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AIDSFree Strengthening High Impact Interventions for an AIDS-free Generation

STRENGTHENING HIGH-IMPACT INTERVENTIONS FOR AN AIDS-FREE GENERATION (AIDSFree) PROJECT

AIDSFree MOZAMBIQUE VOLUNTARY MEDICAL MALE CIRCUMCISION WORKPLAN

APRIL–SEPTEMBER 2016

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AIDSFree

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ACRONYMS

AIDSFree	Strengthening High-Impact Interventions for an AIDS-free Generation
ASIST	Applying Science to Strengthen and Improve Systems
CQI	continuous quality improvement
CSO	civil society organization
DPS	Dirreçção Provincial de Saúde (provincial health directorate)
FY	fiscal year
HC3	Health Communication Capacity Collaborative
JS	JSI Research & Training Institute, Inc.
M&E	monitoring and evaluation
MOH	Ministry of Health
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PY	project year
SOP	standard operating procedure
URC	University Research Co., LLC
USAID	U.S. Agency for International Development
VMMC	voluntary medical male circumcision
WHO	World Health Organization

INTRODUCTION

Background

The Government of Mozambique's program for voluntary medical male circumcision (VMMC) for HIV prevention began in 2009 with funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention and the Department of Defense. In Country Operational Plan 2012, the U.S. Agency for International Development (USAID) began supporting VMMC services in Manica and Tete, working with FHI 360 as an implementing partner in the period August 2014–April 2016. According to the *USAID Annual Performance Report* for 2015, approximately 555,080 clients had been reached with VMMC, out of an overall national target of 2 million by 2017.

The Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) Project in Mozambique drafted this workplan for the period April–September 2016, building upon the transition plan, for the period of April 1–May 31, 2016, that was previously submitted to USAID Mozambique. This workplan describes AIDSFree activities to support VMMC service delivery planning and implementation in Manica and Tete, which have transitioned from FHI 360 to AIDSFree. Like the transition plan, the workplan is guided by a commitment to both high-quality VMMC services and an expedient but responsible handover of program responsibilities. This will ensure that safe, high-quality VMMC services remain available to as many clients as possible throughout the remainder of fiscal year (FY) 2016.

Goals and Objectives

The goal of the AIDSFree VMMC project in Mozambique is to support the provision of high quality, safe services in Tete and Manica, and to collaborate with other stakeholders in demand creation activities. AIDSFree will accomplish this during project year (PY) 1 (April–September 2016) by achieving the following objectives:

1. A smooth transition of VMMC program support from FHI 360 to AIDSFree
2. Development of a well-defined and well-implemented technical support program
3. Improved data collection, analysis, and use
4. Clear and frequent communication between and among the Ministry of Health (MOH), USAID, and other key partners working to increase the quality and quantity of VMMC services (i.e., the Health Communication Capacity Collaborative or HC3; the Supply Chain Management Systems Project, or SCMS; and University Research Co., LLC/Applying Science to Strengthen and Improve Systems or URC/ASSIST AND I-TECH).

Approach

AIDSFree Mozambique will design and implement a VMMC program for Manica and Tete that provides high-quality VMMC services to approximately 45,000 clients in the period May–September 2016. The workplan describes measures for minimizing interruptions in service availability and ensuring the safety of VMMC services while AIDSFree is taking over the VMMC responsibilities previously carried out by FHI 360. In FY 2016, as previously, SCMS will continue to lead commodities procurement; HC3 will manage demand creation; and URC/ASSIST AND I-TECH will lead continuous quality improvement (CQI), in collaboration with the MOH. AIDSFree will conduct its activities in collaboration with USAID and the MOH, and in close coordination with SCMS, HC3, and URC/ASSIST and I-Tech.

AIDSFree will provide support for VMMC service delivery in up to eight fixed sites and up to approximately 30 outreach sites to continue serving existing districts in Manica and Tete, and expand to Mutarara District (Tete) and Machaze and Mussorize Districts (Manica). The support will be implemented in a stepped manner, beginning with fixed sites in May 2016 and expanding to outreach sites according to guidance from the MOH and USAID. Initially, eleven dedicated nurses will support the project; seven of these will be employed by CBE (six transitioned and one newly hired), and four by the provincial health directorates (DPS). The nursing staff may be expanded according to guidance from the MOH and USAID to include up to 26 additional nurses previously trained in VMMC: 11 from among nurses currently employed by DPS, and 15 not yet employed by either DPS or CBE. AIDSFree support will take the form of:

- Staff training
- On-site supportive supervision and quality assurance/improvement support
- Distribution of SCMS-procured commodities
- Procurement/distribution of commodities not provided by SCMS
- Salary support of staff employed by CBE (nurses, *serventes,* receptionists, data managers, and counselors)
- Coordination with DPS-employed nurses and other service delivery staff
- Remuneration of VMMC performed during overtime hours by DPS staff
- Coordination with facility management
- Transportation of clients
- Waste management
- Overall coordination with MOH (national and provincial personnel), USAID, HC3, SCMS, and URC/ASSIST AND I-TECH.

Target Population/Targets

The target population includes approximately 45,000 uncircumcised males aged 15–29 years in Manica and Tete, living in the geographic catchment areas of eight hospitals and health centers (hereafter, "fixed sites") run by the Government of the Republic of Mozambique: 1º de Maio, Catandica Rural Hospital, Changara Health Center, Chitima District Hospital, Gondola District Hospital; Manica District Hospital, Moatize Health Center, and Tete Provincial Hospital. Potential VMMC clients may also reside in geographic catchment areas of 29 existing government health centers serving as outreach sites, as well as new outreach sites to serve Mutarara District (Tete) and Machaze and Mussorize Districts (Manica).The number of clients to be reached with VMMC by September 30, 2016 will depend in large part upon the number of nurses dedicated to the project. Table 1 illustrates an array of potential client volumes over the remainder of the FY, given that each nurse is permitted to perform up to 15 VMMC procedures per day and assuming that 110 working days remain in the FY, and that demand creation and mobilization activities yield a volume of clients to keep nurses working at maximum capacity daily.

Table 1. Potential Weekly, Monthly, and FY 2016 Service Volumes by Number of Nurses Dedicated to AIDSFree Mozambique VMMC Project (Assuming Maximum Daily Service Volumes)*

Full-time nurses (CBE or DPS, static or O/R)	Max # VMMCs / week	Max # VMMCs/22-day month	Max # VMMCs by Sept 30 (110 days)
1	75	330	1650
8	600	2,640	13,200
15	1,125	4,950	24,750
16	1,200	5,280	26,400
17	1,275	5,610	28,050
18	1,350	5,940	29,700
19	1,425	6,270	31,350
20	1,500	6,600	33,000
21	1,575	6,930	34,650
22	1,650	7,260	36,300
23	1,725	7,590	37,950
24	1,800	7,920	39,600
25	1,875	8,250	41,250
26	1,950	8,580	42,900
27	2,025	8,910	44,550
28	2,100	9,240	46,200

**Assumptions: sufficient demand can be mobilized continuously and allocated staff is available*

Critical Assumptions

A number of critical assumptions underlie the success of VMMC service delivery implementation through AIDSFree.

1. SCMS, with funding from USAID, will provide the surgical supplies and instruments; in coordination with the MOH, AIDSFree staff will oversee the distribution of the surgical supplies and instruments among sites.
2. HC3, with funding from USAID, will create sufficient demand for VMMC services to keep service delivery teams working at full capacity toward the target of 45,000 clients between May and September 2016; demand creation will align with the service delivery schedule proposed in this workplan.
3. The MOH will support expansion of VMMC service delivery by progressively adding outreach sites and additional nursing positions throughout the remainder of FY 2016.
4. Government health facility management at the eight fixed sites will allocate nurses employed by the DPS to perform VMMC procedures as scheduled.
5. The security situation in Manica and Tete Provinces will allow for AIDSFree Mozambique staff to safely travel to sites to provide supportive supervision, directly observe delivery of services, and identify and remedy challenges.

IMPLEMENTATION PLAN

Introduction

Implementation will occur in stages starting in May 2016, with services introduced first in the fixed sites, staffed by 11 nurses (and ancillary staff positions) designated by the MOH. VMMC services with AIDSFree support may commence in early May 2016, after completion of emergency management training for nurses and verification of the presence of emergency commodities.

To allow sufficient supportive supervision at the site level as services are initiated under AIDSFree, AIDSFree proposes a staggered service delivery schedule for the month of May 2016 (see Appendix 1).

This stepped approach will allow the acting (or permanent) Provincial Technical Liaison(s) sufficient time to visit sites as they begin offering AIDSFree-supported services to directly observe the quality of service

deliveries, identify challenges, and oversee implementation of solutions. In the event that services at all eight sites must commence simultaneously on May 2, 2016, AIDSFree will coordinate with USAID to determine whether VMMC procedures may be counted against targets before on-site supportive supervision by the Technical Coordinator(s) is arranged.

The MOH will prescribe the order and timing in which outreach sites should resume service delivery, and the inclusion of additional nurses (beyond the first 11). All nurses will need to complete emergency management training before beginning AIDSFree-supported service delivery. Likewise, all emergency commodities must be present at AIDSFree-supported outreach sites before VMMC procedures are performed there.

Delivery of clinical services will be complemented by a new electronic system for daily, weekly, and monthly service delivery data collection and reporting. Other complementary implementation support will include staff training, distribution of SCMS-procured commodities, procurement/distribution of commodities not provided by SCMS, coordination with DPS-employed nurses and other service delivery staff, coordination with facility management, transportation of clients, waste management, and overall coordination with MOH (national and provincial personnel), USAID, HC3, SCMS, and URC/ASSIST AND I-TECH.

AIDSFree Mozambique staff will coordinate with the AIDSFree Country Program Manager and other key senior AIDSFree and Jhpiego Mozambique staff as needed.

A description and timeline of detailed tasks, including key transition phases, appears in Appendix 1.

Summary of Key Activities and Outputs for FY 2016

AIDSFree Mozambique will support the project objectives through the key activities and outputs detailed below.

Objective 1: A smooth transition of VMMC program support from FHI 360 to AIDSFree

The section on "Management and Staffing Plan," including Table 3, provides full details on the initial staffing plan for service delivery personnel defined by the MOH.

Intervention 1.1: Identify temporary acting management positions

Jhpiego staff from headquarters and regional offices will serve in acting management positions until permanent management personnel can be recruited and hired to oversee the project.

Intervention 1.2: Hire permanent management positions

CBE will recruit key management positions to oversee the project; these staff will be hired directly by Jhipego. The goal is to have permanent staff on-boarded by mid-May, so that acting positions can be phased out by June 2016.

Intervention 1.3: Transition service delivery teams—CBE

Service delivery teams employed by CBE will consist of nurses, serventes, counselors, data managers, and receptionists. In some sites, particularly in Manica Province, personnel may be preferentially employed by DPS instead of CBE. Per the MOH, CBE will provide 7 of the 11 dedicated nurses for the project starting in May.

Intervention 1.4: Utilize service delivery teams—DPS

DPS-employed staff may be dedicated by the MOH to performing VMMC as part of this project. As with CBE-employed teams, staff will consist of nurses, serventes, counselors, data managers, and receptionists. AIDSFree will sign a memorandum of understanding with DPS and remunerate DPS employees for VMMCs performed during overtime hours (evenings and weekends. Per the MOH, DPS will provide 4 of the 11 dedicated nurses for the project starting in May.

Objective 2: Development of a well-defined and well-implemented technical support program

Interventions 2.1 through 2.3 describe AIDSFree's activities to ensure site readiness to provide VMMC services. Initial and ongoing site assessments are necessary to gauge site capacity, identify infrastructure refurbishment needs, conduct an inventory of emergency commodities, and discuss service delivery approaches and challenges with site staff providing VMMC services.

All clinical staff performing VMMC procedures with AIDSFree support must complete emergency management training, per PEPFAR policy. Interventions 2.4 through 2.8 describe proposed actions to reinstate VMMC service delivery, including supportive services such as commodity management and transportation for clients.

Intervention 2.1: Conduct staff training

The 11 nurses identified by MOH for initial project participation will receive emergency management training April 27–29, 2016. Before additional nurses begin performing VMMC as part of the project (whether employed by DPS or CBE), each must complete emergency management training. Training will be scheduled so that groups of nurses can be trained together in the interest of cost containment.

Intervention 2.2: Verify emergency commodities availability

Project staff (AIDSFree and MOH) will need to confirm the presence of required emergency commodities at fixed sites before the commencement of AIDSFree-supported VMMCs. If VMMC services resume at sites prior to confirmation of emergency commodities, those procedures cannot be supported by AIDSFree, and will not count toward the target. As additional static or outreach sites begin offering VMMC services with AIDSFree support, all requisite emergency commodities must be verified as not expired, functioning, and available at all times during VMMC service delivery. Sites can either maintain the requisite commodities at all times (fixed sites); or (at outreach sites) provider teams can transport the emergency commodities with them.

Intervention 2.3: Assess initial fixed sites (April 3–9, 2016)

All fixed sites except Catandica were visited. Key findings included a need to repair incinerators; inappropriate routine use of antibiotics; missing emergency commodities; lack of staff training on emergency management; challenges with electronic capture and reporting of service delivery data; low client volume due to suspended transportation services; and underage clients. A stand-alone site visit summary, describing site-level findings in detail, was submitted separately to USAID Mozambique.

Intervention 2.4: Initiate services at fixed sites (8)

AIDSFree proposes that one static site in Manica and one static site in Tete initiate VMMC services each week throughout the month of May. This will enable Technical Coordinators to visit staff at each site as they begin providing services with AIDSFree support, observe service delivery (staff performance and commodities), identify any quality concerns, and develop plans to remedy gaps, oversee problem resolution, and provide supportive supervision in general. By the end of May, all eight fixed sites could be offering VMMC services.

Intervention 2.5: Initiate services at outreach sites (29)

Based on guidance from the MOH and findings from Technical Coordinators, VMMC services may be progressively expanded to the outreach sites, up to 29 total. AIDSFree proposes that outreach services not resume until July 2016 or after to allow Technical Coordinators to focus attention and supportive supervision initially on the more limited number of fixed sites and staff, including emergency management training of new clinical staff if approved by MOH.

Intervention 2.6: Initiate mobile clinic services

While procurement of mobile units will commence in FY 2016, it is possible that the units will not be available for service delivery until after October 1, 2016.

Intervention 2.7: Reinstate client transportation network details

AIDSFree staff will work with FHI 360 to determine the specifics of the busing system they previously supported, including routes, schedules, pick-up and drop-off points, client volumes, rental companies for buses, and names of drivers (who may be employed by CBE).

Intervention 2.8: Reinstate client transportation services

Throughout the month of May 2016, AIDSFree will work to reinstate portions of the transportation network to serve some or all of the fixed sites, as services commence. If or as VMMC services resume in outreach sites, the project will also explore client transportation options to these locations. Successful reinstatement of transportation services will depend upon availability of vehicles (owned or rented), licensed drivers, and sufficient details from FHI 360 to direct the scheduling of busing services.

Intervention 2.9: Institute quality assurance and improvement activities

AIDSFree will prioritize safety and quality of services (e.g., keep AEs at less than 2%) through quality assurance (QA) and quality improvement (QI) activities, aligned with continuous quality improvement (CQI) support provided to the national VMMC program by I-Tech and also in coordination with URC/ASSIST AND I-TECH. Efforts include: provision of human resources and training; supportive supervision; surgical equipment; materials and supplies; renovation/improvement of physical infrastructure when needed; and, ensuring that appropriate quality assurance(QA) and quality improvement (QI) mechanisms are in place. The schedule for AIDSFree QA assessments will be based upon the existing Jhpiego QA processes, whereby sites receive the following:

- Weekly site-level internal QA self-assessment using the tablet-based Jhpiego Mozambique generated QA tools (a summary of MOH and PEPFAR tools combined); the data is sent to a server in the Maputo office, and graphs and reports are auto-generated by the system.

- Monthly site-level internal QA self-assessment using MOH QA tool.
- Biannual MOH/I-TECH QA assessments and action plan development; every fixed site receives two such visits per year
- PEPFAR external quality assurance (EQA) assessments using the PEPFAR EQA tool; frequency depends upon PEPFAR's request

This process may be tailored as needed for AIDSFree sites, in consultation with the MOH, I-Tech, and URC/ASSIST AND I-TECH.

Objective 3: Improving data collection, analysis, and use

Intervention 3.1: Implement new monitoring and evaluation system (based on existing Jhpiego system)

AIDSFree will procure tablets identical to those used by Jhipego-supported VMMC programs elsewhere in Mozambique, and will distribute them to VMMC sites in Manica and Tete. On-site data managers will be trained on the use of the new tablets, with support from the Monitoring and Evaluation (M&E) Manager. The new tablets/M&E system will not be functioning by May 2, 2016, but recording of service delivery statistics will continue using the MOH-standardized paper forms (client records form, HIV testing service register, follow-up register, daily reporting form, and monthly reporting form). As training on the new tablets is completed and tablets are distributed, information from paper forms will be entered into the tablets.

Intervention 3.2: Tracking VMMC by discrete service location

Service delivery data will be tracked by the actual location of service delivery; specifically, service data from outreach sites will tracked and reported separately, and not collapsed into the static site from which they receive support.

Objective 4: Clear and frequent communication between and among the MOH, USAID, and other key partners working to increase the quality and quantity of VMMC services

Intervention 4.1: Sharing of M&E reports, including adverse events reporting—MOH

AIDSFree Mozambique will consult with MOH to determine the ministry's preferred frequency, mechanism, and reporting formats for sharing daily, weekly, and monthly service delivery statistics. All AIDSFree, site-level, and other staff will be trained in the MOH's existing adverse event reporting requirements.

Intervention 4.3: Sharing of M&E reports, including adverse events reporting—USAID

Acting and permanent management staff from AIDSFree Mozambique will provide weekly written updates and meet with USAID in person, or virtually via conference calls, to report progress in workplan activities, describe challenges encountered, and outline consequences to the timeline and budget of any major delays. If USAID prefers a different frequency, mechanism, or reporting format for such updates, as well as for sharing daily, weekly, and monthly service delivery statistics, AIDSFree will accommodate the changes. Site-level and other staff will be trained on the PEPFAR adverse event notification protocol and reporting requirements.

MONITORING AND EVALUATION

M&E and Learning Approaches

Through the remainder of FY 2016, while AIDSFree transitions from the FHI 360 electronic reporting system/tablets to the Jhpiego-based system, project management personnel will focus on supporting site-level staff in accurate and timely data-gathering through completion of standardized MOH paper- based reporting forms (client record form, daily and monthly aggregated reporting forms, and HIV testing and follow-up registers). The project will procure new tablets, distribute them to all service sites, and train staff in their use as expeditiously as possible. Retroactive entry of paper records into the tablets will be necessary for services provided before the rollout of the Jhpiego-based electronic reporting system.

The primary indicators to be tracked and reported will be the number of males circumcised, including the disaggregation by age, HIV status, and follow-up status; and the number of clients experiencing moderate or severe adverse events. In FY 2017 and beyond, reporting indicators may be expanded to monitor other priority programs areas identified by the MOH and USAID, including training, continuous quality improvement activity results, data quality assessments, province- and district-level male circumcision prevalence estimates, and site-level capacity utilization metrics.

Table 2. Indicator List

Indicator	Disaggregation	FY 16 target	Data sources & collection method	Frequency of data collection/reporting
VMMC_CIRC: Number of males circumcised as part of voluntary male circumcision (VMMC) for HIV prevention program within reporting period	By age (< 1, 1–9, 10–14, 15–19, 20–24, 25–29, 30–49, 50+ By HIV status By follow-up status	45,000 (there are no disaggregation level targets)	VMMC register or client medical record maintained by service provider	Reported to USAID quarterly (DATIM), or more frequently if requested; reporting frequency to MOH to be determined (TBD) (at least monthly) Reporting frequency by facilities to project: TBD (at least monthly)

Indicator	Disaggregation	FY 16 target	Data sources & collection method	Frequency of data collection/reporting
VMMC_AE: Number of males circumcised surgically or by medical device that experienced at least one moderate or severe adverse event (AEs)	By AE type: Surgical intra-operative AE Surgical post-operative AE	Not applicable	VMM register, adverse events register or client medical records maintained by service provider	Reported to USAID: every 12 months (DATIM), or more frequently if requested; reporting frequency to MOH TBD (at least monthly) Reported by facilities to project: TBD (at least monthly) PEPFAR-defined notifiable AEs reported immediately as they occur; severe AEs reported immediately to MOH and USAID
Number of nurses trained in emergency management	Cadre/level	TBD	Training register and/or attendance form	Reported to USAID and MOH: TBD
Number of sites providing VMMC (cumulative)	By site type (static, outreach, mobile)	Static: 8 Outreach: 29 Mobile:	Daily and Monthly Aggregate VMMC Reporting Forms (standardized MOH forms)	Reported to USAID and MOH: TBD
Number of sites that successfully passed a CQI	Type of facility (static, outreach, mobile)	TBD	CQI assessment report	Ad hoc

COLLABORATION AND COORDINATION

AIDSFree Mozambique will collaborate closely with other stakeholders to determine their preferred methods for and frequency of exchanging information.

Standing Updates—National and Provincial MOH Personnel

AIDSFree Mozambique will demonstrate improved, structured communications with MOH personnel at both national and provincial levels, and will ensure timely reporting of service delivery data and adverse events. The method and frequency of report updates will be determined in consultation with MOH. Whenever possible, the project will promote joint update meetings that simultaneously include MOH, USAID, and AIDSFree.

- **Adverse events:** AIDSFree will collaborate with national and provincial MOH personnel to develop a standard operating procedure (SOP) for adverse events reporting. The SOP will define the adverse events to be reported to MOH, MOH personnel to be notified (and the order of notification), deadlines for reporting, and the responsible parties for investigating adverse event cases and instituting remedial actions. The SOP will ensure that the appropriate provincial level and national level MOH personnel are notified expeditiously and in the correct order to ensure timely response and mitigate recurring risks that may threaten the safety of the program.
- **Routine service delivery data:** AIDSFree will collaborate with national and provincial MOH personnel to develop an SOP for aggregating and sharing data on routine service delivery, including the indicators to be reported, indicator aggregation and disaggregation (by site, day, week, month, provider, age group, follow-up status, HIV status, and so on). The SOP will also define reporting deadlines (i.e., latest daily data must be reported within X days, latest weekly data reported within X days of end of week, latest monthly data reported within X days of end of month).
- **Demand creation collaboration:** AIDSFree will collaborate with HC3 to collect and report on demand creation activities conducted in the prior reporting period and planned in the next reporting period, to include challenges and successes in demand creation and the consequences on service delivery volume.

Standing Updates—USAID Mozambique

During the transition period, AIDSFree Mozambique will prepare and submit a written weekly update each Friday, with a brief follow-up meeting/call the following week to discuss information in the written update and other issues that have arisen. Whenever possible, the project will promote joint update meetings that simultaneously include MOH, USAID, and AIDSFree.

- **Adverse events:** AIDSFree will collaborate with national and provincial MOH personnel to adopt the existing MOH standard operating procedure (SOP) for adverse event reporting. The PEPFAR notification protocol will be compared with the adverse event notifications required in the SOP, so that the MOH can identify any requirements that are contradictory or incongruent, and the requirements can be aligned.
- **Routine service delivery data:** AIDSFree will collaborate with USAID to develop an SOP for aggregating and sharing routine service delivery data, including the indicators to be reported, indicator aggregation and disaggregation (by site, day, week, month, provider, age group, follow-up status, HIV status, and so on). The SOP will also define reporting deadlines (i.e., latest daily data must be reported within X days, latest weekly data reported within X days of end of week, latest monthly data reported within X days of end of month). These reporting requirements will be in addition to the PEPFAR requirements for quarterly, semi-annual, and annual data reporting.

Standing Updates—AIDSFree Headquarters

In line with program management support for other AIDSFree field buy-ins, AIDSFree Mozambique will schedule biweekly calls among the in-country management personnel (the Chief of Party, at a minimum), the AIDSFree Country Program Managers, the AIDSFree Senior Technical Advisor for VMMC, and other participants as needed. Updates across all objectives in the workplan will be expected monthly, including identification of any challenges resulting in delays in deliverables or other consequences likely to be of concern.

AIDSFree headquarters will propose a standardized written reporting format

HC3 Coordination

AIDSFree will collaborate with HC3 on demand creation, community/client mobilization activities, and scheduling of service delivery teams to ensure that service supply and client demand are as balanced as possible. These discussions will include planning for client transportation services to ensure that those wanting VMMC services, as a result of the HC3 demand creation activities; can readily access the services, including follow-up appointments. To the extent that FHI360 had agreements with civil society organizations for the purpose of raising VMMC awareness and demand, AIDSFree Mozambique may explore similar arrangements, including memorandums of understanding, to complement HC3 demand creation work. HC3 has requested support for demand creation from AIDSFree as follows:

- Hire a community mobilizer/counselor/activist for each service delivery site to serve as a counterpart to the HC3-employed community mobilizer; both mobilizers would be based in the service delivery site but would spend significant time in the catchment community.
- Collaborate with community-based organizations to facilitate community mobilization.
- Facilitate monthly coordination meetings with HC3.

SCMS Coordination

AIDSFree Mozambique will collaborate with SCMS on procurement, inventory management, warehousing, commodities distribution, and waste management. One or more logisticians will serve as key points of contact for these issues, including distribution of commodities from provincial warehouses.

URC/ASSIST AND I-TECH Coordination

AIDSFree Mozambique will collaborate with URC/ASSIST and I-Tech to define shared responsibilities for continuous quality improvement activities within the context of national systems for quality assurance/improvement, and of AIDSFree's responsibility to provide ongoing site-level supportive supervision.

MANAGEMENT AND STAFFING PLAN

AIDSFree Mozambique

Jhpiego, as the AIDSFree VMMC technical lead, will be responsible for managing technical, administrative, and financial issues, including office set-up, hiring and supervision of staff (employed by CBE and Jhpiego, not DPS, and financial systems; and for daily operations management at the AIDSFree Mozambique office(s). Given the quick transition timeframe, interim solutions are being instituted until permanent management personnel are recruited and hired. Existing Jhpiego Mozambique staff with VMMC technical experience is fully obligated to other PEPFAR-funded VMMC activities, which necessitates recruitment and employment of new management staff for this project.

Establishment of the Project Office

Neither Jhpiego nor JSI currently has office space in Manica or Tete. AIDSFree Mozambique will establish a physical presence in these locations so that there is a base of operational support in both provinces. The transition and permanent management personnel will explore novel options for offices, including renting temporary space in hotels or sharing space already leased by other implementing partners, or within Government offices.

Transition Staffing Plan

AIDSFree Mozambique is assembling a temporary team for key staff, who will serve in acting roles until full-time replacements can be recruited and hired (target date of May 1, 2016). The following individuals will serve on the transition team:

- **Acting Chiefs of Party:** Jason Reed, AIDSFree VMMC Senior Technical Advisor (providing virtual support primarily from the U.S.); Francisco Zita, Jhpiego Mozambique (providing support from the Jhipego Mozambique office)
- **Acting National Technical Coordinators:** Augustino Hellar or Saidi Mknungume, Jhpiego Regional VMMC Technical Advisors (traveling from Tanzania to Mozambique, April and May 2016)
- **Acting Sr. Program Officers:** Kait Atkins, Jhpiego Senior Program Officer (traveling from the U.S. to Mozambique, mid-April 2016), or Laura Fitzgerald, Jhpiego Technical Advisor (traveling from Swaziland to Mozambique early May 2016)
- **Acting Finance Manager:** Entela Lezo, Jhpiego Associate Field Finance Operations Manager (traveling from the U.S. to Mozambique, mid-April to mid-May, 2016).

Jhpiego and AIDSFree headquarters staff will also provide ongoing support; and other individuals may be recruited to fill additional acting positions, as needs arise.

Permanent Management Positions

AIDSFree Mozambique plans to directly hire resident key management positions by mid-May 2016, with the assistance of CBE. The following positions will be recruited/hired:

- Chief of Party
- National Technical Advisor
- Provincial Technical Liaisons—Manica
- Provincial Technical Liaisons—Tete
- Finance Manager
- Logistician—Manica
- Logistician—Tete
- M&E advisor(s) (either one centrally or two, to allow for one in each of the provinces)
- Office Administrator—Manica
- Office Administrator—Tete

To assist the Provincial Technical Liaisons, two additional personnel have been added--Provincial Clinical Supervisors--with extensive experience as VMMC providers and supervisors; these additional province-level clinical staff will further increase the clinical capacity of the AIDSFree team to provide supportive supervision, ensure service safety, and assist with quality assurance and improvement activities throughout the fixed and outreach service delivery sites on a continuous basis. These positions were added to the AIDSFree management team in consultation with the MOH.

VMMC Service Delivery Personnel

Clinical and non-clinical staff (those not already employed by DPS) who will function within service delivery teams at the VMMC sites will be employed by CBE for administrative and HR purposes, but will be managed/supervised by AIDSFree for the project's technical activities.

CBE staff that were employed through FHI 360, and will remain on the VMMC project, will be transitioned to a new CBE contract funded by AIDSFree Mozambique. Vacant positions will need to be recruited and newly hired by CBE.

CBE will not retain “assistant providers” to work on the AIDSFree Mozambique program. The MOH directed that 11 nurses, 24 serventes, 8 counselors, 8 data managers, and 8 receptionists be employed by CBE on the service delivery teams starting in May (see Table 3). In addition to these positions, HC3 recommended that CBE employ a community mobilization staff member to be assigned to each site. These individuals will coordinate with a complementary community mobilizer employed by HC3, and will work with community-based organizations on awareness raising. Table 3 describes proposed staffing for VMMC service delivery.

Table 3. Service Delivery Team Staffing Plan Directed by the MOH for May 2016

May 2016	Moatize	Tete	Changara	Chitima	Gondola	Catandica	1 de Mayo	Manica
CBE nurses	1	2	1	1	1	1	1	1
DPS nurses	0	0	0	0	0	0	1	1
CBE serventes	3	3	3	3	**3**	**3**	**3**	**3**
DPS serventes	0	0	0	0	0	0	0	0
CBE counselors	1	1	1	1	**1**	**1**	**1**	**1**
DPS counselors	0	0	0	0	0	0	0	0
CBE data mangers	1	1	1	1	**1**	**1**	**1**	**1**
DPS data managers	0	0	0	0	0	0	0	0
CBE reception	1	1	1	1	**1**	**1**	**1**	**1**
DPS reception	0	0	0	0	0	0	0	0
Total nurses = 11	1	2	1	1	1	1	2	2

**Bold numbers reflect positions that may be transferred from CBE employment to DPS employment*

*** Community mobilizer positions employed by CBE (recommended by HC3) not depicted in Table 3.*

AIDSFree headquarters staff will provide the country team with backstop support in program and technical management, communications and knowledge management, M&E, and financial management. Headquarters staff will provide support remotely wherever possible, and will conduct up to TBD international trips to Mozambique in PY 1 to assist with start-up, financial, and programmatic management. Both visits are reflected in the budget.

The AIDSFree Mozambique Chief of Party will ensure communication and coordination with U.S. Government in-country partners, private sector partners, district local governments, beneficiary health facilities, AIDSFree headquarters, and other key stakeholders as necessary. The Chief of Party will also ensure general supervision of relevant technical areas and timely submission of reports and deliverables.

APPENDIX 1. TIMELINE

The table below provides a detailed breakdown of proposed PY 1 activities aligned with the project goals and objectives described in the narrative.

AIDSFree VMMC Activities, April–September 2016

	Apr	May	Jun	Jul	Aug	Sept
1.1 Temp acting mgmt. positions in place	X	X				
1.2 Permanent mgmt. positions hired		X	X			
1.3 Service delivery teams CBE hired		X	X	X	X	X
1.4 Service delivery teams DPS remunerated		X	X	X	X	X
2.1 Staff training	X		X		X	
2.2 Emergency commodities verification	X	X	X	X	X	X
2.3 Assess initial fixed sites	X					
2.4 Fixed sites initiate services		X				
2.5 Outreach sites initiate services				X		
2.6 Initiate mobile clinic services						X
2.7 Reinstate client transport network		X	X			
2.8 Reinstate client transport services			X	X		
3.1 Implement M&E system		X	X	X	X	
3.2 Tracking VMMC by discrete location		X	X	X	X	X
4.1 Sharing M&E and AE data – MOH		X	X	X	X	X
4.2 Sharing M&E and AE data - USAID		X	X	X	X	X

APPENDIX 2. OVERALL BUDGET SUMMARY AND NOTES

Line Item	Total	Notes
Salaries	$58,439	Includes limited JSI management oversight and support by the Deputy PD, Country Programs Manager, Senior M&E Advisor, Operations Director, Finance Manager, Project Coordinator, and Knowledge Management team
Indirect Costs	$47,920	Includes JSI's indirect costs as approved in its negotiated indirect cost rate agreement (NICRA)
Travel Transportation & Per Diem	$66,300	Includes 6 roundtrip flights, M&IE, and local travel for the VMMC Technical Advisor, Country Programs Manager and Operations Team for startup and ongoing program management and oversight
Other Direct Costs	$17,341	Includes printing, communications, and shipping charges
Subcontracts/Subagreements*	$3,590,000	Includes $3.5M for Jhpiego, the lead implementing partner on the activity.
Subtotal Program Costs	$3,780,000	
AIDSFree PM Contribution**	$420,000	Represents non-program specific AIDSFree management costs to support overall AIDSFree operations, knowledge management, program management, and strategic information
Total Program Costs	$4,200,000	
Cost Share	$420,000	Represents 10% of the USAID funding obligation
Grand Total	4,620,000	

*Note- Please see the following table for additional details regarding the Jhpiego subaward budget.
**Note- Actual Program Management costs charged to this budget will vary and may reduce as the overall program receives additional funding.

APPENDIX 3. JHPIEGO BUDGET SUMMARY TABLE & NOTES

AIDSFree Project Jhpiego Line Item Summary—Mozambique VMMC Program April 1, 2016–September 30, 2016 Submission: May 2, 2016		
Personnel	548,162	Includes TA staff team comprised of in country and HQ core technical staff, short-term technical staff, and support personnel, as well as long-term personnel who will be engaged in supporting implementation of the Mozambique AIDSFree Program
Fringe Benefits	150,771	Includes JHU's FY15 NICRA fringe benefit rate for general staff and local hires, per Jhpiego standard policies
Travel	919,672	Includes 6 international startup and STTA/management trips, 6 regional STTA visits, and 10 domestic TA site visits
Equipment	457,900	Includes the procurement of 2 mobile clinics to be used for minor surgery/ male circumcision expansion
Supplies	121,276	Includes supplies and materials to support programmatic and operational activities necessary for program implementation (laptops, furniture, printers, tablets, etc.), and also includes funds for educational materials and supplies
Contractual	65,683	Includes local consultant for Portuguese translations, recruitment and outsourcing provider fees, and subcontracts or grants to 2 CBOs for community mobilization
Other Direct Costs	$782,948	Includes participant, supplies and venue expenses for meetings, conferences, and trainings; and operational expenses (rent and utilities, repairs and maintenance, insurance, communications, bank fees, vehicle and transport rental services)
Indirect Costs	$543,587	Includes indirect costs as approved in Jhpiego's negotiated indirect cost rate agreement (NICRA) with DHHS
Total Costs	$3,589,999	

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