level funding) for a total national coverage of 51 % in 2023 in the selected priority districts. Targets are cummulative and reflect GF investment. Interventions with the young women will be in schools. Their parents and leaders will be reached at the community level. Teachers will be trained in selected schools and will report a girl as reached if she has participated in the Sexual and Reproductive Health, life skills curriculum and GBV screening. Results will be reported by numerator, denominator and disaggregated by age (10-14, 15-19, 20-24 years) by PRs. Reporting during grant implementation will be responsibility of FDC. Performance will be assessed in relation to the percentage target.											
6	Adolescent girls and young women in high prevalence settings	YP-1b Percentage of young people aged 10–24 years reached by comprehensive sexuality education and/or life skills–based HIV education out of schools	Country: Mozambique; Coverage: Geographic Subnational, less than 100% national program target	N: 251,908 D: 1,610,074 P: 15.6%	2019 FDC Program Data		No	Fundação para o Desenvolvimento da Comunidade		N: 447,493 D: 3,498,964 P: 12.8%	N: 563,842 D: 3,498,964 P: 16.1%	N: 690,706 D: 3,498,964 P: 19.7%
	Comments This indicator measures the percent of adolescent girls and young women reached with comprehensive sexual education and/or life skills-based HIV education outside of schools. The baseline numerator is based on 2019 program data results for FDC in girls age 15-24. The baseline denominator is based on population estimate for females 15-24 in the 50 intervention districts in 2019. The target denominator is based on Naomi, 2019 population estimates for females 15-24 in the 78 targeted districts. Targets are based on global contributions. These will be complemented by PEPFAR’s investment in the DREAMS program which is expected to reach another 107,559 AGYWs in 2021 -2023 respectively, (based on COP20 investment and assuming level funding), and Rapariga Biz, an NGO that is expected to reach an additional 96,255 AGYWs each year, for a total national coverage of 26% in 2023 in the selected priority districts. Targets reflect GF investment. To minimize duplication and double counting a common unique identifier tool will be used by all implementers. The comprehensive package includes sexual and reproductive health, life skills, as well as linkage to SAAJ (youth friendly services for HIV testing and GBV screening. The interventions with young women 20-24 will also include family planning. Reporting during grant implementation will be responsibility of civil society primary recipients. Results will be reported by numerator, denominator and disaggregated by age (10-14, 15-19, 20-24 years) by FDC. Performance will be assessed in relation to the percentage target".											
7	Adolescent girls and young women in high prevalence settings	YP-4 Percentage of eligible adolescent girls and young women who initiated oral antiretroviral PrEP during the reporting period	Country: Mozambique; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:	TBD New Indicator		No	Ministry of Health of Mozambique		N: 678 D: 111,202 P: 0.6%	N: 712 D: 111,202 P: 0.6%	N: 748 D: 111,202 P: 0.7%
	Comments This indicator measures PrEP initiation among adolescent girls and young women (AGYW). The Modes of Transmission study, in 2018 found that young never married females, accounted for the greatest proportion of new HIV infections in 15-49 years of age in Mozambique. Evidence shows that PrEP when used correctly and consistently reduces the chances of HIV infection to near-zero. This is a new program and there is no baseline data . The numerator is based on reaching 678 new AGYW in 2021 and additional 712 new AGYW in 2022 and 748 new AGYW in 2023. The target denominator of eligible AGYWs was calculated using the total population of AGYW 15-24 years old in the 78 priority districts,multiplied by 0.0322 which is the weighted average of AGYW 15-19 years old, and 20-24 years old who reported having 2 or more partners in the past year, minus the HIV incidence of 1.3%. Target eligibility is defined as AGYW reporting 2 or more partners in the past year with an negative HIV test result. DHS 2015 showed 2.7% (sample 1494) of 15-19 year old girls and 3.8% (sample 1380) of 20-24 year old girls reported having two or more partners in the last year , the weighted average is 3.22%. Results will be reported by number of girls enrolled in the Program who took PrEP for at least 6 months. Data will be disaggregated by age (15-19, 20-24 years). Performance will be assessed in relation to the percentage target.											
8	Men who have sex with men	KP-6a Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period	Country: Mozambique; Coverage: Geographic Subnational, less than 100% national program target	N: 78 D: 38,000 P: 0.2%	2020 PEPFAR Q2 Program Data (PrEP_New)		No	Ministry of Health of Mozambique		N: 100 D: 3,118 P: 3.2%	N: 105 D: 3,530 P: 3.0%	N: 110 D: 3,942 P: 2.8%
	Comments This indicator measures PrEP initiation among eligible MSMs who initiate PrEP in selected health facilities in 11 high incidence districts in all 11 provinces where KP activity is on-going. The baseline is from Q2 2020 (Oct. 1 2019 - March 31,2020) PEPFAR program data for PrEP_New. The target numerator is the number of eligible MSMs who are newly enrolled on PrEP at non-PEPFAR supported-sites in the reporting period. The denominator for the target is based on projected population data for men 15+ years in the intervention districts, multiplied by 0.56% to calculate estimated number of MSM in the districts, minus MSM HIV prevalence to obtain the estimated number of eligible HIV negative MSMs. The target increases by 5% each year. Efforts will be focused in 11 districts. The targets are sub-national. In addition to GF targets, PEPFAR is expected to contribute to an additional 1328 MSM on PrEP in 15 districts . Geographic areas of focus have been harmonized with PEPFAR COP 20; there are 11 shared districts, but unique facilities are assigned to FDC (non AJUDA sites) and PEPFAR (AJUDA sites) for PrEP preventive services. To ensure efficacy of the intervention, at enrollment each participant will agree to use PrEP for at least 6 months. Program performance will be measured based on the percentage of men who have sex with men who initiate PrEP.											
9	People who inject drugs and their partners	KP-5 Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months	Country: Mozambique; Coverage: Geographic Subnational, 100% of national program target	N: 30 D: 9,000 P: 0.3%	2020 MSF Q1 Program Data (Maputo City)		No	Funding Request Place Holder		N: 300 D: 12,000 P: 2.5%	N: 996 D: 12,000 P: 8.3%	N: 2,956 D: 12,000 P: 24.6%
	Comments This indicator measures progress in enrolling eligible drug users in an opioid substitution program (OST). OST has been shown to be effective in enabling people to reduce or cease injecting drug use and thereby reducing their risk of HIV infection. This program began enrolling eligible drug users in Maputo in February 2020. Baseline data is based on first two months of program implementation. The Program will be rolled out in four cities in three provinces in Mozambique. Targets are aggressive and by 2023, 25% of injection drug users will be enrolled in a OST program. Reporting during grant implementation will be responsibility of civil society partnering in the three targeted provinces. Performance will be assessed in relation to the percentage target											
Differentiated HIV Testing Services												

12	Sex workers and their clients	HTS-3c Percentage of sex workers that have received an HIV test during the reporting period and know their results	Country: Mozambique; Coverage: Geographic Subnational, less than 100% national program target	N: 25,965 D: 86,000 P: 30.2%	2019 MISAU SIS-MA		No	Ministry of Health of Mozambique		N: 29,583 D: 86,000 P: 34.4%	N: 32,527 D: 86,000 P: 37.8%	N: 35,470 D: 86,000 P: 41.2%
	Comments											
	This indicator measures the percent of sex workers who have been tested during the reporting period. FSW testing targets are based on the assumption that 90% of sex workers who are reached with a prevention package will be tested. The assumption of percent of beneficiaries is based on historical results. Targets are sub-national. The aim is to test FSWs least twice per year, but only new FSWs tested each program reporting period will be reported for this indicator. For the differentiation between initial testing and repeat tests a unique identifier system will be assigned to FSWs reached under the Program. Reporting during grant implementation will be responsibility of the grant recipient. Program performance will be assessed based on percentage.											
13	Men who have sex with men	HTS-3a Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	Country: Mozambique; Coverage: Geographic Subnational, less than 100% national program target	N: 4,388 D: 38,000 P: 11.5%	2019 MISAU SIS-MA		No	Ministry of Health of Mozambique		N: 4,948 D: 38,000 P: 13.0%	N: 5,901 D: 38,000 P: 15.5%	N: 7,488 D: 38,000 P: 19.7%
	Comments											
	This indicator measures the percent of men who have sex with men who have been tested during the reporting period. The MoH reports national number of HIV tests in MSM, and not individual MSM's tested. MSM testing targets are based on the assumption that 90% of MSM who are reached with a prevention package will be tested. Targets are sub-national. Program performance will be assessed based on percentage.											
14	People in prisons and other closed settings	HTS-3f Number of people in prisons or other closed settings that have received an HIV test during the reporting period and know their results	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 5,949 D: 18,551 P: 32.1%	2019 MISAU SIS-MA		No	Ministry of Health of Mozambique		N: 7,015 D: 18,551 P: 37.8%	N: 7,694 D: 18,551 P: 41.5%	N: 8,372 D: 18,551 P: 45.1%
	Comments											
	This indicator measures HIV preventive services in incarcerated populations. Population at risk estimated based on SERNAP estimate of total population (men and women) incarcerated in prisons in 2019. Baseline data based on annually reported program results 2019. Testing targets are based on the assumption that 90% of prisoners who are reached with a preventive package will accept testing. Program performance will be assessed based on percentage.											
15	Adolescent girls and young women in high prevalence settings	HTS-2 Number of adolescent girls and young women who were tested for HIV and received their results during the reporting period	Country: Mozambique; Coverage: Geographic Subnational, 100% of national program target	N: 569,674 D: 3,062,129 P: 18.6%	2019 MISAU SIS-MA		No	Ministry of Health of Mozambique		N: 604,367 D: 3,174,794 P: 19.0%	N: 622,498 D: 3,174,794 P: 19.6%	N: 641,173 D: 3,174,794 P: 20.2%
	Comments											
	This indicator measures the percent of adolescent young women 15-24 years of age who have been tested during the reporting period. AGYW testing targets are set as a percentage of AGYW who were reached with a prevention package in high HIV prevalence districts. The baseline is based on new HTS registers introduced in April 2019-Dec. 2019. Data does not include SAAJ data due to poor quality and duplication of reported testing. The denominator is based on projected population for 2021 in 78 scale -up districts. The national testing strategy for young girls and adolescents includes referral of adolescent girls at risk of infection to health facilities for HIV testing (youth friendly services where available). Testing will be scaled-up in the 78 AGYW target districts. Targets are sub-national. Performance will be assessed in by percentage value											
PMTCT												
10		PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 111,925 D: 115,947 P: 96.5%	2019 MISAU SIS-MA		No	Ministry of Health of Mozambique		N: 102,592 D: 104,684 P: 98.0%	N: 103,192 D: 105,298 P: 98.0%	N: 103,263 D: 105,370 P: 98.0%
	Comments											
	This indicator measures ART use among HIV positive pregnant women. It does not reflect adherence to the ARV drug regimen throughout the MTCT risk period. Longitudinal registries implemented by Ministry of Health MCH program report final ANC outcome 6 months after cohort enrollment in ANC. As such results reporting will be 6 months out of line with program reporting periods. The baseline is based on annual program data, 2019. Results will be reported with numerator, denominator (service-level number of HIV+ women identified during ANC) and percent coverage. (Source: Numerator and Denominator: SIS-MA, Mod. SIS-B01-B)											
11		PMTCT-3.1 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 71,344 D: 107,723 P: 66.2%	2020 MISAU SIS-MA		No	Ministry of Health of Mozambique		N: 79,789 D: 107,823 P: 74.0%	N: 84,264 D: 108,031 P: 78.0%	N: 88,300 D: 107,683 P: 82.0%
	Comments											

11	This indicator measures early HIV diagnosis in infants, a critical first step toward early treatment. High coverage of early virological testing of infants helps initiate ART early in children with confirmed HIV infection and supports counselling efforts to prevent seroconversion of those with a negative early test result. The baseline is based on annual report 2019 using HMIS data. Historically, the HIV Program has reported first PCR tests <2 months reported monthly in HMIS (SIS-MA). However, due to the requirement for reporting the PCR tests results, these results will be reported using the 9-month cohort registers for child at risk visits (CCR).. The 9 month cohort register allows for reporting of children tested <2 months of age and their corresponding test results. As a result, attaining the targeted coverage will be more challenging, as LTFU is a reality during the CCR consultation period. However, data accuracy is expected to improve. (Source: Numerator: SIS-MA, Mod. SIS-B07-B. and Denominator: Spectrum estimates)												
Treatment, care and support													
16	Adults living with HIV (15 and above)	TCS-1b Percentage of adults (15 and above) on ART among all adults living with HIV at the end of the reporting period	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 1,113,075 D: 2,093,570 P: 53.2%	2020 MISAU SIS-MA, Q1 2020		No	Ministry of Health of Mozambique		N: 1,619,631 D: 2,229,310 P: 72.7%	N: 1,697,218 D: 2,289,458 P: 74.1%	N: 1,774,804 D: 2,345,057 P: 75.7%	
	Comments												
	This indicator measures adult ART coverage of PLHIV. The country targets aim to achieve overall ART coverage of 76% among all adult PLHIV by 2023. Programmatic data from the HIV Program will be used for the numerator. Results will be reported with numerator, denominator and percentage based on program data from the reporting period; and performance will be assessed in relation to the absolute target. The baseline is based on HMIS SIS-MA program data March 2020. During the last quarter of 2019, Mozambique implemented a new system with new C&T M&A tools. The new system did not include reporting from all HFs reporting until Feb-2020. The old system less accurately detected LTFU. During the transition to the new systems, patients who came to the HF for drug pick-ups and/or clinical consults were registered, essentially re-counting the real number of active patients on ART. We believe that the March-2020 data presented here is the most accurate representation of patients currently active on ART. Results will be reported with numerator, denominator and percentage based on program data from the reporting period; and performance will be assessed in relation to the absolute target. (Source: Numerator: SIS-MA, Mod. SIS-H04-A and Denominator: Spectrum estimates)												
17	Children living with HIV (under 15)	TCS-1c Percentage of children (under 15) on ART among all children living with HIV at the end of the reporting period	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 72,691 D: 150,396 P: 48.3%	2020 MISAU SIS-MA, Q1 2020		No	Ministry of Health of Mozambique		N: 135,805 D: 142,887 P: 95.0%	N: 141,154 D: 139,294 P: 101.3%	N: 141,154 D: 134,746 P: 104.8%	
	Comments												
	This indicator measures pediatric ART coverage of PLHIV. The country target aim to achieve overall ART coverage of 100% among all children living with HIV by 2023. The baseline is based on programmatic data from March 2020. During the last quarter of 2019, Mozambique implemented a new system with new C&T M&A tools. The new system did not include reporting from all HFs reporting until Feb-2020. The old system less accurately detected LTFU. During the transition to the new systems, patients who came to the HF for drug pick-ups and/or clinical consults were registered, essentially re-counting the real number of active patients on ART. We believe that the March-2020 data presented here is the most accurate representation of patients currently active on ART. Programmatic data from the HIV Program will be used for the numerator. Results will be reported with numerator, denominator and percentage based on program data from the reporting period; and performance will be assessed in relation to the absolute target. (Source: Numerator: SIS-MA, Mod. SIS-H04-A and Denominator: Spectrum estimates)												
Program management													
28		PM-1 Percentage of grant budget execution (i.e. in country financial absorption)	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 52 D: 100 P: 52.0%	2019 MoH and direct GF recipients		No	Ministry of Health of Mozambique		N: 90 D: 100 P: 90.0%	N: 93 D: 100 P: 93.0%	N: 95 D: 100 P: 95.0%	
	Comments												
	This indicator measures GF grant recipients percentage of expenditures against their grant budget. The MOH is responsible for the performance of all CSO PRs based on NFM 2. CCS receives funds directly from GF. Reporting will be the responsibility of each grant on a bi-annual basis. Program performance will be based on the average absorption rate across all grant recipients and will be assessed in relation to percentage target .												
TB care and prevention													
20		TCP-1 Percentage of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 97,111 D: 162,000 P: 59.9%	2019 National TB Program		No	Ministry of Health of Mozambique		N: 128,429 D: 160,635 P: 80.0%	N: 134,851 D: 163,139 P: 82.7%	N: 130,272 D: 163,139 P: 79.9%	
	Comments												
	This indicator measures the total number of newly notified TB cases registered in the health care system during the reporting period.The target is based on Optima modelling estimates that show that cases peak in 2022 and begin to fall in 2023. The denominator is based on total estimated cases. Results from the TB prevalence survey are expected in 2020. This study will provide a more accurate estimation of the target population size. Results may justify a modification to 2021-2023 Global Fund targets. Results for this indicator will be provided by the national TB Control Program as an absolute number of new TB cases registered.												

21		TCP-2□□ Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 84,662 D: 93,370 P: 90.7%	2019 National TB Program		No	Ministry of Health of Mozambique		N: 115,586 D: 128,429 P: 90.0%	N: 121,366 D: 134,851 P: 90.0%	N: 117,245 D: 130,272 P: 90.0%
	Comments											
	This indicator measures outcomes for TB patients registered and treated within the health care system. Treatment success rate was 90% for drug-sensitive TB in 2019. The target numerator is based on the assumption that at least 90% of all notified TB cases will be successfully treated. The target denominator is based on Optima modelling data. The Program goal is to continue to achieve at least 90% treatment success rate for the 2021 cohort. Results will be reported with numerator, denominator and percentage based on national TB program data from the reporting period. Performance will be assessed in relation to the percentage target.											
22		TCP-7c Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 26,088 D: 97,111 P: 26.9%	2019 National TB Program		No	Ministry of Health of Mozambique		N: 32,107 D: 129,429 P: 24.8%	N: 33,713 D: 134,851 P: 25.0%	N: 39,082 D: 130,272 P: 30.0%
	Comments											
	This indicator measures the contribution of community activists and volunteers to control activities. Community involvement has helped to improve community levels of awareness of TB and case finding. The baseline is based on community referral data from community workers. Results will be reported with numerator, denominator and percentage based on national TB program data from the reporting period. Performance will be assessed in relation to numerical target..											
TB/HIV												
18		TB/HIV-3.1a Percentage of people living with HIV newly initiated on ART who were screened for TB	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 19,532 D: 20,300 P: 96.2%	2020 MISAU SIS-MA, April 2020		No	Ministry of Health of Mozambique		N: 95 D: 100 P: 95.0%	N: 95 D: 100 P: 95.0%	N: 95 D: 100 P: 95.0%
	Comments											
	This indicator measures the extent to which new HIV patients are screened for TB at enrollment in HIV care and treatment. The baseline data is based on MISAU SIS-MA data for April 2020. The 2021-2023 targets aim to maintain screening rates of at least 95% or greater. The numerator reports number of HIV patients who are screened for TB symptoms at enrollment in HIV care and treatment during the reporting period. The denominator is all HIV patients who were enrolled in HIV care and treatment during the reporting period. Performance will be assessed in relation to the percentage target. (Source: Numerator: SIS-MA, Mod. SIS-H04-A and Denominator:Mod. SIS-H04-A)											
19		TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 56,231 D: 75,983 P: 74.0%	2020 MISAU SIS-MA, Q1 2020		No	Ministry of Health of Mozambique		N: 80 D: 100 P: 80.0%	N: 85 D: 100 P: 85.0%	N: 90 D: 100 P: 90.0%
	Comments											
	This indicator provides a real-time measure of TPT scale-up .The baseline is based on reported program data from HMIS, quarter 1, 2020. The numerator is the number of newly enrolled patients in HIV care and treatment who screen negative for TB and who initiate TB preventive therapy. The denominator is all newly enrolled eligible patients in HIV care and treatment. Program performance will be measured as a percentage. (Source: Numerator and Denominator: SIS-MA, Mod. SIS-H04-A)											
23		OTHER TCP 5.1 Number of people 0-14 years of age in contact with TB patients who completed TB preventive therapy	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 30,766 D: 189,321 P: 16.3%	2019 National TB Program		No	Ministry of Health of Mozambique		N: 72,450 D: 236,884 P: 30.6%	N: 78,221 D: 266,691 P: 29.3%	N: 82,992 D: 292,319 P: 28.4%
	Comments											
	This indicator measures scale-up of provision of IPT to contacts (0-14 years old) of bacteriologically confirmed TB patients. Scale-up during the 2021-2023 grant period is expected to occur through expansion of follow-up home visits by community workers. The numerator measures the number of contacts who initiate IPT therapy. The denominator is all contacts of bacteriologically confirmed cases. Results will be reported with numerator, denominator and percentage based on national TB program data from the reporting period. Performance will be assessed in relation to numerical target..											
24		TB/HIV-6□□ Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 30,846 D: 31,864 P: 96.8%	2019 National TB Program		No	Ministry of Health of Mozambique		N: 38,668 D: 40,280 P: 96.0%	N: 38,140 D: 39,730 P: 96.0%	N: 34,469 D: 35,905 P: 96.0%

24	Comments												
	This indicator measures the extent to which HIV positive patients receive ART during TB treatment. Both treatments are needed to minimize mortality. Service level coverage for co-infected patients has been at least 95% for the last five years. This level is expected to be maintained and targets have been set to reflect this level of performance. Results will be reported by the National TB program with numerator, denominator, and percentage based on program data from the reporting period. Program performance will be assessed in relation to the percentage target.												
MDR-TB													
25		MDR TB-2□□ Number of TB cases with RR-TB and/or MDR-TB notified	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 1,388 D: 4,661 P: 29.8%	2019 National TB Program		No	Ministry of Health of Mozambique		N: 2,055 D: 6,164 P: 33.3%	N: 2,427 D: 6,427 P: 37.8%	N: 2,605 D: 6,252 P: 41.7%	
	Comments												
	This indicator measures the total number of newly identified MDR/RR-TB cases registered in the health care system during the reporting period. Case identification is expected to increase with greater access to Xpert POC testing and laboratory diagnostics. Population levels of MDR/RR-TB are currently unknown. Estimates are based using Otima modelling data. Results from the TB prevalence study are expected in 2020. This study will provide a more accurate estimation of MDR/RR population size. Results for this indicator will be provided as an absolute number of newly identified MDR/RR-TB cases registered. Performance will be assessed in relation to the absolute numerical target for MDR/RR-TB case identification.												
26		MDR TB-7.1 Percentage of confirmed RR/MDR-TB cases tested for resistance to second-line drugs	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: 1,266 D: 1,388 P: 91.2%	2019 National TB Program		No	Ministry of Health of Mozambique		N: 1,953 D: 2,055 P: 95.0%	N: 2,306 D: 2,427 P: 95.0%	N: 2,475 D: 2,605 P: 95.0%	
	Comments												
	This indicator measures the percentage of confirmed RR/MDR TB cases that are tested for resistance to second line drugs. Testing for drug susceptibility for WHO-recommended drugs is essential to provide the right treatment for every person diagnosed with TB a and to prevent progression to XDR-TB. The numerator measures. confirmed MDR-TB cases tested for resistance to second-line drugs during the reporting period. The denominator measures total cases Of MDR TB during the reporting period. Results will be reported with numerator, denominator and percentage based on national TB program data from the reporting period. Performance will be assessed in relation to the percentage target.												
RSSH: Community systems strengthening													
27		CSS-2 Number of community based organizations that received a pre-defined package of training	Country: Mozambique; Coverage: Geographic National, 100% of national program target	N: D: P:	TBD New Indicator		No	Ministry of Health of Mozambique		N: 100 D: 300 P: 33.3%	N: 200 D: 300 P: 66.7%	N: 300 D: 300 P: 100.0%	
	Comments												
	This indicator measures the number of community -based organizations that receive training in community monitoring. The numerator reflects number of organizations trained in community monitoring. Each year 100 new organizations will be trained. The denominator is the estimated number of CBOs in Mozambique. Results will be reported with numerator, denominator and percentage based on RSSH program data from the reporting period. Performance will be assessed in relation to the numeric target.												

Workplan Tracking Measures								
Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country	01-Jan-2021 31-Dec-2021	01-Jan-2022 31-Dec-2022	01-Jan-2023 31-Dec-2023
Reducing human rights-related barriers to HIV/TB services								
	Not applicable	Cadres of paralegals and health workers for AGYW, sex workers, PWID, MSM advance in human rights literacy in all priority districts	Training manual on legal literacy developed and implemented	1 (Started): Consultation held with communities to inform training manual 2 (Advanced): Draft training manual developed through consultative process 3 (Completed): training manual approved and used in capacity building events	Mozambique	X		
			Training of paralegals/health workers in every priority district	1 (Started): at least 30% of activists trained 2 (Advanced): at least 60% of activists trained 3 (Completed): at least 90% of activists trained	Mozambique		X	X
		Conduct HIV Stigma Index Study	Completion of study report	HIV Stigma Index study completed, and results disseminated for action.	Mozambique			X
			Data collection complete	Data analysis underway	Mozambique		X	
			Study protocol approved by IRB	Letter of approval for protocol from IRB	Mozambique	X		

Not applicable	Strengthen local human rights, PLHIV and key populations networks for stigma and discrimination reduction and promotion of human rights for PLHIV and key populations	Local human rights networks have developed plans for stigma and discrimination reduction and legal literacy	Local human rights networks have developed plans for stigma and discrimination reduction and legal literacy	Mozambique		X	
		Mapping of existing networks or developing new networks as needed and operational guidelines defined.	Mapping of existing networks or developing new networks as needed and operational guidelines defined.	Mozambique	X		
		Supervisory report attests completion of 30% of activities in plan	Human Rights networks in all priority districts have implemented at least 30% of the activities as laid out in their advocacy plans	Mozambique			X
Comments							