

Mozambique Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Describe the process used for NCPI data gathering and validation:

A variety of stakeholders was consulted and key people were interviewed. A desk review of relevant documents was conducted. NCPI forms were filled by public servants and civil society representatives. The methodology/process was validated in the meeting with partners both public, private sectors and civil society. NCPI validation meeting was organized for both public, private sectors and civil society.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

-

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

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NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
National AIDS Council	Diogo Milagre/ Deputy	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Health	Ema Chuva/Head of HIV and AIDS Programme	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Education	Teodora Cassamo/Focal point of HIV ans AIDS Programme	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Youth and Sport	Cacilda Machiana/ Focal point of HIV and AIDS Programme	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Women and Social Welfare	Sansao Buque/ Minister Advisor	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Justice	Dr. Gimo Cumba/ National Director	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Defence	Dr. Tauzende	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Home Affairs	Dr. Badrudino	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Labour	Inspector Zimba	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Finance	Dra. Naona	Yes	Yes	Yes	Yes	Yes	Yes
Ministry Pblc Service	Dr. Miguel	Yes	Yes	Yes	Yes	Yes	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Forum Mulher	-	Yes	Yes	Yes	Yes	Yes
RENSIDA	Amos Sibambo/Deputy Executive Secretary	Yes	Yes	Yes	Yes	Yes
ECOSIDA	Dra. Balbina dos Santos	Yes	Yes	Yes	Yes	Yes

FAMOD	Rui Maquene	Yes	Yes	Yes	Yes	Yes
MATRAM	Leonel Banze	Yes	Yes	Yes	Yes	Yes
MONERELLA	Jeremias Langa	Yes	Yes	Yes	Yes	Yes
LAMBDA	Augusto Guambe	Yes	Yes	Yes	Yes	Yes
CISLAMO	Sr. Osman	Yes	Yes	Yes	Yes	Yes
Rede Crista de Mocambique	Octavio Mabunda	Yes	Yes	Yes	Yes	Yes
FDC	Dr. Leucipo	Yes	Yes	Yes	Yes	Yes
Muleide	-	Yes	Yes	Yes	Yes	Yes
NAIMA+	Sally Griffin	Yes	Yes	Yes	Yes	Yes
Pathfinder	Marcos Benedett	Yes	Yes	Yes	Yes	Yes
MSF	-	Yes	Yes	Yes	Yes	Yes
GIZ	Marina Chichava	Yes	Yes	Yes	Yes	Yes
MeasureEvaluation	Maria Joao	Yes	Yes	Yes	Yes	Yes
UNFPA	Nuno Gaspar	Yes	Yes	Yes	Yes	Yes
UN Women	Jully Diallo	Yes	Yes	Yes	Yes	Yes
UNICEF	Luisa Brumana	Yes	Yes	Yes	Yes	Yes
WHO	Dr. Moha	Yes	Yes	Yes	Yes	Yes
UNDP	Julieta Sevene	Yes	Yes	Yes	Yes	Yes
UNAIDS	Raul Cabral	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

NSP III (2010-2014)

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

The current National Strategic Plan (NSP III) is more comprehensive and responds to the major identified drivers of the epidemic. The NSP III mentions some key specific issues in a more holistic manner; the Gender, people with disabilities, male circumcision and the most at risk population.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

National AIDS Council of Mozambique

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

SECTORS

Included in Strategy **Earmarked Budget**

Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

Other [write in]:

Ministries of Agriculture; Civil Servants Ministry; Low

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

-

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Men who have sex with men; Migrants/mobile populations; Orphans and other vulnerable children; People with disabilities; People who inject drugs; Sex workers; Transgendered people; Women and girls; Young women/young men; Prisoners; people living with HIV:

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

N/A

d) An indication of funding sources to support programme implementation?:

N/A

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

A platform was formed to ensure coordination and active participation of the Civil Society Organizations. The Partners Forum was also a key mechanism for participation at a highest level. The Civil Organizations are represented at the Board of NAC.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

Yes

Other [write in]:

The Agenda 2020-2025

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

N/A

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

No

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

No

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

No

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:

Yes

(b) IF YES, is coverage monitored by population groups?:

Yes

IF YES, for which population groups?:
DEPENDING ON THE INDICATOR BEING MEASURED.

Briefly explain how this information is used:

For planning

(c) Is coverage monitored by geographical area:

Yes

IF YES, at which geographical levels (provincial, district, other)?:

National, Regional, Provincial and District.

Briefly explain how this information is used:

The information is used to tailor local strategies that are deemed appropriate for the specific reality of a given province or region.

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

The plan has not yet been implemented due to financial constraints. However it makes bold provisions on the above mentioned components of the health system.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

The planning is good, however right now funds are the main constraints to put it all rolling out. So only critical priorities contained in the plans have been rolled out.

What challenges remain in this area:

Mainly resources mobilization.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

The Celebration of AIDS World Day in 2011 was led by His Excellency Mr. Armando Guebuza, President of Mozambique, during the occasion he launched a movement to address HIV/AIDS on young people; The speaker of the National Parliament led a special session on HIV/AIDS; The Prime Minister launched the first ever AIDS Survey (INSIDA 2009) in Mozambique; The provincial Governors have always replicate the Presidential initiative on AIDS;

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

The Prime Minister, Dr Aires Aly

Have a defined membership?:

Yes

IF YES, how many members?:

20

Include civil society representatives?:

Yes

IF YES, how many?:

8

Include people living with HIV?:

Yes

IF YES, how many?:

-

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

On an annual basis the Government and partners have undertaken a Joint Evaluation meeting to assess progress and identify challenge faced over the year. The partners and Government established a partners Forum where monthly meetings occur in a regular basis.

What challenges remain in this area:

Structures and systems for human and financial resource to scale up and trickle down all strategies and interventions country wide to respond to the HIV/AIDS issues. Parallel funding continue to be a critical challenge;

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

-

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:

No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

-

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

8

Since 2009, what have been key achievements in this area:

The key achievement was the awareness raising to the Minister of Finance so as to better address funding needs.

What challenges remain in this area:

There is a need to meet the Abuja Declaration targets and to explore domestic opportunities for funding.

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

-

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

-

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

-

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

The Law 5/2002 that protects the rights of people living with HIV and AIDS in the workplace and makes provision in this domain. The Law 12/2009 that protects the the rights of people living with AIDS in general.

Briefly explain what mechanisms are in place to ensure these laws are implemented:

MECHANISMS NOT YET DEFINED

Briefly comment on the degree to which they are currently implemented:

-

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

IF YES, for which subpopulations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs :

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in below]:

-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

Yes

Avoid commercial sex:

Yes

Avoid inter-generational sex:

Yes

Be faithful:

Yes

Be sexually abstinent:

Yes

Delay sexual debut:

Yes

Engage in safe(r) sex:

Yes

Fight against violence against women:

Yes

Greater acceptance and involvement of people living with HIV:

Yes

Greater involvement of men in reproductive health programmes:

Yes

Know your HIV status:

Yes

Males to get circumcised under medical supervision:

Yes

Prevent mother-to-child transmission of HIV:

Yes

Promote greater equality between men and women:

Yes

Reduce the number of sexual partners:

No

Use clean needles and syringes:

No

Use condoms consistently:

-

Other [write in below]:

-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:

Yes

Secondary schools?:

Yes

Teacher training?:

Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?:

Yes

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:

Yes

Briefly describe the content of this policy or strategy:

This is a key component of the National Strategic Plan, specifically to reduce the risk and vulnerability and on reducing the number of new infection.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
No	No	Yes	No	Yes	-
No	No	No	No	No	-

No	No	Yes	No	Yes	-
No	No	No	No	No	-
No	No	Yes	No	No	-
No	No	Yes	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

8

Since 2009, what have been key achievements in this area:

A campaign on avoiding multiple and concurrent sexual partnership was launched nation wide using all means and vehicles of communication. The campaign was positive evaluated.

What challenges remain in this area:

Behavior change and a decrease in HIV incidence.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

there were studies- Situation analysis studies, to better understand the epidemic in the country. We have mentioned the " know your epidemic/ modus of transmission study and triangulation- we also had a deep discussion on how to fight the epidemic from our cultural and social dynamic- which culminated with the so called mozambicanization of the messages.

4.1. To what extent has HIV prevention been implemented?

Blood safety:

N/A

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Strongly Agree

HIV prevention for out-of-school young people:

Strongly Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Strongly Agree

Risk reduction for men who have sex with men:

N/A

Risk reduction for sex workers:

Strongly Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

8

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes
If YES, Briefly identify the elements and what has been prioritized:
• Reduction of risk and vulnerability to HIV infection through STI treatment; Prevention of HIV at the Health Unit Provision of treatment and care of HIV Mitigate the impact of HIV through food support and nutritional counseling to People Living with HIV/AIDS and their families

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Provision of integrated package for HIV care at the Health Unit already existent; Opening of the new Health units and new ARV's sites Training of technical staff

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

-

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes
Please clarify which social and economic support is provided:
For formal worker a 30% increase on their salary for food support Basic package for all HIV+ patients with the clear criteria

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:

Yes
4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:

Yes
IF YES, for which commodities?:

YES, FOR ALL

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

Since 2009, what have been key achievements in this area:

Opened of the new sites of ARV Increased number of patients on ARV Implementation of strategies to improve the patients retention on ART Improve the Pre service ART • update the Pediatric ART target • Development of new Monitoring and Evaluation tool for ART • Authorization for nurses to prescribe ART including the maternal and child health nurses

What challenges remain in this area:

Increase of coverage and access of Paediatric ARV Improve the adherence to ART and consequently reduce the drop out rates Training of staff to prescribe ART Implement the new Monitoring and Evaluation tools • Clinical Mentoring to the technical staff, MCH nurses and others • Improvement of HIV test and drug chain management

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

No

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

9

Since 2009, what have been key achievements in this area:

INCREASE OF SITES WITH PROVIDING ART FOR CHILDREN,

What challenges remain in this area:

WEAK COVERAGE, WEAK COVERAGE OF PMTCT AND PEDIATRIC CARE AND TREATMENT, INCONSISTANT NUTRITIONAL SUPPORT TO HIV ELLEGIBLE HIV PATIENTS

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:

Yes

Briefly describe any challenges in development or implementation:

Dissemination and effective implementation of all components of the monitoring and Evaluation plan. Harmonization of the goals with other strategies goals. Human resources for effective implementation of the Plan.

1.1 IF YES, years covered:

2010- 2014

1.2 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?:

Yes, all partners

Briefly describe what the issues are:

The main issues are related to: - Funding for M&E - Qualified staff for M&E - Updated research and evaluation plan related to HIV/AIDS

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

Yes

A data dissemination and use strategy:

Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

3. Is there a budget for implementation of the M&E plan?:

In Progress

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

Funding for research is very scarce Decentralized M&E structures The NASA not yet decentralized

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

No
In the National HIV Commission (or equivalent)?:

Yes
Elsewhere [write in]?:

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

Gloria Fazenda Leite	Yes	-	2000
Cecilia Uamusse	Yes	-	2009
Izidio Nhantumbo	Yes	-	2002
Lourena Manembe	Yes	-	2007
Silvio Macamo	Yes	-	2009

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

-	-	-	-
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4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes
Briefly describe the data-sharing mechanisms:
The National HIV/AIDS System (SIRNM) has defined the information flow system from central level to the district level. A regular reporting period is established thus a quarterly report is submitted by all implementing partners.
What are the major challenges in this area:
There is no a clear mandatory regulation for reporting; The implementing partners in many cases report directly to the Donor.

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:

Yes
6. Is there a central national database with HIV- related data?:

Yes
IF YES, briefly describe the national database and who manages it.:
The National data base system for AIDS is managed by NAC-(SIRNM) and the National database for information management managed by Health Information Department at the central level and the provincial level by Planning and Cooperation Department feed into the SIRNM on related indicators.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

Yes, all of the above
6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

At Provincial, district level and at the health center

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:

Yes
8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

To improve the performance of the programs To develop the national response To review the national response For resource allocation To assess the level of implementation and the goals To define and prioritize the strategies

9. In the last year, was training in M&E conducted

At national level?:

Yes

IF YES, what was the number trained:

14

At subnational level?:

Yes

IF YES, what was the number trained:

-

At service delivery level including civil society?:

Yes

IF YES, how many?:

-

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

Support on IT equipment to allow the M&E activities to be implemented at all level; Computers were provided for Provincial and district AIDS Nucleus for data based management; Additional training on data base management were provided.

10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

7

Since 2009, what have been key achievements in this area:

Strengthened the human resources for the M&E sector Elaborated the M&E Plan for the Health Sector Elaborated M&E Plan for the HIV Program Identified and defined priorities in the implementation of the M&E Program.

What challenges remain in this area:

Dissemination Implementation Human resources The indicators needs to be harmonized with the key strategies.

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

Civil society in Mozambique is becoming progressively more active in the development arena and contributed to strengthening the political commitment of top leaders in 2011. Active role in elaboration of strategies and policies Active participation in the elaboration of PEN III

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

4

Comments and examples:

Good coordination of NAC of different stakeholders including civil society during the development of the NSP III. The NSP III Steering Committee also had 2 civil society representatives. Civil society representatives have been fully involved in the planning of the NSP III from start to finish.

3.

a. The national HIV strategy?:

3

b. The national HIV budget?:

2

c. The national HIV reports?:

2

Comments and examples:

Unfortunately, a lot of CBO work done at community level, especially on prevention and mitigation, is not captured by national reports.

4.

a. Developing the national M&E plan?:

4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:

:

4

c. Participate in using data for decision-making?:

2

Comments and examples:

Participation to these groups and meetings is open to civil society that attends and provides input in various degrees. The Civil society is involved in the Joint Annual Review. Through Partners Forum, the civil society use to contribute for planning process using the data collected.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

3

Comments and examples:

Main participation relates to international and national NGOs supporting the response, including the national network of PLHIV (RENSIDA). More diversity would be beneficial. The civil society platform is inclusive, with representatives from different groups and organizations.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:

3

b. Adequate technical support to implement its HIV activities?:

4

Comments and examples:

National civil society has been widely supported, by a variety of partners (bilaterals such as Dfid, DANIDA, WB, UN agencies etc). This said, a nationally-owned mechanism to decide on priorities and channel funds doesn't exist at the moment, creating difficulties for civil society to access funds

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:

51-75%

Men who have sex with men:

<25%

People who inject drugs:

<25%

Sex workers:

25-50%

Transgendered people:

<25%

Testing and Counselling:

51-75%

Reduction of Stigma and Discrimination:

51-75%

Clinical services (ART/OI)*:

25-50%

Home-based care:

51-75%

Programmes for OVC:**

51-75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

6

Since 2009, what have been key achievements in this area:

Civil society representatives participated in key planning meetings;

What challenges remain in this area:

Weak capacity of civil society to participate constructively to the political dialogue, monitoring and evaluation of programs and activities for an effective advocacy for positive and equitable change

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

PLHIV have been allowed to be part of key planning and monitoring processes by the Government of Mozambique, This said, the opportunity by Government for, and the commitment by PLHIV to more meaningful participation would be welcome. During the elaboration and implementation of the NSP III in 2010 and the elaboration of the HIV prevention strategy and operational plan.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

-

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

Note that for OVC there is a national plan of action and a national plan of action for children (including OVC) that is presently being developed by the government.

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

The Law 5/2002- Protect PLHIV in the work place The Law 12/2009- Protect the rights of PLHIV and fight against stigma and discrimination.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

In general there is no efficient mechanism for implementation of those laws. The civil society plays an important role in the dissemination and intervention through legal assistance for PLHIV and using the para legal in the communities.

Briefly comment on the degree to which they are currently implemented:

Still more work needs to be done.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

No

2.1. IF YES, for which sub-populations?

People living with HIV:

-

Men who have sex with men:

-

Migrants/mobile populations:

-

Orphans and other vulnerable children:

-

People with disabilities:

-

People who inject drugs:

-

Prison inmates:

-

Sex workers:

-

Transgendered people:

-

Women and girls:

-

Young women/young men:

-

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

-

Briefly comment on how they pose barriers:

-

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

Yes, the law on violence and sexual assault. Various initiative are on-going.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

-

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

For ART, according to national guidelines, all PLHIV with clinical or laboratory criteria have free access to ART. Priority to pregnant women and children in the policy. Adults and children for ART; Youth for HIV prevention services; Pregnant women for PMTCT;

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

No

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:

-

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:

No

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:

No

IF YES on any of the above questions, describe some examples:

-

11. In the last 2 years, have there been the following training and/or capacity-building activities?

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:

Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:

Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:

Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

Programmes for health care workers:

Yes

Programmes for the media:

Yes

Programmes in the work place:

Yes

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

6

Since 2009, what have been key achievements in this area:

Increased awareness of the existing law: more and more Mozambicans are aware of the existing laws to promote and protect human rights in relation to HIV.

What challenges remain in this area:

The laws exist but there are no decrees specify in more details the implementation of existing laws.

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

6

Since 2009, what have been key achievements in this area:

The involvement of the civil society in legal assistance for PLHIV.

What challenges remain in this area:

The implementation of the laws.

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

The specific needs for HIV prevention programmes were identified using a comprehensive and participatory process which involved all key stakeholders from government, civil society and private sector. Through the "know your epidemic" process-analysis of existing data on epidemiological profile, including AIDS survey "INSIDA".

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Agree

Harm reduction for people who inject drugs:

N/A

HIV prevention for out-of-school young people:

Disagree

HIV prevention in the workplace:

Agree

HIV testing and counseling:

Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

-

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Disagree

School-based HIV education for young people:

Agree

Universal precautions in health care settings:

-

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

MCP campaign Mainstreaming of life skills activities in MINED programmes (10-14 years old) Expansion of Geracao biz programme More targeting of resources for more effective programme Expansion of community preventative programme with youth involvement

What challenges remain in this area:

Slow start of the male circumcision scale-up in geographic areas where MC rates are low More systematic approach to prioritization of efforts at national level

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

ART for adults, children and pregnant women; Treatment and care of opportunistic infections; HIV/TB prevention, treatment and care; STI prevention, treatment and care; Nutritional supplement and support for eligible HIV patients

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Opening of decentralized treatment, care and support centres; Home based care; Capacity building of staff; Availability of quality medicines and reagents; Availability of Laboratory support

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Agree

ART for TB patients:

Disagree

Cotrimoxazole prophylaxis in people living with HIV:

Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Agree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Agree

Nutritional care:

Agree

Paediatric AIDS treatment:

Agree

Post-delivery ART provision to women:

Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Agree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

A sharp exponential uptake of ART in Mozambique in 2011.

What challenges remain in this area:

Weak coverage of ART (only 46 % of those in need); Weak coverage of PMTCT and pediatric care and treatment; Inconsistent nutritional support to HIV eligible patients;

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

-

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":

8

Since 2009, what have been key achievements in this area:

Increase the number in ARV Opening of new local for ARV

What challenges remain in this area:

The availability of medication and HIV test Training for medical staff for ART

Source URL: <http://aidsreportingtool.unaids.org/140/mozambique-report-ncpi>