



## **Full WFP Disbursements Extract 2006**

### **MTEF Forecasts 2007 - 2010**

#### **ODAmoz**

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Financed by the European Commission



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**Introduction:**

The purpose of this full WHO 2006 disbursements and 2007 – 2010 forecast (MTEF) extract of ODAmoz is to provide Donors and the Government of Mozambique with a greater understanding of WHO's activities in Mozambique. This exercise is part of the Donor efforts to strengthen Coordination & Harmonization in the follow up of the Paris Declaration on Aid Effectiveness and a consequence of donor reporting requirements towards the Government of Mozambique, and in special the Departamento de Investimento e Cooperação (DIC) at the Ministry of Plan and Development (MPD).

The data provided is based on the data provided by WHO in Mozambique. Completeness and exactness can only be guaranteed up to the 1<sup>st</sup> Quarter 2007 disbursement data. Forecast data is subject to own judgment of those reporting, and therefore might not always represent reality.

The only sector codification allowed is the unique DAC/CRS sector classification which provides one five digit sector code per project, which should be the same in Headquarters and Field Offices. This will allow data from ODAmoz from different Donors to be compared nationally and internationally while at the same time providing a standard basis for analysis.

The same kind of report on disbursements 2006, forecasts 2007 - 2010 is available for each individual Donor participating in ODAmoz and for future quarterly reporting towards the Government of Mozambique.

Attached you will therefore find an overview of aggregated donor data per donor and Sector in ODAmoz, in US \$ (according to OE exchange rates 2007), a list of all WHO project disbursements as well as forecasts, a glossary of all the fields that may be mentioned in the Project Fact Sheets and all WHO's projects available as Project Fact Sheets.

Please feel free to visit the ODAmoz website:

[www.odamoz.org.mz](http://www.odamoz.org.mz)

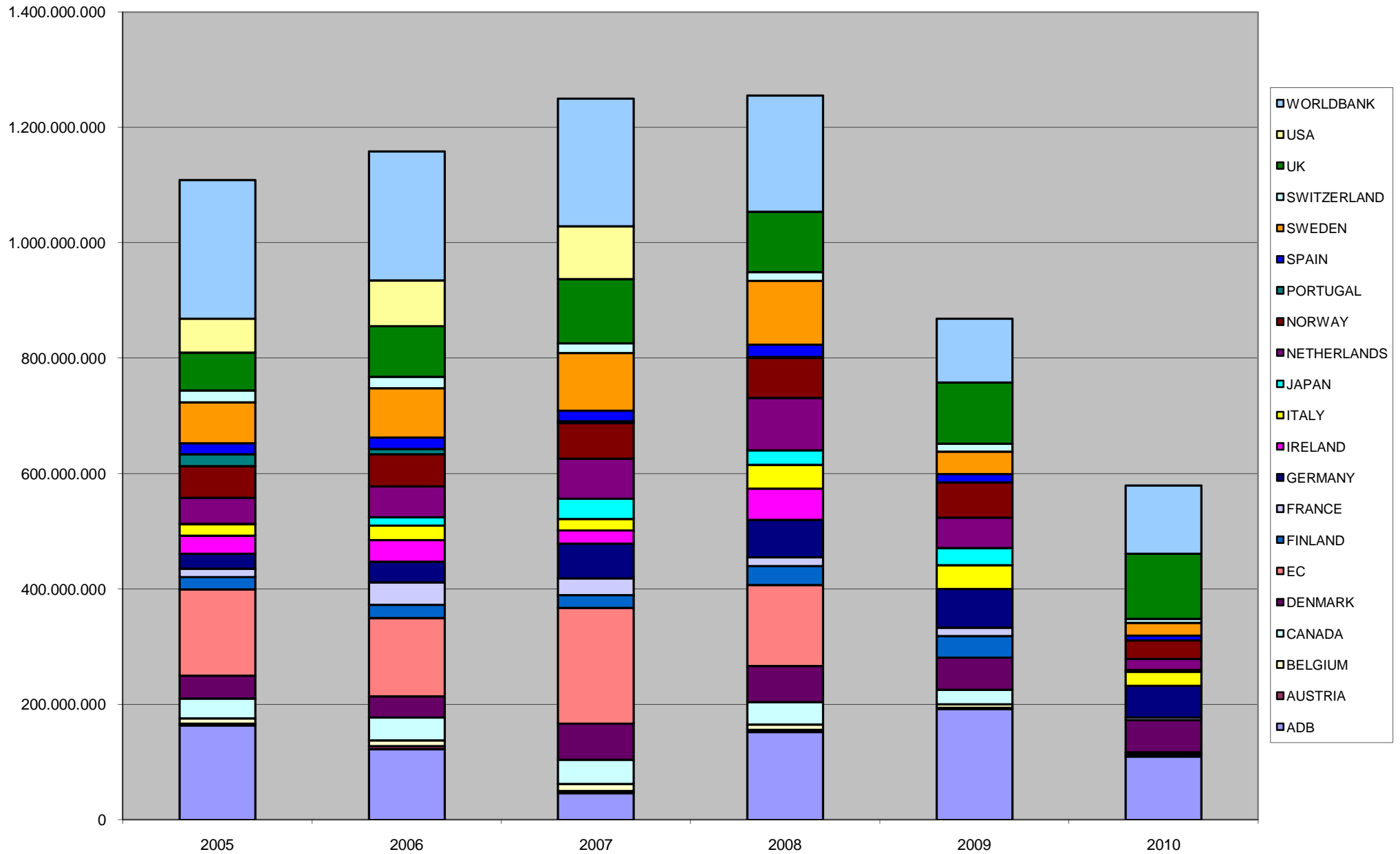
for further information.

**Exchange Rate to the US \$ used in ODAmoz, based on the  
OE 2007 Rate**

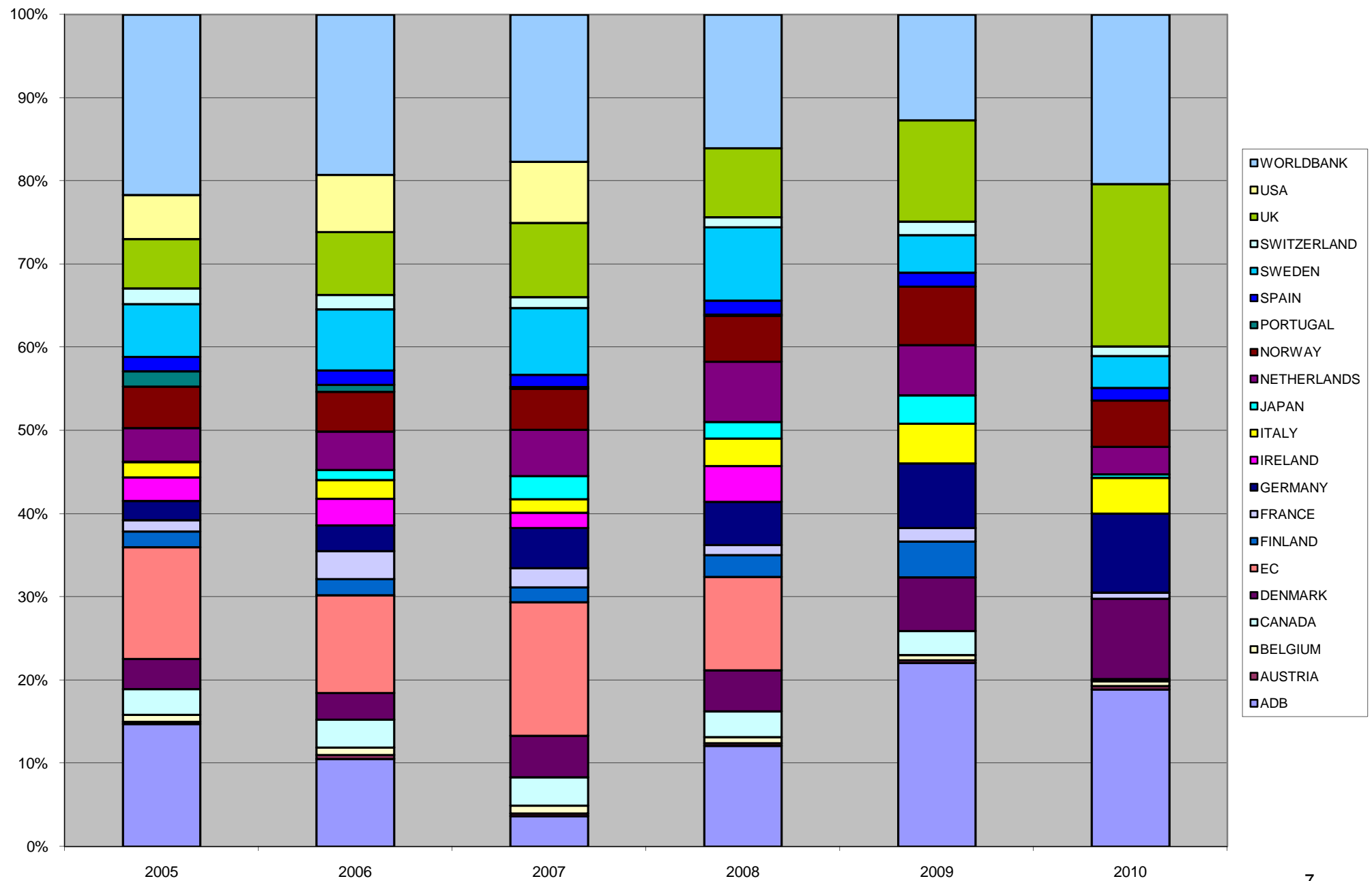
<b>Donr/ Agency</b>	<b>Local Currency</b>	<b>Exchange Rate to US\$</b>
ADB	BUA	0,69
AUSTRIA	EUR	0,88
BELGIUM	EUR	0,88
CANADA	CAD	1,22
DENMARK	DKK	6,42
EC	EUR	0,88
FINLAND	EUR	0,88
FRANCE	EUR	0,88
GERMANY	EUR	0,88
IRELAND	EUR	0,88
ITALY	EUR	0,88
JAPAN	JPY	122,05
NETHERLANDS	EUR	0,88
NORWAY	NOK	6,63
PORTUGAL	EUR	0,88
SPAIN	EUR	0,88
SWEDEN	SEK	7,85
SWITZERLAND	CHF	1,31
UK	GBP	0,58
USA	US	1
WORLDBANK	US	1
FAO	US	1
UNDP	US	1
UNESCO	US	1
UNFPA	US	1
UNHABITAT	US	1
UNHCR	US	1
UNICEF	US	1
UNIDO	US	1
WFP	US	1
WHO	US	1

Total Aid Flows of Donors/ UN Agencies 2005 - 2010 in US \$						
	2005 Total	2006 Total	2007 Total	2008 Total	2009 Total	2010 Total
<b>Donors</b>						
ADB	163.186.957	121.923.030	46.033.332	152.209.003	191.640.581	109.318.841
AUSTRIA	3.318.482	5.582.930	3.947.227	3.880.314	2.600.575	2.508.196
BELGIUM	8.971.068	10.319.635	11.642.046	9.193.184	5.568.183	3.181.819
CANADA	34.352.922	39.011.613	42.433.117	38.805.880	25.089.189	1.639.344
DENMARK	40.157.505	37.325.226	62.241.330	62.071.649	55.965.730	55.965.729
EC	148.906.247	135.618.259	201.124.761	141.013.559	0	0
FINLAND	21.363.231	22.992.772	21.804.901	32.364.058	37.580.028	0
FRANCE	14.998.610	38.968.520	29.013.229	15.250.000	14.190.375	4.312.500
GERMANY	25.617.811	35.753.765	60.141.496	65.299.337	67.329.547	55.022.918
IRELAND	31.619.344	36.906.441	23.170.199	53.948.865	0	0
ITALY	19.977.435	25.875.346	20.161.384	41.359.204	41.342.546	24.924.242
JAPAN	423.810	14.392.679	34.995.780	24.900.379	29.818.347	2.453.676
NETHERLANDS	45.122.669	53.143.831	69.419.806	90.893.319	52.199.715	19.047.841
NORWAY	54.984.284	55.402.374	61.751.783	69.334.992	61.040.225	32.277.527
PORTUGAL	20.615.444	9.586.932	2.592.327	1.750.000	0	0
SPAIN	19.276.276	20.059.494	18.259.688	21.249.937	14.662.390	8.801.136
SWEDEN	70.420.142	85.326.882	100.501.662	110.601.684	38.864.458	22.121.917
SWITZERLAND	21.007.329	19.992.367	16.362.208	15.061.070	14.175.573	6.839.696
UK	65.760.930	87.788.921	111.733.621	104.553.446	105.922.412	112.837.930
USA	58.348.343	79.337.636	91.321.037	0	0	0
WORLDBANK	240.820.000	223.405.000	221.592.000	201.480.000	110.320.000	118.130.000
<b>SUM</b>	<b>1.109.248.839</b>	<b>1.158.713.653</b>	<b>1.250.242.934</b>	<b>1.255.219.880</b>	<b>868.309.874</b>	<b>579.383.312</b>
<b>UN Agencies</b>						
FAO	4.404.106	8.331.852	7.325.129	2.925.695	0	0
UNDP	5.121.052	6.651.592	16.986.156	11.948.070	7.490.000	0
UNESCO	107.044	516.320	3.256.086	3.266.112	1.025.739	0
UNFPA	0	0	1.913.830	0	0	0
UNHABITAT	442.992	161.581	0	0	0	0
UNHCR	0	0	450.750	0	0	0
UNICEF	7.466.660	8.110.257	25.904.143	27.808.000	27.995.000	250.000
UNIDO	101.212	1.874.700	0	0	0	0
WFP	27.248.000	28.784.000	7.172.400	14.326.000	13.029.000	0
WHO	0	2.283.509	7.198.493	4.433.500	4.433.500	0
<b>SUM</b>	<b>44.891.066</b>	<b>56.713.811</b>	<b>70.206.987</b>	<b>64.707.377</b>	<b>53.973.239</b>	<b>250.000</b>

Total Aid Flows of Donors 2005 - 2010 (US-\$)



Total Aid Flows of Donors 2005 - 2010 (in %)



**Total Aid Flows of UN Agencies 2005 - 2010 (US-\$)**





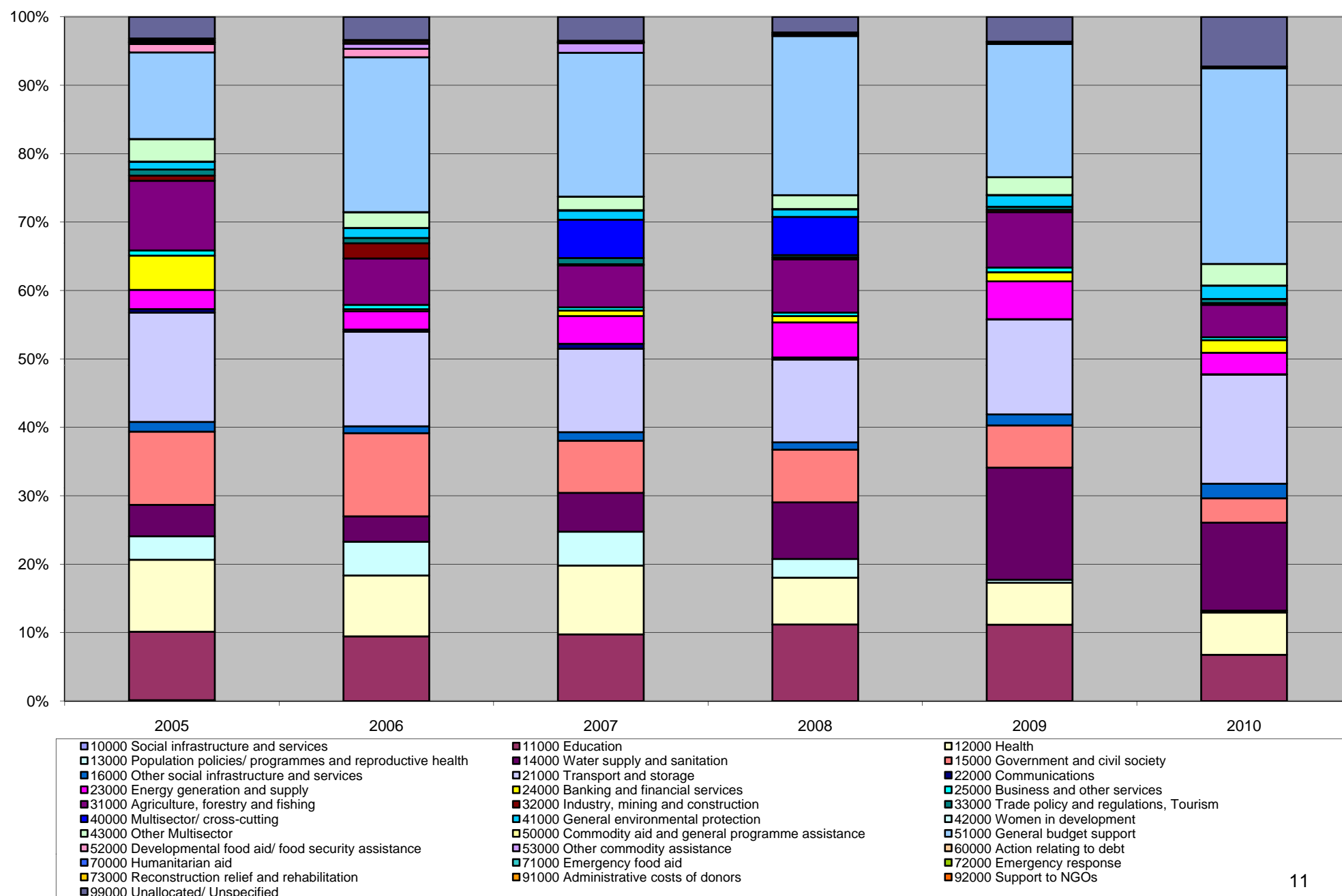
<b>Total Aid Flows to Sectors 2005 - 2010 (US-\$)</b>						
	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
10000 Social infrastructure and services	1.542.506	0	0	0	0	0
11000 Education	110.905.974	109.635.075	121.988.584	140.624.459	97.001.485	39.173.508
12000 Health	116.679.652	103.078.074	125.673.875	85.955.252	53.143.017	35.868.979
13000 Population policies/ programmes and reproductive health	38.122.826	57.087.558	61.949.540	34.131.094	3.885.628	1.639.344
14000 Water supply and sanitation	50.904.392	43.164.999	70.986.220	103.830.332	142.276.570	74.445.931
15000 Government and civil society	118.717.468	140.725.471	95.205.709	96.839.474	53.472.577	20.601.230
16000 Other social infrastructure and services	15.630.526	11.735.311	15.504.349	13.329.664	14.020.205	12.325.872
21000 Transport and storage	177.280.999	160.216.860	152.506.234	152.013.030	120.379.668	92.470.052
22000 Communications	5.775.956	3.619.835	9.051.442	3.733.197	513.099	229.008
23000 Energy generation and supply	31.008.473	30.795.842	50.740.658	64.177.763	47.971.692	18.222.930
24000 Banking and financial services	55.657.867	3.614.213	10.029.423	11.714.293	11.563.751	10.640.601
25000 Business and other services	8.492.695	7.446.936	5.762.981	6.280.470	6.002.341	2.492.212
31000 Agriculture, forestry and fishing	112.859.749	78.522.389	76.810.346	97.692.328	70.321.679	27.401.125
32000 Industry, mining and construction	8.350.105	25.543.737	1.956.855	3.560.889	2.825.950	1.508.296
33000 Trade policy and regulations, Tourism	9.815.430	9.121.712	11.359.967	4.413.130	4.031.450	3.520.000
40000 Multisector/ cross-cutting	0	0	70.000.000	70.000.000	0	0
41000 General environmental protection	12.761.234	16.587.853	16.675.934	13.798.712	14.436.530	11.239.947
42000 Women in development	100.072	400.116	871.421	583.171	432.341	130.682
43000 Other Multisector	36.493.920	26.674.564	24.672.784	25.430.448	22.604.613	18.282.294
50000 Commodity aid and general programme assistance	179.944	179.944	85.227	0	0	0
51000 General budget support	140.321.632	262.137.559	262.749.091	291.906.807	169.107.788	165.643.922
52000 Developmental food aid/ food security assistance	13.512.247	14.318.181	0	2.272.727	0	0
53000 Other commodity assistance	0	8.563.251	17.588.361	0	0	0
60000 Action relating to debt	2.674.381	0	0	0	0	0
70000 Humanitarian aid	0	1.058.093	634.191	0	0	0
71000 Emergency food aid	340.909	0	340.909	0	0	0
72000 Emergency response	151.060	0	927.273	909.091	0	0
73000 Reconstruction relief and rehabilitation	0	0	37.765	0	0	0
91000 Administrative costs of donors	2.876.253	3.531.700	1.163.286	2.631.264	2.222.173	1.526.718
92000 Support to NGOs	3.005.273	1.683.951	1.209.175	724.223	683.239	0
99000 Unallocated/ Unspecified	35.087.296	39.270.429	43.761.334	28.668.062	31.414.078	42.020.661
<b>Sum without UN</b>	<b>1.109.248.839</b>	<b>1.158.713.653</b>	<b>1.250.242.934</b>	<b>1.255.219.880</b>	<b>868.309.874</b>	<b>579.383.312</b>

**Total Aid Flows of Donors to Sectors 2005 - 2010 (US-\$)**



- |   |  |   |
|---|--|---|
| 10000 Social infrastructure and services                      | 11000 Education                                      | 12000 Health                                |
| 13000 Population policies/ programmes and reproductive health | 14000 Water supply and sanitation                    | 15000 Government and civil society          |
| 16000 Other social infrastructure and services                | 21000 Transport and storage                          | 22000 Communications                        |
| 23000 Energy generation and supply                            | 24000 Banking and financial services                 | 25000 Business and other services           |
| 31000 Agriculture, forestry and fishing                       | 32000 Industry, mining and construction              | 33000 Trade policy and regulations, Tourism |
| 40000 Multisector/ cross-cutting                              | 41000 General environmental protection               | 42000 Women in development                  |
| 43000 Other Multisector                                       | 50000 Commodity aid and general programme assistance | 51000 General budget support                |
| 52000 Developmental food aid/ food security assistance        | 53000 Other commodity assistance                     | 60000 Action relating to debt               |
| 70000 Humanitarian aid  | 71000 Emergency food aid                             | 72000 Emergency response                    |
| 73000 Reconstruction relief and rehabilitation                | 91000 Administrative costs of donors                 | 92000 Support to NGOs                       |
| 99000 Unallocated/ Unspecified                                |  |   |

Total Aid Flows of Donors to Sectors 2005 - 2010 (in %)

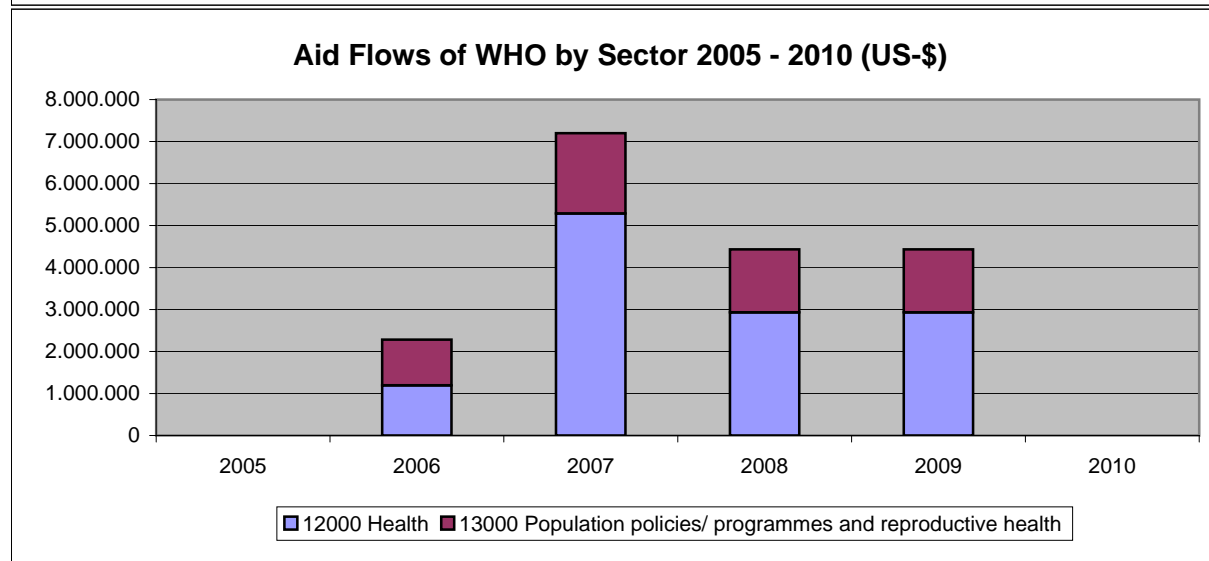
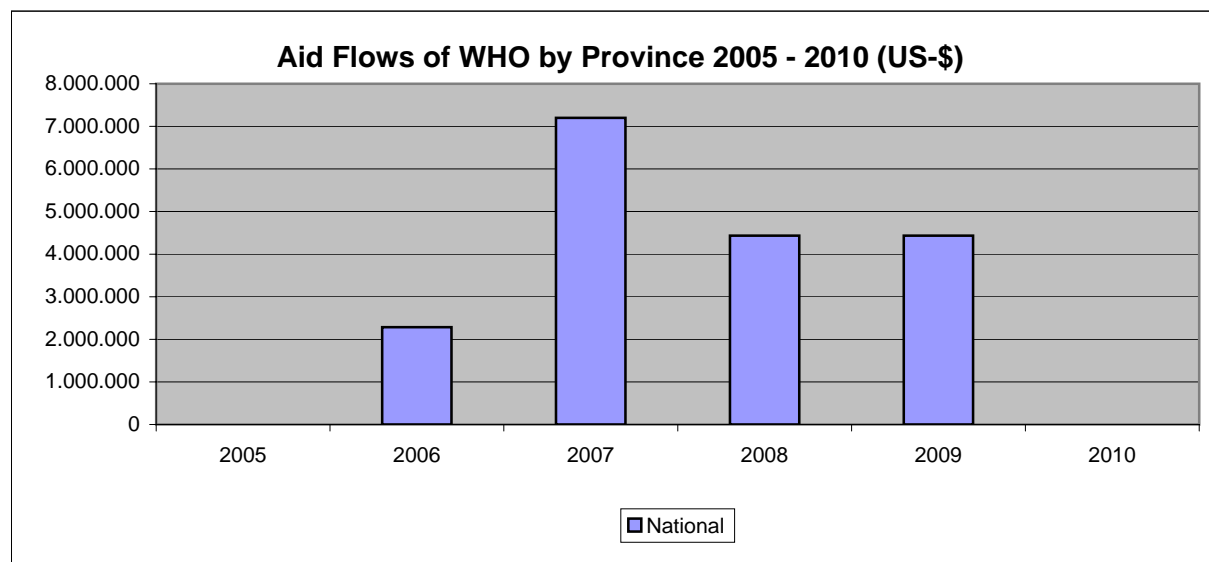


**Aid Flows of WHO by Province 2005 - 2010 (US-\$)**

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
National	0	2.283.509	7.198.493	4.433.500	4.433.500	0
<b>Sum</b>	<b>0</b>	<b>2.283.509</b>	<b>7.198.493</b>	<b>4.433.500</b>	<b>4.433.500</b>	<b>0</b>

**Aid Flows of WHO by Sector 2005 - 2010 (US-\$)**

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>
12000 Health	0	1.191.243	5.286.757	2.931.500	2.931.500	0
13000 Population policies/ programmes and reproductive health	0	1.092.266	1.911.736	1.502.000	1.502.000	0
<b>Sum</b>	<b>0</b>	<b>2.283.509</b>	<b>7.198.493</b>	<b>4.433.500</b>	<b>4.433.500</b>	<b>0</b>



Agency	Project n°	Project Designation	Project Status	On/Off Budget	Funding Type	Sector	Currency	Total Amount	Total Disbursed	Undisbursed Funds	2005 Total	2006 Total	2007 Total	2008 Total	2009 Total	2010 Total
WHO																
WHO	268072	CPC Communicable Disease Prevention And Control	On Going	On Budget	Technical Assistance	12250 Infectious disease control	US \$	690.000	69.087	620.913	0	69.087	620.913	345.000	345.000	0
WHO	268074	TUB Tuberculosis	On Going	On Budget	Technical Assistance	12250 Infectious disease control	US \$	269.000	83.956	185.044	0	83.956	454.044	134.500	134.500	0
WHO	268075	NCD Surveillance, Prevention and Management of Chronic, Noncommunicable Diseases	On Going	On Budget	Technical Assistance	12110 Health policy and administrative management	US \$	630.000	54.930	575.070	0	54.930	575.071	315.000	315.000	0
WHO	268076	CSR Epidemic Alert and Response	On Going	On Budget	Technical Assistance	12250 Infectious disease control	US \$	264.000	79.007	184.993	0	79.007	184.992	264.000	264.000	0
WHO	268078	IVD Immunization and Vaccine Development	On Going	On Budget	Technical Assistance	12250 Infectious disease control	US \$	1.332.000	396.792	935.208	0	396.792	935.208	666.000	666.000	0
WHO	268079	MAL Malaria	On Going	On Budget	Technical Assistance	12250 Infectious disease control	US \$	935.000	108.395	826.605	0	108.395	826.604	467.500	467.500	0
WHO	268080	HRH Human Resources for Health	On Going	On Budget	Technical Assistance	12281 Health personnel development	US \$	445.000	108.296	336.704	0	108.296	651.704	227.500	227.500	0
WHO	268083	HFS Health Financing And Social Protection	On Going	On Budget	Technical Assistance	12110 Health policy and administrative management	US \$	305.000	152.500	152.500	0	152.500	152.500	0	0	0
WHO	268084	HIV/AIDS	On Going	On Budget	Technical Assistance	13040 STD control including HIV/AIDS	US \$	1.502.000	1.092.266	409.734	0	1.092.266	1.911.736	1.502.000	1.502.000	0
WHO	268089	RHR Reproductive Health	On Going	On Budget	Technical Assistance	12281 Health personnel development	US \$	614.000	78.632	535.368	0	78.632	535.369	307.000	307.000	0
WHO	268095	HPR Health Promotion	On Going	On Budget	Technical Assistance	12261 Health education	US \$	410.000	59.648	350.352	0	59.648	350.352	205.000	205.000	0
WHO	268099	EDM Essential Medicines	On Going	Off Budget	Technical Assistance	12182 Medical research	US \$	0	0	0	0	0	0	0	0	0
							Totals	7.396.000	2.283.509	5.112.491	0	2.283.509	7.198.493	4.433.500	4.433.500	0

## Description of Data Fields and Data Entry Guidelines.

1.	Donor	Name of Donor
2.	Project / Programme Title	<p><u>Content/description:</u> A short, for the general public understandable title for the project.</p> <ul style="list-style-type: none"> <li>The primary purpose of the title is <u>not</u> to inform about the project's content, but it is to lead the user to the required, more detailed information.</li> <li>If the 'official' title is too long (more than 40-50 characters), try to shorten it.</li> <li>Avoid abbreviations.</li> <li>Avoid repeating information contained in one of the other data fields, such as duration, location or partner. Include them, if required for distinction between other projects (of the same agency).</li> <li>Exclude information on project status, -phase, or -cycle and include them in the project description.</li> </ul> <p><u>Examples:</u></p> <ul style="list-style-type: none"> <li>NOT: "Operational trial of maternal mortality reduction through establishment of maternity waiting homes (MWH) providing access to essential obstetric care (EOC) in 2 pilot districts"</li> <li>BUT: "Reduction of maternal mortality" (this is enough information to lead the interested user to the more detailed project data)</li> </ul>
2.1	Other UN Agency involved	Name of other UN Agency involved in the project (collaboration, cost sharing...) – <b>UN Specific Field</b>
4.	Project Number	Specific project number. EC Example: 9ACPMOZ001 – <b>For Donors: If the Project is implemented by an UN Agency please include name of UN Agency in the Project Number e.g : 9ACPMOZ001 / UNDP (NEW)</b>
5.	Mozambique Budget Project number	Field for input of the related Mozambican Project Number in the State Budget (OGE) once a project is ON-Budget. <b>IMPORTANT: Entry into this field is necessary if you want the Project to become ON-Budget. If you do not know the MZ Budget Nr please input tbd. In case it is Budget Support or Sector Support please include respective information: e.g GBS or PROAGRI (NEW)</b>
6 - 8.	Member State Project Officer – name, phone and e-mail	Either a person who directly answers questions, inquiries or feedbacks, or an administrative assistant who coordinates them.
9.	Project Internet Link	A direct web link to existing, more detailed project information on the internet (if up-to-date). If no such information is available, please leave the fields empty instead of providing a link to the Donor's homepage.

## Description of Data Fields and Data Entry Guidelines.

10.	Brief Project Description	<p>The project description preferably consists of the following information:</p> <p><b>Context:</b> Basic background information which helps (the general public) to understand the project description.</p> <ul style="list-style-type: none"> <li>• Problem to be addressed</li> <li>• Explanation on the national institutional and legal framework</li> <li>• Reference to findings of relevant reviews or evaluations.</li> </ul> <p><b>Goals/objectives:</b> The purpose or goal representing the desired result that a project or programme seeks to achieve. This can be written in a short statement covering the main objectives pursued by the project, or in a list of objectives, described in keywords. Include target groups and number of beneficiaries if the data is available and if it helps to understand the scope of the project. If goals are described by using % figures, make sure that the respective basis (100%) and the time frame are known.</p> <p><b>Implementation:</b></p> <ul style="list-style-type: none"> <li>• Key activities (main actions to achieve above described goals)</li> <li>• Explanations on cooperation and partnerships (context specific information on partner involvement; additional information to the 'partners' section)</li> </ul>
11.	Comments	Any information you want to add especially in the draft version in order for your colleagues to check e.g. on information missing.
12 – 14	Duration and status of project	The duration is the time from the actual project start- to the actual anticipated project end date, which means that delays are taken into consideration. The status of a project can be selected to be either pipeline, ongoing or completed.
15.	Funding Type	<p>Chose the project / programme's funding type:</p> <p><b>Grant or Loan;</b> A <b>grant</b> is a fund given as a gift for a specified purpose by a multilateral institution, a government, a non-governmental institution, a foundation, a company or an individual. A <b>loan</b> is a fund which must be repaid</p> <p>If it is <b>On/Off Budget</b>, meaning it appears or does not appear in the <b>current</b> Orcamento Geral do Estado OGE; <b>In order to enable this field as ON-Budget, enter relevant information in the Mozambican Budget Nr, Field Nr 5 (NEW)</b></p> <p>Whether it is <b>Budget Support, a Fundo Commun, a Project, Technical Assistance or a Study</b>. Please explicitly chose the Fundo Commun out of the available list <b>(NEW)</b></p>
16.	Total Amount	<p>The amount of <b>"TOTAL"</b> funding (up to date, in your own currency) that has been approved. A commitment is a firm obligation expressed in an agreement or equivalent contract. If the commitment is not finalized yet but you are confident of it happening, the status "pipeline" will indicate this!</p> <p>Remarks:</p> <ul style="list-style-type: none"> <li>• Zero values in the field 'committed funds' will not be displayed in reports.</li> <li>• "Own currency" values are automatically transformed into US \$ using average yearly exchange rates</li> </ul> <p><b>UN Agencies:</b> Please from now on include the full amount of your project funding without differentiating into "core". Donors Funding below is just indicative and is NOT added into the total Amount anymore <b>(NEW)</b></p>
16.1	Donors' Name and Funding	<p><b>UN Agencies only:</b> Amount of Funds received from Cost Sharing.</p> <p>In the Donor Project Number: please put in reference of the Donor Project Number if available, so that the link with the donor and UN agency can be made. <b>This information</b></p>



## Description of Data Fields and Data Entry Guidelines.

		is only indicative and will not influence anymore the Total Amount of the Project in the Database (NEW)
17.	Total Amount Disbursed up to end of 2004	The amount of project / programme funds (in your own currency) that have been paid up to end of year <b>2004</b> . This is a necessary field for historic financial data, the baseline of ODAmoz being 2005.
18.	Total Amount Disbursed	The amount of project / programme funds (in your own currency) that have been paid up to date – This field is calculated automatically
19.	Undisbursed Funds	The actual amount of funds (in your own currency) still available at current date / moment - This field is calculated automatically
20. - 21.	Quarterly Disbursements  (including Forecasts – MTEF)	<p>The amount of funds (in your own currency) paid per Quarter of the Year, from 2005 to the present Year and the forecasts for the Quarters ahead of the present Year as well as yearly totals of the Medium Term Expenditure Forecast MTEF (n + 3 years)</p> <p>Please try to estimate, if exact data not available, with the present quarter and the forecasts for future quarters and years the most important figures as requested by the Ministry of Planning/DIC for Budget Planning purposes.</p>
21.1	Government Counterpart / Codificacao Organica	The national institution that is responsible for the Agency/Donor Project on Government side. <b>A set of official Budget designations of institutions is given as a drop down field. Similar to the DAC sector, this field just allows the choice of one Beneficiary/counterpart.</b> In case of several counterparts please choose a main one or split the project accordingly. This has been included on request by DNO for budgeting purposes. <b>See Annex II (NEW)</b>
22.	Implementing Organization / Executing Agency	<p>The Implementing Organization can be an NGO, a ministry or any other organization in charge of implementing the project. More than one can be entered.</p> <p>Contact name, phone number and e-mail address of project coordinator should be included.</p> <p>Remarks:</p> <ul style="list-style-type: none"> <li>• To add another implementing organisation click on the "Add Another Implementing Organisation" button.</li> <li>• To delete an implementing organisation click on the "Delete" button on the respective row.</li> </ul>
23.	DAC Sector	<p><u>Context/description:</u> Area(s) of <b>core activity</b> of a project.</p> <p>As the DAC/CRS Sector codification is the only international standard useable for interagency or inter-donor statistical comparability, it is necessary to use only this type of codification. <b>See Annex III</b></p> <p>The selection of only one sector is allowed. It is extremely important, that the selection reflects the official DAC/CRS codification used by the member State for reporting to the OECD. Member States should therefore request this information from their Head Quarters in case this information is not available in their Field Office.</p> <p>For UN Agencies: If you have cost sharing, the DAC code of your project should be the same as the donors.</p>
24.	Geographic Location of the Project (selection list)	An indication of district(s) and province(s) where the project is located and executed.

## Description of Data Fields and Data Entry Guidelines.

		<p>As each project requires individual considerations for defining its location(s), no specific guidelines can be provided. In general,</p> <ul style="list-style-type: none"> <li>• bear in mind the information requirements that a database user is assumed to have (also regarding search approach, search results)</li> <li>• having information at district level (as opposed to just provinces) constitutes a major value of this database and contributes significantly to a better inter-agency improvement.</li> <li>• avoid to declare a project as nationwide whenever possible.</li> </ul> <p>Remarks:</p> <ul style="list-style-type: none"> <li>• If the project is a national project then select the "National" check box.</li> <li>• If the project is not a national project then the provinces and districts must be chosen. To select a district a province must be selected first. By selecting a province the relevant districts for that province appear in the districts box. To multiple select districts hold the control (Ctrl) button down and click on the required districts. To add the names of the localities that the project works in, type that in manually in the localities text box provided.</li> <li>• To add another province click on the "Add Another Province" button.</li> </ul> <p>To delete a province and the selected districts click on the "Delete" button on the respective row.</p>
25.	MDG targets	<p>Select relevant Millennium Development Goals targets for the project – again, do not select too many.</p> <p>A non-applicable box is available but should only be chosen in the unlikely event that the project does not fit under any of the MDG Targets e.g. refugees.</p>

## Project Description

Project Title	CPC Communicable Disease Prevention And Control
Donor Project Number	268072
Mozambique Budget Project Number	N/A
Donor	WHO
Project Description	<p><b>CONTEXT:</b></p> <p>Diseases covered by this area of work include those for elimination, which are leprosy, lymphatic filariasis and human African trypanosomiasis and those for control which are schistosomiasis and soil transmitted helminthes, as per WHO resolutions. Control of Buruli Ulcer is among other programmes belonging to this area of work. But for the biennium 2006-2007 we will include only Leprosy and lymphatic filariasis.</p> <p>These diseases almost exclusively affect poor and powerless people living in rural areas. They rarely kill but cause immense suffering and often life-long disabilities, therefore contribute significantly to the vicious cycle of poverty.</p> <p>If leprosy elimination has gained in priority since the last visit to Mozambique in April 2005 of Mr.Yosei Sasakawa, the WHO Good will Ambassador for leprosy elimination, still resources allocated to this program are scarce most partners and the MoH paying their attention more on HIV/AIDS. The situation is not different for the lymphatic filariasis although effective, safe and economical interventions are available. During the recent June 2005 meeting with its development partners of the sector, the Ministry of Health has listed among the priorities for the year 2006 attention to the filariasis and parasitoses as neglected diseases and the community expansion of efforts for eliminating leprosy. In addition to the above, the selection of this area of work for next biennium is based on the following: the country can benefit from WHO work and experience in this area around the world and also from resources particularly drugs and laboratory supplies it can mobilize as these two diseases are targeted for elimination.</p> <p>The epidemiological situation is as follows:</p> <ol style="list-style-type: none"> <li>1. At the end of 2004 leprosy prevalence rate at national level was 2.46 per 10.000 inhabitants while elimination is expected to be reached by December 31st, 2005. Adversely, prevalence detection ratio that became less than 1 in 2002 increased again in 2003 and became higher than 1 at the end of 2004. Four provinces are mostly contributing to this situation Zambúzia, Nampula, Cabo Delgado, Niassa and Manica while the other seven provinces have reached the elimination target. It is worth noting that Sofala with its prevalence rate near 1 needs to sustain its detection and treatment efforts.</li> <li>2. Preliminary findings of the recent Lymphatic filariasis mapping conducted from February to May 2005 show 63 % of mapped districts are endemic. The exercise still has to be carried in 9 districts and repeated in 58 districts. The global goal for LF elimination is the year 2015.</li> </ol> <p>A major challenge is to increase interventions targeting those diseases while reinforcing the health system and the community involvement in taking care of their health needs.</p> <p>Another challenge is to increase both commitment and resources from the partners including NGOs and political commitment from the Government line Ministries in order to scale up interventions for the intensified control or elimination of these neglected diseases.</p> <p><b>GOALS/OBJECTIVES:</b></p> <ol style="list-style-type: none"> <li>1. Leprosy elimination activities strengthened;</li> <li>2. Lymphatic filariasis elimination activities strengthened.</li> </ol> <p><b>IMPLEMENTATION:</b></p> <ol style="list-style-type: none"> <li>1. Enhanced health promotion plan for leprosy elimination;</li> <li>2. Sustained and early leprosy case finding and proper management plan;</li> <li>3. New case reporting system;</li> </ol>

	4. New network of MDT blister packs supply to endemic provinces via Nampula and Beira; 5. Technical report of LF mapping; 6. Plan of mass treatment of lymphatic filariasis; 7. Mass treatment in Northern provinces.  Cooperation and partnerships involves: 1. AIFO, NLR, TLMI, LEPRa and Damien Foundation for Leprosy 2. Faculty of Medicine of Eduardo Mondlane University and CUAMM for Lymphatic Filariasis.				
Project Internet Link	<a href="#">N/A</a>				
Duration	1/1/2006 - 31/12/2007				
Project Status	Ongoing				
Funding Type	Grant On Budget (for 2007) Technical Assistance				
Total Project Funding	US \$ 690.000				
Total Committed (UN Core Funding)	US \$ 690.000				
Total Disbursed	US \$ 69.087				
Total Disbursed until end of 2004	US \$ 0				
Undisbursed	US \$ 620.913				
Disbursements to Date (Year)	Quarter 1 2006 0	Quarter 2 2006 23.029	Quarter 3 2006 23.029	Quarter 4 2006 23.029	Total 2006 69.087
	Quarter 1 2007 155.228	Quarter 2 2007 155.228	Quarter 3 2007 155.228	Quarter 4 2007 155.229	Total 2007 620.913
Disbursements Forecast	Total 2008 345.000 Total 2009 345.000				
WHO Contact	Daisy Trovoadá, Dr. Daisy Telephone: +258 21 492732, Email: <a href="mailto:trovoadad@mz.afro.who.int">trovoadad@mz.afro.who.int</a>				
DAC Codes and Sector	12250 Infectious disease control				
Government Counterpart	General Population				
Location	National				
MDG's	Goal 6: Combat HIV/AIDS, malaria and other diseases Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases				
Comments	The implementation of activities will lead to the achievement of products listed.				
Last Update	16/2/2007				

## Project Description

Project Title	TUB Tuberculosis
Donor Project Number	268074
Mozambique Budget Project Number	N/A
Donor	WHO
Project Description	<p><b>CONTEXT:</b></p> <p>Mozambique is a country with longstanding commitment to Tuberculosis Control. By 2000, DOTS strategy was introduced in all districts where TB control is integrated in the primary health care network but only 45% of the population has easy access to health services.</p> <p>TB patients are treated in 154 units. Mozambique is among the 22 High Burden Countries (HBCs) and is number 19 in the ranking (WHO Report 2006, Global Tuberculosis Control).</p> <p>A five-year strategic national plan for the National Tuberculosis Control Programme for the period 2006-2010 is being finalized to adjust the 2003-2008 scope and activities to the New Global TB Plan 200-2015. The program is receiving in 2005 financial support from the Global Fund for AIDS, TB and Malaria (GFATM) based on the second round proposal. A national collaborative TB/HIV project started in April 2004. A first field operation experience was carried out in Nampula province in June 2005 and training of TB Supervisors, Clinical and other relevant staff started in December 2005. Mozambique is benefiting a grant from the Global Drug Facility since March 2005 but there is a need to develop an efficient drug management system that will prevent current drug shortages. Regular primary drug resistance monitoring has also to be put in place. A Drug Resistance Survey is planned to be carried out from May 2006 to April 2007 covering 40 districts.</p> <p>A national Plan to expand DOTS was approved in September 2004. Provincial DOTS expansion plans were approved in March and June 2005 for expansion to very peripheral health facilities and communities. Because of low coverage of the health infrastructure and inadequate resources, case detection is around 45%, well behind the 2005 target of 70% but the cure rate is high with 76% but still below the 2005 target of 85%. These targets were set by the WHA in 1991 and re-affirmed by the Regional Committee for Africa in 1994 and the Abuja Summit of heads of State and Government in 2001.</p> <p>Expansion of the infrastructure and strengthening of the health system are the major concerns of the Mozambican Health Authorities. Efforts are on the way to improve diagnostic facilities, and service delivery quality. An evaluation of the program requested by the new health authorities was conducted in February 2006. Recommendations of the National Plan. A TB Emergency Plan is also on way (expected by June 2006).</p> <p><b>GOALS/OBJECTIVES:</b></p> <ol style="list-style-type: none"> <li>1. Detection of new cases in targeted 4 provinces increased;</li> <li>2. Sustainable Drug Management System developed.</li> </ol> <p><b>IMPLEMENTATION:</b></p> <ol style="list-style-type: none"> <li>1. National TB control program review report;</li> <li>2. DOTS in communities implemented;</li> <li>3. Skilled 'microscopists' in targeted provinces;</li> <li>4. Skilled TB supervisors in computerized data management;</li> <li>5. Skilled clinicians in new regimen;</li> <li>6. Skilled Lab technicians of Beira and Nampula laboratories in Mycobacterium culture;</li> <li>7. Quality control system in targeted provinces;</li> <li>8. Report of drug resistance studies.</li> </ol> <p>Cooperation and partnerships involves: GFATM, GDF, ILEP, Italian Cooperation, USAID, MSF Luxemburg and MSF Switzerland.</p>

Project Internet Link	<a href="#">N/A</a>				
Duration	1/1/2006 - 31/12/2007				
Project Status	Ongoing				
Funding Type	Grant On Budget (for 2007) Technical Assistance				
Total Project Funding	US \$ 269.000				
Total Committed (UN Core Funding)	US \$ 269.000				
Total Disbursed	US \$ 83.956				
Total Disbursed until end of 2004	US \$ 0				
Undisbursed	US \$ 185.044				
Disbursements to Date (Year)	Quarter 1 2006 20.989 Quarter 1 2007 113.511	Quarter 2 2006 20.989 Quarter 2 2007 113.511	Quarter 3 2006 20.989 Quarter 3 2007 113.511	Quarter 4 2006 20.989 Quarter 4 2007 113.511	Total 2006 83.956 Total 2007 454.044
Disbursements Forecast	Total 2008 134.500 Total 2009 134.500				
WHO Contact	Salomão, Dr. M. Angélica Telephone: +258 21 492732, Email: <a href="mailto:salomaoa@mz.afro.who.int">salomaoa@mz.afro.who.int</a>				
DAC Codes and Sector	12250 Infectious disease control				
Government Counterpart	Communities				
Location	National				
MDG's	Goal 6: Combat HIV/AIDS, malaria and other diseases Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases				
Comments	The implementation of activities will lead to the achievement of products listed.				
Last Update	16/2/2007				

## Project Description

Project Title	NCD Surveillance, Prevention and Management of Chronic, Noncommunicable Diseases
Donor Project Number	268075
Mozambique Budget Project Number	N/A
Donor	WHO
Project Description	<p><b>CONTEXT:</b> As many other developing countries, Mozambique is moving towards the prevalence of noncommunicable diseases including injuries while still suffering from under-controlled communicable diseases.</p> <p>Common preventable biological and behavioral risk factors such as high blood pressure, high concentration of total cholesterol and overweight and unhealthy diet, physical inactivity, alcohol abuse and tobacco use lead to four major conditions: cardiovascular disease, cancers, chronic obstructive pulmonary disease and type 2 diabetes. There are also environmental and behavioural factors that underlie specific categories of injuries and violence which have devastating effects on poor countries and on disadvantaged populations</p> <p>No national data on prevalence of those risk factors and diseases exist. Because of the changes made in the STEPS questions, the Demographic and Health survey conducted by the National Institute of Statistics in 2003 didn't yield expected data to calculate key indicators except on tobacco use. A population based cancer registry has started in Beira this year. A framework for the surveillance of diabetes and hypertension integrated in the existing communicable diseases surveillance network is to be finalized in July 2005 with its utilization to start at the latest in January 2006. A STEPS Stroke survey is being conducted in Maputo City and a hospital stroke register is expected to be designed soon. A national survey to collect data on those behavioral, physical and biochemical risk factors is planned to take place during the third and fourth quarters of 2005. The challenge is to translate all the data being or to be collected into information that leads to beneficial changes in national health policies for preventing or reducing premature death, disease and disability from the four major conditions.</p> <p>In Mozambique, injuries are one of the main leading causes of outpatient visits accounting 20-25% of visits to the emergency departments. Over 50% of the injury patients coming to emergency departments are admitted into the hospital. Data from the 2003 National Demographic and Health Survey show that road traffic injuries are the main causes of injury-related deaths in all age groups except small children (0-4) where the main cause of injury related deaths are burns. While burns and falls are the main leading causes of injury in children (0-14 years), violence is more prevalent among young adults (15-24 years age).</p> <p>The Government allocates a huge amount of its budget for the health sector to central hospitals, which are spending it mostly in treating chronic illnesses. Not only it is expensive to treat chronic diseases and very often no cure is obtained, but also, very often, patients end up with premature death and a lot of disabilities whose rehabilitation is also very expensive. Although, the burden of NCDs is on increase, the health system is still on an acute care model with no access to the majority of patients with chronic conditions to existing effective biomedical and behavioral secondary prevention interventions. The WHO's recently endorsed Global Strategy on Diet, Physical Activity and Health by the resolution WHA57.17 is not implemented. During the recent June 2005 meeting with its development partners of the sector, the Ministry of Health has listed among the priorities for the year 2006 the development of strategies for preventing and controlling chronic noncommunicable diseases and injuries.</p> <p>In addition to the above, the selection of this area of work for next biennium is based on the following: currently deficit of interest from development partners, the country can benefit from WHO's work and experience in this emerging area and also from some seed money that it can mobilize as it has defined it as one of the five regional priorities for the biennium.</p>



The challenge is to foster relevant partnership in the country to facilitate the changes in health service delivery and the adoption of strategies and policies promoting primary prevention of those chronic, non-communicable diseases through cost-effective population-based interventions targeting few and modifiable common lifestyle related risk factors, starting in childhood and adolescence and continuing throughout the lifespan, resulting in healthy ageing.

For prevention of injuries, progress has been made in Mozambique to improve the available data to accurately describe the type and circumstances leading to injuries. The main challenge at present is to integrate the data from the various data sources to formulate appropriate policies and strategies, to get appropriate coordination mechanism among stakeholders and increase capacity among partners to implement the strategies.

#### GOALS/OBJECTIVES:

1. Integrated CD/NCD surveillance system implementation strengthened;
2. Data of STEPS 1, 2 and 3 survey disseminated;
3. STEPS-Stroke in Maputo City strengthened and upgraded;
4. National prevention and control policy for chronic, noncommunicable diseases and their risk factors developed;
5. Population-based cancer registry strengthened;
6. National Injury Surveillance System strengthened;
7. Advocacy and multi-sectoral partnership for injury prevention strengthened;
8. Rehabilitation services strengthened.

#### IMPLEMENTATION:

1. Surveillance framework implemented in selected provinces;
2. Survey technical report;
3. Article on NCD/STEPS survey findings released in a scientific journal;
4. Register of all stroke patients admitted in Maputo health facilities;
5. Register of stroke fatal and non-fatal community events;
6. Policy document for prevention and management of chronic, noncommunicable diseases into health systems;
7. Implementation plan of the above policy;
8. Multisectoral strategy document on community participation in the prevention and management of chronic, noncommunicable diseases;
9. Beira population-based cancer registry continued;
10. Population-based cancer registry in Maputo;
11. Technical assistance;
12. Annual Hospital injury surveillance Report;
13. Annual Fatal Injury Surveillance Report;
14. National Road Traffic Injury prevention strategy document;
15. Provincial Violence Prevention POAs;
16. TEACH VIP integrated in the Faculty of Medicine Public Health curricula;
17. Trained personnel on Community based rehabilitation (CBR).

Cooperation and partnerships involves:

For Injuries and Violence;

UNFPA, Faculty of Medicine of Eduardo Mondlane University, CEP, WLSA, Handicap International, Forum Mulher, CNJ, Belgium Government, CDC and INAV.

For other noncommunicable diseases;

National Institute of Statistics, Associação dos Diabéticos (AMODIA), International Insulin Foundation and IDF Africa.

Project Internet Link	<a href="#">N/A</a>
Duration	1/1/2006 - 31/12/2007
Project Status	Ongoing



Funding Type	Grant On Budget (for 2007) Technical Assistance				
Total Project Funding	US \$ 630.000				
Total Committed (UN Core Funding)	US \$ 630.000				
Total Disbursed	US \$ 54.930				
Total Disbursed until end of 2004	US \$ 0				
Undisbursed	US \$ 575.070				
Disbursements to Date (Year)	Quarter 1 2006 0	Quarter 2 2006 18.310	Quarter 3 2006 18.310	Quarter 4 2006 18.310	Total 2006 54.930
	Quarter 1 2007 143.768	Quarter 2 2007 143.767	Quarter 3 2007 143.768	Quarter 4 2007 143.768	Total 2007 575.071
Disbursements Forecast	Total 2008 315.000 Total 2009 315.000				
WHO Contact	Daisy Trovoadad, Dr Daisy Telephone: +258 21 492732, Email: <a href="mailto:trovoadad@mz.afro.who.int">trovoadad@mz.afro.who.int</a>				
DAC Codes and Sector	12110 Health policy and administrative management				
Government Counterpart	General Population				
Location	National				
MDG's	Goal 3: Promote gender equality and empower women Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015 Goal 4: Reduce child mortality Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal health Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio Goal 6: Combat HIV/AIDS, malaria and other diseases Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases				
Comments	The implementation of activities will lead to the achievement of products listed.				
Last Update	16/2/2007				

## Project Description

Project Title	CSR Epidemic Alert and Response
Donor Project Number	268076
Mozambique Budget Project Number	N/A
Donor	WHO
Project Description	<p><b>CONTEXT:</b></p> <p>The country health security is still repeatedly threatened by the resurgence of cholera and measles outbreaks challenging the national health services and disrupting routine control programs and diverting attention and funds.</p> <p>In addition, in a context of weak governance, chronic malnutrition, and expanding HIV/AIDS disaster, the country is prone to natural disasters (floods, cyclones and drought) affecting the health of the population and the performance of the health system. Since 2002, drought is affecting southern and central Mozambique, which is also the area most affected by HIV/AIDS.</p> <p>The disaster susceptibility favors annual resurgence in one or another geographical area of emergencies with massive negative health impact to which the country is not well prepared its efforts. This leads to the government mainly responding to the consequences of the problem which results in an excess of morbidity, mortality and suffering for a population already weakened by long years of poverty.</p> <p>Efforts carried out by different sectors for the prevention of these problems would have resulted in a great impact if they were coordinated from planning to evaluation. Such coordination would have helped targeting the most at risk areas/populations, facilitated the selection of priorities to focus on and therefore leading to the inception of national long-term multi-sectorial and multi-disciplinary plans to prevent and control preventable known epidemic prone diseases. This is a big challenge for the country at the moment.</p> <p>The surveillance system which is supposed to provide data for action is suffering from lack of community participation, untimeliness and incompleteness of its reporting system and inaccurate reporting which are mainly due to poor analysis and therefore use of data at health facility and district levels.</p> <p>The current disease reporting system delays outbreak detection as community links are not systematically and proactively used in the alert system.</p> <p>Given the improvement of communication particularly between provincial and central levels, such as availability of radio, land telephone, cell phone, fax, frequent contacts with another level for various reasons such as salary payment, procurement of drugs, meeting, patient evacuations, etc, delayed reporting should not be common in the majority of the cases.</p> <p>A good analysis of the real situation of a disease in a given area and period depend on the reporting completeness as per the proportion of reporting sites and also the availability of data for all variables under surveillance. The degree of analysis and use of data by different levels in the reporting system will improve the reporting completeness.</p> <p>untimely and incomplete reporting makes it difficult to predict outbreaks and to respond to them adequately. Also, it limits the ability to mobilize other development sectors and NGOs in prevention and response efforts.</p> <p>Risk factors to disease are differently distributed by sex and age groups. These variables are not currently reported for all diseases under surveillance.</p> <p>The role of laboratory in surveillance is well recognized but its involvement is still weak because the staff lack not only the basic material for collection, conservation, transport of cultures of specimen, but also they are not updated in diagnostic procedures and reporting of biologic agents they identify.</p>

	<p>In addition to the above, the selection of this area of work for next biennium is based on the following: currently deficit of interest from development partners; emergencies/epidemics management is one of the priority of the current government's 5-year plan, it can benefit from WHO work and experience with the Global Alert and Response network and also capacity to mobilize resources for medical emergencies as it has been defined as one of the five regional priorities for the biennium. Strengthening the capacity of the pre hospital and facility based emergency care infrastructure to deal with daily traumatic emergencies and natural disasters, will also impact on the care of other acute medical, pediatric and obstetrical emergencies during complex emergencies.</p> <p><b>GOALS/OBJECTIVES:</b></p> <ol style="list-style-type: none"> <li>1. National integrated surveillance guidelines updated;</li> <li>2. Performance of integrated surveillance system strengthened;</li> <li>3. Cholera prevention and control strengthened;</li> <li>4. Preparedness to epidemics and health aspects of crises/natural disasters strengthened;</li> <li>5. Emergency and pre-hospital care system strengthened.</li> </ol> <p><b>IMPLEMENTATION:</b></p> <ol style="list-style-type: none"> <li>1. Revised national IDSR technical guidelines as adapted from AFRO generic guidelines;</li> <li>2. Strategic plan to strengthen IDSR implementation;</li> <li>3. Skilled surveillance officers and clinicians with regard to new reporting system;</li> <li>4. Feedback bulletin on surveillance performance;</li> <li>5. Laboratory surveillance guidelines;</li> <li>6. Skilled Laboratory technicians with regard to confirmation of epidemic prone diseases;</li> <li>7. Cholera long term prevention and control plan;</li> <li>8. Map of high risk areas/populations for target epidemic prone diseases in central and southern provinces;</li> <li>9. Technical report of outbreak investigation or rapid emergency assessment in central and southern provinces;</li> <li>10. Technical report of outbreak investigation or rapid emergency assessment in central and southern provinces;</li> <li>11. Essential Trauma Care Equipment and Supplies available at identified Rural Hospitals;</li> <li>12. Trained emergency care providers at identified rural hospitals.</li> </ol> <p>Cooperation and partnerships involves: For Injuries and Violence; Liverpool School Of TM And Hygiene, UNFPA, Faculty of Medicine of Eduarado Mondlane University, CEP, WLSA, Handicap International, Forum Mulher, CNJ, Belgium Government, CDC and INAV.</p> <p>For other communicable diseases: USAID, UNICEF, WFP, Italian Cooperation, MEC.</p>
Project Internet Link	<a href="#">N/A</a>
Duration	1/1/2006 - 31/12/2007
Project Status	Ongoing
Funding Type	Grant On Budget (for 2007) Technical Assistance
Total Project Funding	US \$ 264.000
Total Committed (UN Core Funding)	US \$ 264.000
Total Disbursed	US \$ 79.007
Total Disbursed until end of 2004	US \$ 0
Undisbursed	US \$ 184.993

Disbursements to Date (Year)	Quarter 1 2006	Quarter 2 2006	Quarter 3 2006	Quarter 4 2006	Total 2006
	20.885	19.374	19.374	19.374	79.007
	Quarter 1 2007	Quarter 2 2007	Quarter 3 2007	Quarter 4 2007	Total 2007
	46.248	46.248	46.248	46.248	184.992
Disbursements Forecast	Total 2008				
	264.000				
	Total 2009				
WHO Contact	Daisy Trovoadad, Dr Daisy				
	Telephone: +258 21 492732, Email: <a href="mailto:trovoadad@mz.afro.who.int">trovoadad@mz.afro.who.int</a>				
DAC Codes and Sector	12250 Infectious disease control				
Government Counterpart	General Population				
Location	National				
MDG's	Goal 6: Combat HIV/AIDS, malaria and other diseases				
	Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases				
Comments	The implementation of activities will lead to the achievement of products listed.				
Last Update	16/2/2007				

## Project Description

Project Title	IVD Immunization and Vaccine Development
Donor Project Number	268078
Mozambique Budget Project Number	N/A
Donor	WHO
Project Description	<p><b>CONTEXT:</b> In the country only 40% of the population has access to health services and therefore access to immunization services is limited for the majority of the target groups, which requires mobiles teams to be organized for outreach activities. Vaccine preventable diseases, particularly measles, still are a major cause of death in Mozambique.</p> <p>Financial and human resources are therefore required (i) to facilitate and coordinate research and development on vaccines against diseases, (ii) to strengthen routine immunization services and surveillance of vaccine preventable disease, (iii) to accelerate efforts to reduce vaccine-preventable mortality and control diseases through supplemental immunization activities, (iv) to certify the country free of poliomyelitis and (v) to tackle the technical challenges of post-eradication period. While AFP detection rate in the country has improved a lot, there is still a need to reinforce the collection of stool samples.</p> <p><b>GOALS/OBJECTIVES:</b> 1. Basic delivery of routine immunization service strengthened; 2. Polio eradication certified; 3. Measles case based surveillance system established; 4. Hib surveillance expanded.</p> <p><b>IMPLEMENTATION:</b> 1. Skilled EPI staff on program management; 2. National polio expert committee functional; 3. Sustainable surveillance system (AFP, Measles and NNT); 4. Efficient and appropriate system stool samples collection (within the AFP activities for Polio eradication); 5. Measles surveillance strengthened (within the activities of Measles elimination); 6. Efficient and appropriate system blood samples collection; 7. Hib surveillance team established at least in all provincial capitals.</p> <p>Cooperation and Partnership involves: UNICEF, JICA, USAID, GAVI and HOPE for EPI (Routine Immunization).</p>
Project Internet Link	<a href="#">N/A</a>
Duration	1/1/2006 - 31/12/2007
Project Status	Ongoing
Funding Type	Grant On Budget (for 2007) Technical Assistance
Total Project Funding	US \$ 1.332.000
Total Committed (UN Core Funding)	US \$ 1.332.000
Total Disbursed	US \$ 396.792

Total Disbursed until end of 2004	US \$ 0				
Undisbursed	US \$ 935.208				
Disbursements to Date (Year)	Quarter 1 2006	Quarter 2 2006	Quarter 3 2006	Quarter 4 2006	Total 2006
	99.198	99.198	99.198	99.198	396.792
	Quarter 1 2007	Quarter 2 2007	Quarter 3 2007	Quarter 4 2007	Total 2007
	233.802	233.802	233.802	233.802	935.208
Disbursements Forecast	Total 2008 666.000				
	Total 2009 666.000				
WHO Contact	Linares, Dr. Lucia Telephone: +258 21 492732, Email: <a href="mailto:linaresl@mz.afro.who.int">linaresl@mz.afro.who.int</a>				
DAC Codes and Sector	12250 Infectious disease control				
Government Counterpart	Children				
Location	National				
MDG's	Goal 4: Reduce child mortality Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal health Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio				
Comments	The implementation of activities will lead to the achievement of products listed.				
Last Update	16/2/2007				

## Project Description

Project Title	MAL Malaria
Donor Project Number	268079
Mozambique Budget Project Number	N/A
Donor	WHO
Project Description	<p><b>CONTEXT:</b> Malaria causes 300-500 million cases of acute illness with more than a million deaths each year. It contributes to an ever-widening gap in prosperity between endemic countries and the malaria-free world. Almost 60% of all maternal deaths are concentrated in the poorest 20% of the world's population, the highest association of any disease with poverty About 90% of the cases are from tropical Africa, where the disease is a major cause of mortality and morbidity in children under five years of age. Resistance to formally effective treatment is increasing and this has contributed to increasing mortality.</p> <p>Annually, 24 million pregnancies in Africa are put at risk due to malaria, yet few pregnant women have access to effective interventions.</p> <p><b>GOALS/OBJECTIVES:</b></p> <ol style="list-style-type: none"> <li>1. Standard guidelines, strategy and policy developed and implemented;</li> <li>2. RBM Management in the MoH Strengthened;</li> <li>3. Surveillance and monitoring systems of anti-malarial medicines established in 15 districts;</li> <li>4. Implementation of IPT strategy strengthened;</li> <li>5. RBM partnership strengthened;</li> <li>6. Integrated vector control program strengthened.</li> </ol> <p><b>IMPLEMENTATION:</b></p> <ol style="list-style-type: none"> <li>1. Guidelines for ITN and IRS developed and distributed;</li> <li>2. Health care professionals trained;</li> <li>3. Skilled NMCP Staff for program management;</li> <li>4. Pharmaco-vigilance system implemented in 17 districts;</li> <li>5. Malaria Indicator Survey Report;</li> <li>6. District health personnel skilled on case management and vector control;</li> <li>7. Core team established in additional 3 provinces;</li> <li>8. Strategic plan developed;</li> <li>9. Activity Report of the Cross-Border Collaboration;</li> <li>10. Report of bio assays and testing using IVM framework;</li> <li>11. Report on survey indicators in Zambezia;</li> <li>12. Trained personnel in adequate DDT use.</li> </ol> <p>Cooperation and partnerships involves: GFATM, USAID, Italian Cooperation, UNICEF, JICA, DFID, Malaria Consortium, World Bank, CVM, CIDA, Spanish cooperation and CISM-Manhiça and MEC.</p>
Project Internet Link	<a href="#">N/A</a>
Duration	1/1/2006 - 31/12/2007
Project Status	Ongoing
Funding Type	Grant On Budget (for 2007) Technical Assistance
Total Project Funding	US \$ 935.000

Total Committed (UN Core Funding)	US \$ 935.000				
Total Disbursed	US \$ 108.395				
Total Disbursed until end of 2004	US \$ 0				
Undisbursed	US \$ 826.605				
Disbursements to Date (Year)	Quarter 1 2006	Quarter 2 2006	Quarter 3 2006	Quarter 4 2006	Total 2006
	19.830	29.522	29.521	29.522	108.395
	Quarter 1 2007	Quarter 2 2007	Quarter 3 2007	Quarter 4 2007	Total 2007
	206.651	206.651	206.651	206.651	826.604
Disbursements Forecast	Total 2008				
	467.500				
	Total 2009				
	467.500				
WHO Contact	Eva de Carvalho, Dr. Eva Telephone: +258 21 492732, Email: <a href="mailto:carvalhoe@mz.afro.who.int">carvalhoe@mz.afro.who.int</a>				
DAC Codes and Sector	12250 Infectious disease control				
Government Counterpart	General Population				
Location	National				
MDG's	Goal 4: Reduce child mortality Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal health Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio Goal 6: Combat HIV/AIDS, malaria and other diseases Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases				
Comments	The implementation of activities will lead to the achievement of products listed.				
Last Update	16/2/2007				



## Project Description

Project Title	HRH Human Resources for Health				
Donor Project Number	268080				
Mozambique Budget Project Number	N/A				
Donor	WHO				
Project Description	<p><b>CONTEXT:</b> The National Health service employs about 20.000 workers which is bellow the needs of the country and where the labour force pyramid dominated with elementary staff. The distribution of health staff in the country is still uneven, with an excessive concentration of personnel in urban areas. The Human Resource Development plan is now at a later stage of development and addresses the main challenges the sector is facing on deployment and retention health professionals to scale up health interventions to achieve health MDGs.</p> <p><b>GOALS/OBJECTIVES:</b> 1. Human Resources for Health Development reinforced; 2. HRDP implementation strengthened.</p> <p><b>IMPLEMENTATION:</b> 1. Health professional skills Strengthened; 2. World Health Report on HRH Launched in Mozambique; 3. Staff trained in HR management at provincial level; 4. Support provided for Training institutions.</p> <p>Cooperation and partnerships involves: World Bank, and Danida.</p>				
Project Internet Link	<a href="#">N/A</a>				
Duration	1/1/2006 - 31/12/2007				
Project Status	Ongoing				
Funding Type	Grant On Budget (for 2007) Technical Assistance				
Total Project Funding	US \$ 445.000				
Total Committed (UN Core Funding)	US \$ 445.000				
Total Disbursed	US \$ 108.296				
Total Disbursed until end of 2004	US \$ 0				
Undisbursed	US \$ 336.704				
Disbursements to Date (Year)	Quarter 1 2006 1.286	Quarter 2 2006 35.670	Quarter 3 2006 35.670	Quarter 4 2006 35.670	Total 2006 108.296
	Quarter 1 2007 162.926	Quarter 2 2007 162.926	Quarter 3 2007 162.926	Quarter 4 2007 162.926	Total 2007 651.704

Disbursements Forecast	Total 2008 227.500 Total 2009 227.500
WHO Contact	Pascoal, Dr Eva Telephone: +258 21 492732, Email: <a href="mailto:pascoale@mz.afro.who.int">pascoale@mz.afro.who.int</a>
DAC Codes and Sector	12281 Health personnel development
Government Counterpart	General Population
Location	National
MDG's	Goal 4: Reduce child mortality Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal health Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio Goal 6: Combat HIV/AIDS, malaria and other diseases Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
Comments	The implementation of activities will lead to the achievement of products listed.
Last Update	16/2/2007

## Project Description

Project Title	HFS Health Financing And Social Protection
Donor Project Number	268083
Mozambique Budget Project Number	N/A
Donor	WHO
Project Description	<p><b>CONTEXT:</b>  Recently the Mozambican health sector has been struggling with some of the most problematic yet common questions related to the financial sustainability of its public health service. The financing of health services has become a central area of discussion in recent years as new tools are introduced into the sector making it possible to hold broad discussions on the issues related to resource acquisition and use. With a per capita health expenditure of 12 USD, government allocation for health is around 12% bellow the Abuja commitment to reach 15% in 2005. The first Health Expenditure Review was completed in 1998 during the process of developing the Health Financing Strategy for Mozambique. It showed that the out of pocket payments by the poor were high and within a context where protection mechanisms as well as alternative financing schemes for the vulnerable were absent.</p> <p><b>GOALS/OBJECTIVES:</b>  1. Policy dialogue among stakeholders on sustainable health financing strengthened;  2. Second National Health Accounts Exercise conducted;  3. National Capacity on Health Economics strengthened;  4. Evidence on health financing generated;  5. Health MDG mainstreamed in MTEF.</p> <p><b>IMPLEMENTATION:</b>  1. Expert networks on Health Financing established;  2. Government staff trained on National Health Accounts;  3. Plan of Action to conduct a NHA exercise developed;  4. NHA Report;  5. Dissemination of NHA Results;  6. Core team of staff trained;  7. Report on Best Practices in health financing;  8. Technical Assistance in Health Economics;  9. Skilled District Health Managers;  10. Evidence on CMH and MDG related work documented.</p> <p>Cooperation and partnerships:  World Bank and Danida.</p>
Project Internet Link	<a href="#">N/A</a>
Duration	1/1/2006 - 31/1/2007
Project Status	Ongoing
Funding Type	Grant On Budget (for 2007) Technical Assistance
Total Project Funding	US \$ 305.000
Total Committed (UN Core Funding)	US \$ 305.000
Total Disbursed	US \$ 152.500

Total Disbursed until end of 2004	US \$ 0				
Undisbursed	US \$ 152.500				
Disbursements to Date (Year)	Quarter 1 2006	Quarter 2 2006	Quarter 3 2006	Quarter 4 2006	Total 2006
	13.369	46.377	46.377	46.377	152.500
	Quarter 1 2007	Quarter 2 2007	Quarter 3 2007	Quarter 4 2007	Total 2007
	38.125	38.125	38.125	38.125	152.500
WHO Contact	Pascoal, Dr. Eva Telephone: +258 21 492732, Email: <a href="mailto:pascoale@mz.afro.who.int">pascoale@mz.afro.who.int</a>				
DAC Codes and Sector	12110 Health policy and administrative management				
Government Counterpart	General Population				
Location	National				
MDG's	Goal 6: Combat HIV/AIDS, malaria and other diseases Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases Goal 8: Develop a Global Partnership for Development Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (Includes a commitment to good governance, development, and poverty reduction – both nationally and internationally) Target 17: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries				
Comments	The implementation of activities will lead to the achievement of products listed.				
Last Update	21/2/2007				

## Project Description

Project Title	HIV/AIDS
Donor Project Number	268084
Mozambique Budget Project Number	N/A
Donor	WHO
Project Description	<p><b>CONTEXT:</b></p> <p>At the end of 2004, an estimated 40 million people worldwide were living with HIV/AIDS (95 % of them in developing countries) and about 8 000 people died of AIDS-related conditions every day. Tackling the HIV/AIDS pandemic remains among the greatest challenges of most developing countries, particularly in Sub-Sahara Africa.</p> <p>In 2004, the prevalence of HIV/AIDS was estimated to be 14.9 % in Mozambique. More than 1 400 000 people were estimated to be living with HIV/AIDS and more than 59 % of them were women. It was estimated that 500 people were being infected every day and more than 83 000 children were infected by HIV/AIDS.</p> <p>The number of PLWHA who were in need of treatment was estimated to be 200 000. For the period beginning in 2004 and ending in 2008, the National Strategic Plan to Combat STI/HIV/AIDS, has defined the ARV treatment scaling up targets to be reached each year: 7,900 in 2004, 20,800 in 2005, 58,000 in 2006, 96,000 in 2007 and 132,000 in 2008. According to the national strategic plan, ARV treatments will be made available in Day Clinics as part of a package of prevention and care services (HBC, PMTCT+, VCT, treatment of OIs, etc) to be provided through 120 Integrated Health Networks.</p> <p>As of March 2005, the number of PLWHA on ARV treatment was estimated to be 10, 273 which represents 5 % of the people in need of treatment.</p> <p>During the 2004-2005 biennium, strong foundations were laid for the sustainable expansion of HIV/AIDS treatment, prevention and care. Financial resources for scaling up antiretroviral treatment and prevention have been made available by a wide range of donors. Mozambique is expected to receive additional financial resources for the next 5 years from the Global fund, Clinton Foundation, the world Bank, the PEPFAR, WHO 3 by 5 initiative and many others bilateral partners.</p> <p>The major challenges are:</p> <p>Insufficient skilled human resources in public health sector (doctors, nurses, lab technicians, etc.).</p> <p>Weak health system with inadequate health infrastructures: many rural hospitals need to be rehabilitated and better equipped; laboratories need to be better equipped and referral systems need to be strengthened;</p> <p>Low process of decentralization of HIV/AIDS program activities and health services at the provincial and district levels;</p> <p>Insufficient coordination among all stakeholders (donors, UN agencies, NGOs, private sector and communities);</p> <p>Weak community and PLWHA participation in the 3 by 5 initiative and scaling up ART ;</p> <p>Very scarce financial resources mobilized by WHO which are still unmet needs.</p> <p><b>GOALS/OBJECTIVES:</b></p> <ol style="list-style-type: none"> <li>1. Scaling up of HIV/AIDS care, ARV treatment and prevention strengthened;</li> <li>2. Procurement and logistic management of ARV and other HIV/AIDS consumables strengthened;</li> <li>3. Coordination and integration of service delivery for STI/HIV/AIDS and Tuberculosis reinforced;</li> <li>4. National STI/HIV/AIDS reporting and surveillance systems strengthened;</li> <li>5. MOH's staff skills in the areas of prevention, care and treatment of STI reinforced;</li> <li>6. Hospital waste management system reinforced in 7 hospitals;</li> <li>7. Access to care and treatment for vulnerable groups improved;</li> <li>8. Office work environment for HIV/AIDS/TB/Malaria team improved.</li> </ol>

	<p><b>IMPLEMENTATION:</b></p> <ol style="list-style-type: none"> <li>1. Dynamic network of partners to ensure equitable access to HIV/AIDS prevention, care, and treatment;</li> <li>2. Skilled clinicians in case management for pediatric treatment of HIV/AIDS;</li> <li>3. Standardised guidance for supervision of prevention care and treatment assessed in selected sites providing ART;</li> <li>4. Increased use on evidence-based for planning of HIV/AIDS care and treatment;</li> <li>5. Pharmacists in all Provinces trained to use ART guidelines;</li> <li>6. Plan of action for integrated HIV and TB elaborated</li> <li>7. Strengthened and integrated national reporting and surveillance system for HIV/AIDS;</li> <li>8. Surveillance and monitoring of HIV drug resistance system implemented;</li> <li>9. Staff trained in syndromic management in the provinces with high rate infection;</li> <li>10. Health workers trained in hospital waste management;</li> <li>11. Training of PMTCT new sites staff;</li> <li>12. Assess the supervision and reporting system;</li> <li>13. Strengthen of HBC monitoring mechanism.</li> </ol> <p>Cooperation and partnerships involves; UNAIDS, UNICEF, UNFPA and WFP.</p>				
Project Internet Link	<a href="#">N/A</a>				
Duration	1/1/2006 - 31/12/2007				
Project Status	Ongoing				
Funding Type	Grant On Budget (for 2007) Technical Assistance				
Total Project Funding	US \$ 1.502.000				
Total Committed (UN Core Funding)	US \$ 1.502.000				
Total Disbursed	US \$ 1.092.266				
Total Disbursed until end of 2004	US \$ 0				
Undisbursed	US \$ 409.734				
Disbursements to Date (Year)	Quarter 1 2006 273.066 Quarter 1 2007 477.934	Quarter 2 2006 273.066 Quarter 2 2007 477.934	Quarter 3 2006 273.066 Quarter 3 2007 477.934	Quarter 4 2006 273.068 Quarter 4 2007 477.934	Total 2006 1.092.266 Total 2007 1.911.736
Disbursements Forecast	Total 2008 1.502.000 Total 2009 1.502.000				
WHO Contact	Abdou Moha, Dr. Moha Telephone: +258 21 492732, Email: <a href="mailto:mohaa@mz.afro.who.int">mohaa@mz.afro.who.int</a>				
DAC Codes and Sector	13040 STD control including HIV/AIDS				
Government Counterpart	General Population				
Location	National				

MDG's	Goal 6: Combat HIV/AIDS, malaria and other diseases Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
Comments	The extent of the program is to reach the universal access to prevention care and treatment.  The implementation of activities will lead to the achievement of products listed.
Last Update	16/2/2007

## Project Description

Project Title	RHR Reproductive Health
Donor Project Number	268089
Mozambique Budget Project Number	N/A
Donor	WHO
Project Description	<p><b>CONTEXT:</b> Complications during pregnancy and childbirth are among the leading causes of death and illness for women in developing countries. This undermines development by diminishing the quality of women's live, weakening the poor, and placing heavy financial and social burden on individuals, families, communities, and nation.</p> <p>In Mozambique the total fertility rate is estimated at 5.7 children per woman and the Maternal Mortality rate is 408 deaths per 100,000 live births,(DHS, 2003), and only approximately 40% of deliveries take place at health institutions. Many women, especially youth die because of complications of unsafe abortions (Maternal deaths review - MOH 1998). Neonatal mortality rate was 48% in 2003 with the major causes being premature birth and low birth weight, sepsis and neonatal asphyxia.</p> <p>Mozambique has been implementing the WHO's Making Pregnancy Safer (MPS) initiative since 2001. The Government of Mozambique has made a clear commitment to reduce the burden on maternal death during pregnancy and childbirth. Major initiatives has taken place to increase the knowledge on actual problems in implementing the Safe Motherhood programme (in particular MPS initiative), and reducing maternal and perinatal mortality in Mozambique.</p> <p><b>GOALS/OBJECTIVES:</b></p> <ol style="list-style-type: none"> <li>1. Policy and regulations impacting on maternal and newborn health strengthened;</li> <li>2. MOH health workers capacity to deliver quality RH services including maternal and newborn care strengthened;</li> <li>3. Capacity to conduct Operational research on selected issues strengthened;</li> <li>4. Technical assistance for delivering Family Planning services provided;</li> <li>5. Strategies to address the 1st delay developed and implemented;</li> <li>6. Policy and Strategies for child and newborn health and nutrition developed;</li> <li>7. IMCI activities including newborn care, to reduce morbidity and mortality expanded;</li> <li>8. Partnership for child health strengthened;</li> <li>9. Health system for sustainable IMCI implementation strengthened;</li> <li>10. APADOC &amp; AFHS initiative promoted</li> <li>11. Capacity of MoH strengthened to deal with nutritional situation and good child practices.</li> <li>12. Health promotion strategies related to MDGs (4,5 &amp; 6) developed.</li> </ol> <p><b>IMPLEMENTATION:</b></p> <ol style="list-style-type: none"> <li>1. Human right, Maternal and Neonatal Health Plan based on research implemented;</li> <li>2. IPT/PMTCT integrated package implemented in selected health facilities;</li> <li>3. Skilled providers on Obstetric Emergencies Care , newborn care and Post-abortion care;</li> <li>4. Plan to address 1st delay developed and implemented at community level;</li> <li>5. Strategic document on National infant and young child feeding (IYCF) promoted;</li> <li>6. Joint activities (IMCI/Malaria/Nutrition/HIV) for child health;</li> <li>7. C-IMCI in additional 30 districts;</li> <li>8. Monitoring and Supervision Reports;</li> <li>10. Report on quality of care at referral health facilities;</li> <li>11. 60 trained health workers in adolescent friendly services;</li> <li>12. Basic nutrition packages for communities;</li> <li>13. Skilled staff on Good nutrition behaviour.</li> </ol>



	Cooperation and Partnership involves: UNICEF, UNFPA and USAID.				
Project Internet Link	<a href="#">N/A</a>				
Duration	1/1/2006 - 31/12/2007				
Project Status	Ongoing				
Funding Type	Grant On Budget (for 2007) Technical Assistance				
Total Project Funding	US \$ 614.000				
Total Committed (UN Core Funding)	US \$ 614.000				
Total Disbursed	US \$ 78.632				
Total Disbursed until end of 2004	US \$ 0				
Undisbursed	US \$ 535.368				
Disbursements to Date (Year)	Quarter 1 2006 7.561	Quarter 2 2006 23.690	Quarter 3 2006 23.690	Quarter 4 2006 23.691	Total 2006 78.632
	Quarter 1 2007 133.842	Quarter 2 2007 133.842	Quarter 3 2007 133.843	Quarter 4 2007 133.842	Total 2007 535.369
Disbursements Forecast	Total 2008 307.000  Total 2009 307.000				
WHO Contact	Carbonell, Dr. Alicia Telephone: +258 21 492732, Email: <a href="mailto:carbonella@mz.afro.who.int">carbonella@mz.afro.who.int</a>				
DAC Codes and Sector	12281 Health personnel development				
Government Counterpart	General Population				
Location	National				
MDG's	Goal 3: Promote gender equality and empower women Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015 Goal 4: Reduce child mortality Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal health Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio				
Comments	The implementation of activities will lead to the achievement of products listed.				
Last Update	16/2/2007				

## Project Description

Project Title	HPR Health Promotion
Donor Project Number	268095
Mozambique Budget Project Number	N/A
Donor	WHO
Project Description	<p><b>CONTEXT:</b></p> <p>Low education level, low coverage of health services, severe deterioration of the environment, especially in urban and peri-urban areas, associated with poverty level and rapid urban growth are major determinants of the country's epidemiological situation. The most vulnerable groups are women, children and elderly. HIV/AIDS is becoming a major constraint for the improvement of health status of the population. Moreover, access to appropriate public and scientific health literature is very weak, particularly at district level. Moreover, Mozambique is lacking health literature in Portuguese, as most of the PALOP countries. Despite the fact that it is a working language for African Region, very few WHO documents are translated. The distribution of appropriate literature to people in need is also inadequate.</p> <p>The major challenges are the implementation of intersectoral action, integrated comprehensive approaches, advocacy for health promotion, diseases prevention among decision makers and is to provide reliable up to date literature to target groups.</p> <p>The Health Promotion area of work also includes the Knowledge Management and Information Technology area of work.</p> <p><b>GOALS/OBJECTIVES:</b></p> <ol style="list-style-type: none"> <li>1. Health Promotion strategies related to MDGs ( 4, 5 &amp; 6) developed;</li> <li>2. Advocacy for priority health issues reinforced;</li> <li>3. Implementation of Health Promotion School Initiative (HPSI) reinforced;</li> <li>4. Technical assistance for Institutional development reinforced;</li> <li>5. Awareness on priority public health issues promoted;</li> <li>6. Access to WHO scientific and main reports increased;</li> <li>7. Access to health literature at district level in Portuguese improved;</li> <li>8. Capacity of health literature users to utilize online resources strengthened.</li> <li>9. Advocacy for ratification of framework convention on tobacco control (FCTC);</li> <li>10. Surveillance system on consumption of alcohol and other Drugs reinforced;</li> <li>11. Awareness on MNH increased;</li> <li>12. Mental Health and Substance abuse strategic Plan implemented;</li> <li>13. Knowledge and skills of environmental health professionals in health services improved</li> <li>14. Health environmental issues mainstreamed on national agenda.</li> </ol> <p><b>IMPLEMENTATION:</b></p> <ol style="list-style-type: none"> <li>1. Three Health Promotion Strategies documents;</li> <li>2. Information corners established in 40 schools;</li> <li>3. Health information for target group being disseminated;</li> <li>4. Civil and National Government Organization;</li> <li>5. District Libraries (DL) in Portuguese provided to all provinces;</li> <li>6. Surveillance system on consumption of AOD expanded to Nampula C. Hospital;</li> <li>7. Mental Health coordinators at provincial level trained;</li> <li>8. Report on research of operational researches on tobacco and alcohol consumption among young in South, center and North regions.</li> <li>9. Environmental Health professional (EHP) trained in risk and impact assessment;</li> <li>10. National Policy on Traditional Medicines and regulatory framework for the practice of traditional</li> </ol>

	<p>medicine formulated.</p> <p>Cooperation and Partnership involves all UN Agencies, NGO's and Government Institution.</p>				
Project Internet Link	<a href="#">None</a>				
Duration	1/1/2006 - 31/12/2007				
Project Status	Ongoing				
Funding Type	Grant On Budget (for 2007) Technical Assistance				
Total Project Funding	US \$ 410.000				
Total Committed (UN Core Funding)	US \$ 410.000				
Total Disbursed	US \$ 59.648				
Total Disbursed until end of 2004	US \$ 0				
Undisbursed	US \$ 350.352				
Disbursements to Date (Year)	Quarter 1 2006 10.164 Quarter 1 2007 87.588	Quarter 2 2006 16.495 Quarter 2 2007 87.588	Quarter 3 2006 16.494 Quarter 3 2007 87.588	Quarter 4 2006 16.495 Quarter 4 2007 87.588	Total 2006 59.648 Total 2007 350.352
Disbursements Forecast	Total 2008 205.000 Total 2009 205.000				
WHO Contact	Maria da Gloria Moreira, Dr. Gloria Telephone: +258 21 492732, Email: <a href="mailto:moreirag@mz.afro.who.int">moreirag@mz.afro.who.int</a>				
DAC Codes and Sector	12261 Health education				
Government Counterpart	General Population				
Location	National				
MDG's	Goal 4: Reduce child mortality Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate Goal 5: Improve maternal health Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio Goal 6: Combat HIV/AIDS, malaria and other diseases Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS				
Comments	The Health Promotion area of work also includes the Knowledge Management and Information Technology area of work.				
Last Update	16/2/2007				

## Project Description

Project Title	EDM Essential Medicines
Donor Project Number	268099
Mozambique Budget Project Number	N/A
Donor	WHO
Project Description	<p><b>CONTEXT:</b>  Essential medicines save lives, reduce suffering and improve health, but only if they are of good quality, safe, available, affordable and properly used. In many countries, however, not all these conditions are met.</p> <p>Worldwide, access to essential medicines is very low: approximately 2000 million people, one third of the world's population, do not have regular access to essential medicines. Poor quality and irrational use of medicines is another major problem. Even when available, medicines may be substandard or counterfeit. In many countries, even when medicine policy and regulations exist, their implementation and application is often weak.</p> <p>In Mozambique, the medicines law was published in 1998. The law incorporates some of the components of the National Drug Policy. Rules have been developed to put into effect some of the legislative provision of the law. Mozambique is among the first countries that developed formularies in 1977 (nine months before the WHO essential drug list was formulated and adopted). The fourth revised edition was published in 1999, twenty years later. According to WHO formularies and essential medicine lists are revised regularly to update them and incorporate newer therapeutic interventions where they are affordable and they have been proven to have benefit over existing therapies.</p> <p>The main challenge remains expanding access to essential medicines particularly among the poor and disadvantaged populations. WHO will emphasize access to all essential medicines, with a focus on expanding access to antiretroviral drugs to meet the '3 by 5' target, access to anti-malarial drugs, IMCI drugs and other high-priority diseases.</p> <p>The use of traditional or complementary and alternative medicine, widespread in developing countries, is becoming increasingly popular in developed countries, and a source of growing expenditure globally. In Mozambique, a large portion of the population (around 75 %) uses traditional medicines primarily to treat health related problems.</p> <p><b>GOALS/OBJECTIVES:</b>  1. National medicines policies (including traditional medicines) revised, updated, adapted, implemented and monitored;  2. Technical guidance on safe use of essential medicines including traditional medicines strengthened.</p> <p><b>IMPLEMENTATION:</b>  1. Technical guidance on safe use of essential medicines including traditional medicines strengthened;  2. National Medicines Policy revised and updated to include traditional medicines;  3. National Policy on Traditional Medicines and regulatory framework for the practice of traditional medicine formulated;  4. National Policy on Traditional Medicines and regulatory framework for the practice of traditional medicine formulated;  5. Strengthened capacity of health staff on management of essential medicines and supplies.</p> <p>Cooperation and Partnership involves:  CDC, USAID, SDC, EU, Clinton Foundation, DFID, AFD, DANIDA, Finland Cooperation, Ireland Cooperation, Noruega Cooperation, World Bank (MAP, TAP), Gavi Foundation and PEPFAR.</p>
Project Internet Link	<a href="#">N/A</a>

Duration	1/1/2006 - 31/12/2007
Project Status	Ongoing
Funding Type	Grant Off Budget (for 2007) Technical Assistance
Total Committed (UN Core Funding)	US \$ 0
Total Disbursed	US \$ 0
Total Disbursed until end of 2004	US \$ 0
Undisbursed	US \$ 0
WHO Contact	Moha, Dr. Abdou Telephone: +258 21 492732, Email: <a href="mailto:mohaa@mz.afro.who.int">mohaa@mz.afro.who.int</a>
DAC Codes and Sector	12182 Medical research
Government Counterpart	General Population
Location	National
MDG's	Goal 8: Develop a Global Partnership for Development Target 17: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries
Comments	The implementation of activities will lead to the achievement of products listed.
Last Update	26/4/2006