

**NATIONAL STRATEGIC
PLAN FOR THE COMBAT
AGAINST HIV/AIDS**

Operationalisation

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Operationalisation of 2005/2009 PEN

Introduction

The "Objectives and Strategies" chapter establishes the areas of focus deemed relevant in the combat against HIV/AIDS and the course that the fight will take in each one of these areas. The chapter also provides practical guidelines for the provision of support to initiatives and programmes of action to be undertaken at the level of the community, the workplace, associations, the civil society organisations, among others.

The aim is to ensure as broad a participation in HIV/AIDS combat activities as possible because it is only through concerted effort of all population segments that we will be able to contain the rapid progression of the disease and significantly reduce the rates of incidence.

Nevertheless, it is not enough to have a proliferation of activities throughout the country simply based on the goals set out in the National Strategic Plan for the combat against STI/HIV/AIDS (PEN); for the activities to be effective and yield results that complement the joint efforts towards the achievement of the set objectives, it is essential that they are implemented in a systematic and coordinated manner.

This chapter, which deals with the Operationalisation of PEN, aims to establish the procedures and methodologies for the harmonisation of the activities for the implementation of the strategies identified.

1. Principles and methodology

Since the objectives and the strategies have already been established, it is up to the sectors that are going to implement them, assisted by the National AIDS Council Executive Secretariat (SE-CNS), to define and schedule the activities to be undertaken, identify human and materials resources requirements and establish inter-sectoral communication.

Most of the strategies call for multi-sectoral participation, under the co-ordination of one of the implementing agencies - in each instance, the relevant agency is indicated in the tables containing the summary of the objectives and strategies that pertain to each of the seven areas of intervention. These tables provide the basis for 2005/2009 PEN operationalisation process. The operationalisation process will develop, for each area of intervention, a series of matrices containing the proposed activities that reflect the strategies adopted.

Each Sector may confirm (or reject) the activities proposed in the matrix and incorporate additional ones, and decides on the human, material and financial requirements and on the action indicators, internal responsibility for the fulfilment of each task as well as the evaluation process.

1.1. The assumptions

The 2005/2009 PEN operationalisation is based on two assumptions and guided by certain basic principles as described below.

The assumptions are as follows: first, consolidation and speedy improvement of the general condition of the population with a view to gradually reducing the influence of the economic, social and cultural factors, which, as we saw in the Situation Analysis chapter, are conducive to the

propagation of HIV/AIDS; second, that the major activities in the combat of the epidemic, both in the Public and the Private Sector, as well as within the Civil Society organisations – namely, local and international NGOs - are integrated within the Plan and that, progressively, the different entities participating in these combat efforts do so in coordination with the National AIDS Council.

The principles are as follows:

1.2. Principles guiding the operationalisation of the 2005/2009 PEN

- As per the Decree No. 10/2000, of 23 May, PEN is an integral part of the National Planning System;
- The design of concrete activities that will translate the different strategies in the field (Operational Programme) is undertaken by the implementing agencies;
- It is the National AIDS Council's responsibility to harmonize the different interventions, ensure the correct geographical distribution of the activities and take the necessary steps to ensure that the planned activities are fully implemented;
- The operational programmes will take into account the specific circumstances of the context in which the activities are going to be implemented and the profile of the target-groups.

1.3. The issue of greater involvement of the Sectors

The participation of the implementing structures themselves in the definition of the concrete activities to be carried out is a decision that was based on lessons learned from previous initiatives, wherein the fact that the tasks were being set at the central level (particularly, in the Public Sector) has given rise to a lack of interest on the HIV/AIDS combat programme which, in many instances, was not fully integrated as an integral part of the Sector's activities. As we found out during the preparation of the Situation Analysis, the role of the HIV/AIDS programme "focal point" had at times been entrusted to junior officials who either lacked adequate access to the sector's top management structures or lacked capacity to carry out the planned tasks.

The methodology now put in place for PEN implementation aims to preclude the possibility of falling into a routine and attitude of indifference in dealing with issues pertaining to HIV/AIDS. It follows, to a large extent, the scheme of the United Nations Development Programme (UNDP) called "Leadership for Results" launched on an experimental basis in some African, Eastern European and Asian countries. The programme is underpinned by the prevailing belief that the response to the HIV/AIDS epidemic can only be sustainable if it is decentralized, multi-sectoral and managed by an informed and committed leadership that places the HIV/AIDS issue among the national top priorities.

1.4. Seminars for the preparation of the Operational Programmes

The fundamental aim of the "Leadership for Results" is to stimulate and build the leadership's capacity for the combat against HIV/AIDS through a cycle of seminars conducted by expert facilitators. Though the method resorts to very elaborate instruments of analysis, it is highly participatory - and allows for the articulation of an HIV/AIDS combat strategy that is adapted to the local context.

The seminar content that we purport to present herein is different from that of the "Leadership for Results" project. Our country already has its Strategic Plan for the Combat against HIV/AIDS. The objective is essentially a pragmatic one, for it is the operationalisation of the Plan. We propose a seminar in which the National AIDS Council representatives assist the sectors management teams to prepare their operational programmes at the same time it conducts a

discussion process to help revitalize and update the data on the evolution of the epidemic, the way it affects each one of those present, in their personal sphere and also the medium term impact of the epidemic on the sector itself. And, finally, the individual and collective responsibilities in the response to the epidemic.

1.5. The "facilitation" of the seminars

As we shall see below, the proposed methodology involves conducting a minimum of 200 seminars, in a short space of time, in various parts of the country. SE-CNS cannot relinquish its responsibility in the accomplishment of this task and delegate it exclusively to its cadre of staff - though their participation is important.

On the other hand, this is an exercise that will, in principle, be undertaken on an annual basis, since the operational programmes have to reflect each budgetary period - one of the consequences of 2005/2009 PEN's integration within the country's budgetary cycle.

An annex contains the general guidelines for the 2005/2009 PEN's operationalisation process as well as specific guidelines for the running of seminars for the preparation of the operational programmes. As we can see, this is a seasonal exercise that requires technical capacity and, especially, an understanding of 2005/2009 PEN itself.

In order to address this problem, it is suggested that NGOs engaged in HIV/AIDS combat activities and active in the areas where seminars will be conducted be engaged - namely, in all provincial capitals. An adequate number of teams comprising two members each will be set up so that the period required for running the seminars is not extended beyond 15 days.

The first most important added advantage of this approach is the familiarity of the NGOs involved in 2005/2009 PEN of its philosophy, methodology, the different perspectives and specific features as well as the opportunity they have to interact with other agencies engaged in the implementation of PEN.

The second added advantage, that results from the first one, is the intervention of the NGOs, in their respective areas of activity, taking part in this exercise in the provision of support and in integrating the various entities and initiatives that are going to participate in the combat against HIV/AIDS without, however, direct methodological support from the National AIDS Council structures - as highlighted in the sub-chapter that follows. This support shall not, in principle, entail additional financial obligations on the part of the National AIDS Council.

The financing of this operation could be negotiated with the National AIDS Council partners, the training of the facilitators could be requested from those in charge of the UNDP's "Leadership for Results" programme.

2. The "Area of the Plan"

Notwithstanding the efforts undertaken with a view to ensuring that the coordinating bodies' activities are implemented throughout the whole country, it is unrealistic to expect the National AIDS Council to be able to immediately oversee and provide methodological support to all HIV/AIDS combat activities being undertaken in the various locations. As the Situation Analysis revealed, SE-CNS will still have to overcome some organisational shortcomings and enhance the decentralization mechanisms, as recommended in the chapter on Objectives and Strategies (Area of Coordination).

An attempt will be made to ensure that in each annual exercise, the direct impact of the National AIDS Council and its structures is extended to a growing number of partners. However, for practical purposes, there will be a need to identify, in the first year of the five-year period, a core group of partners that is sufficiently representative and influential, which will be coordinated very closely.

This core group will be called the Area of the Plan. All the activities will be carried out in accordance with an operational programme designed in coordination with the National AIDS Council and closely followed on and evaluated.

The Area of the Plan will comprise entities from the Public Sector, the Private Sector and the Civil Society.

At the start up phase of 2005/2009 PEN implementation the following will be considered:

2.1. In the Public Sector:

- The Presidency of the Republic;
- The Assembly of the Republic;
- The Supreme Court and other high courts;
- The Attorney General's Office;
- The Ministries and their subordinate institutions (those indicated);
- Public Concerns;
- The Provincial Governments and Provincial Assemblies;
- The Municipalities and Municipal Assemblies;
- The Districts (in a total of 40);

The following will be considered as integrated within the Public Sector (though the relevant Private Sector entities and NGOs will participate in their respective operational programmes):

- (Selected) Rural Communities;
- (Some) Integrated Development Programmes;
- Building Yards for Major Works;
- Some "Corridors", important road and railway junctions, border areas and informal trade concentrations.

In 2005, a total of 300 Public Sector entities will be considered.

2.2. In the Private Sector:

- Enterprises (the ones that will be selected);
- Production Units (the ones that will be selected);
- Services Provision Units (the ones that will be selected);
- Legally constituted informal sector associations.

2.3. In the "Concepts and Definitions" section, it is proposed that within the framework of the HIV/AIDS national response strategy, the Civil Society Sector be considered together with the Parastatal Sector and the Private Sector.

The **Civil Society Sector** would integrate:

- Guilds and Trade Unions and Bar Associations;
- Foundations;
- Research and development institutions;
- Education and training institutions;
- Religious organisations and associations engaged in moral pursuit;

- Associations representative of vocational interests;
- Service provision units organised around learned professions;
- Cultural and sports associations introduced within the communities;
- Communities structured in urban or rural areas;
- Major farming cooperatives and peasant farmer associations;
- NGOs;
- ORBES (Grassroots Community-Based Organisations).

A total of 100 entities will be considered following selection criteria to be established by the sector itself, in coordination with the National AIDS Council.

3. The NGOs issue

The chapter on "Objectives and Strategies" emphasizes the importance of the Civil Society organisations, in particular, the NGOs and the ORBES, in the mobilization of the Mozambican society for the fight against HIV/AIDS and in the implementation of a number of the strategies agreed upon. The NGOs and the NGO networks will be assigned the responsibility of coordinating the institutions that are engaged in carrying out certain activities.

The NGOs are without doubt the most dynamic CNCS's partners in the combat against HIV/AIDS and they are expected to play a decisive role in the implementation of 2005/2009 PEN. It is, however, clear that in spite of the high level of civic awareness and commitment in the fight against the epidemic, the capacity of the majority of NGOs to provide quality services is inadequate due to their poor technical and organisational capability.

3.1. Institutional support to NGOs

Hence, simply providing financial support will not ensure the sustainability, effectiveness and expansion of the NGOs and CBOs response. There is also a need to provide technical support and assistance in their organisational development.

The development and strengthening of NGOs and CBOs technical and organisational capacity is an issue that has been recognised in 2005/2009 PEN. In order to address this concern, the following measures have been provided for:

- The establishment within the National AIDS Council of a Project Planning, Management, Coordination, Monitoring and Evaluation Unit;
- The establishment of a National NGOs Forum and other national Civil Society organisations;
- Improvement of the institutional relationship between the National AIDS Council and all the civil society partners;
- Strengthening the area of project review and designing a «Project development, analysis and evaluation manual», in order to enhance the projects technical and programme content, in the light of the objectives and strategies provided for in PEN II;
- Review the mechanisms for the design and submission of projects to combat HIV/AIDS;
- Rational routine use of the Country Response Information System (CRIS).

The National AIDS Council intends to subcontract organisations to provide support to the NGOs and CBOs. These intermediary support organisations will assist in the identification of specific NGO and CBO technical support. In general, the requirements may consist of the following:

- Technical Aspects of HIV/AIDS: HIV/AIDS transmission and prevention, Sexually Transmitted Infections (STIs), voluntary testing and counselling;
- Programme Areas: Community participatory assessments, project design, monitoring

- and evaluation;
- Organisational Development: Administration, resource mobilization, documentation, management and administration.
- Not always will it be necessary to include all these areas, but generally, a comprehensive package is recommended.

There is a need to assess the NGOs and CBOS training capacity and requirements as well as monitor them during the project implementation phase. This will be done by means of an assessment prior to the disbursement of funds, self-assessment and through monitoring the requirements for support, as articulated in the progress reports prepared by the NGOs.

The institutional strengthening activities will be implemented by NGOs or other entities subcontracted by the National AIDS Council. These must include in their proposals an institutional strengthening component and will be responsible for the institutional strengthening of the subcontracted parties.

The beneficiary NGOs will have to participate in the planning, implementation and evaluation processes. The institutional strengthening strategy will be assessed on the basis of the indicators of the process, the outcomes and the impact.

The support to be provided to NGOs and CBOS must be consistent with the strategic priorities defined, such as:

- Geographical areas of activity
- The prevention, care and impact mitigation aspects to be addressed
- How many and what type of NGOs and CBOS will be supported
- Priority populations
- Methods of work and approaches
- Status in relation to other programmes.

The core aspects of the support to be provided must be documented in basic guidelines:

- The situation analysis of the context in which the programme is implemented
- A summary of the objectives and goals of the programme
- Work plans and evaluation.

3.2. The integration of NGOs in 2005/2009 PEN

As pointed out, most of the 2000 HIV/AIDS combat projects registered with SE-CNS so far have been submitted by NGOs. However, the integration process that is in effect has left the project proposal development up to the initiative of the NGOs themselves. The projects are then approved by SE-CNS structures at the central or provincial levels. This has resulted in an unsatisfactory geographical distribution and in gaps in the implementation of certain aspects of the HIV/AIDS combat strategy and in excessive concentration of projects in certain areas of the country, which can only be justified by the logistical facilities and other amenities that these places offer.

The 2005/2009 PEN's perspective regarding NGOs participation is entirely different. NGOs (individually or via their respective networks) will have to integrate themselves within 2005/2009 PEN's methodology, by means of an operational programme, just like other Civil Society organisations and the Parastatal Sector and Private Sector enterprises.

We could continue to consider a financial envelope to cover proposals that, given the local opportunities or sensitivity should come from the NGOs themselves, outside the operational

programmes - as a matter of fact, this will be the way through which the National AIDS Council can reach out to areas "outside the plan" – however, the activities that will be contained in the proposals will have to be those included in the Plan.

Regarding strategies or activities that are not adequately covered in the operational plans, the National AIDS Council will have to take the initiative and assign them to an NGO (or another partner) selected through a tendering process or by direct invitation for having the capacity to carry out the planned tasks. Such is the case of certain background documents and guidelines that are provided for in 2005/2009 PEN – the awarding of contracts for these assignments will constitute a matter of priority, for they will be required for the correct implementation of the Plan.

The above proposal for the involvement of NGOs in the preparation of the operational programmes constitutes an example of the new perspective in the relationship between the National AIDS Council and the NGOs.

3.3. Exploring complementarities and indirect forms of integration

The National AIDS Council will invest primarily in large scale projects offering more assurance of sustainability. These are the programmes that are more likely to have some impact in the course of the epidemic and produce the desirable multiplying effect.

A collective action is also recommended in the fight against AIDS, through NGO and CBOS coalitions and combined efforts in the implementation of joint activities. This would enhance cost-effectiveness, reduce the duplication of efforts and resource wastage, and would create conditions for collective procurement and purchase of materials for the combat against AIDS at a more reduced cost.

Another strong reason that justifies this type of association is the well known fact that the most effective NGOs in the area of prevention are those that emerge from within the communities. The major NGOs, more professional, have an important role to play in the provision of information, in influencing government policies and in the provision of support to other organisations. However, their capacity to induce behaviour change is usually more limited.

The commitment of the ONGs entrenched within the communities, which they are often well acquainted with, enables them to work in a manner that is sensitive to the stigmatising aspects that are inherent to HIV/AIDS. They are also able to understand the local specific risk factors for HIV transmission.

Without the obstacles that major and more visible NGOs often face, they can work with marginalized groups, such as sex workers and illegal immigrants. Their small scale enables them to respond flexibly to the rapidly evolving nature of the epidemic, and they can quickly re-focus their approaches, as they adapt themselves to the lessons learned. Less overburdened by bureaucratic processes than larger NGOs or the State itself, they can integrate their work in various functions more easily, and not be restricted only to certain types of activity.

Their engagement with the communities often means that they provide the only sustainable response to the epidemic, and they are better suited to provide care and support, in addition to being involved in prevention activities. The NGOs comparative advantage rests more on the quality of the relationship of trust that they have with their communities than on the volume of resources they have at their disposal.

On the other hand, there is also a clear lack of preparation of the local NGOs and ORBES as

regards technical and administrative issues. It is necessary to help them overcome their limitations.

It is proposed that this assistance be provided as part of the coalition pact, without any third party intervention.

The NGOs implementing more significant projects, which will logically be those with more technical capacity and experience, will have to involve smaller NGOs and CBOS in their activities by subcontracting them to provide specific services.

On the other hand, the NGOs with more capacity can be engaged exclusively to work with smaller ones as facilitators, in their geographical area, providing them institutional support and training their human resources.

In addition to this type of support, the NGOs with more capacity could also provide the following to the smaller ones:

- Assist in the preparation of projects and development of proposals;
- Channel the funds allocated and review the respective financial reports;
- Draft periodic reports on the activities of the subcontracted NGOs: expenditure, estimates and progress;
- Undertake procurement on behalf of the subcontracted NGOs.

All NGOs engaged by the National AIDS Council must be subject to external audit to ascertain the use of the funds provided.

The NGOs with the role of facilitation will be responsible for the audit of the NGOs they have subcontracted. In relation to small projects involving amounts below US\$ 5000, there will be no requirement for an external audit. Instead, the National AIDS Council or the facilitating NGO will undertake ad hoc audits of the expenses and procurement documentation submitted by the NGOs implementing the projects, as well as their records and accounting systems.

4. The different scenarios and modalities of action most indicated for each case

The chapter on "Objectives and Strategies" recommends that the HIV/AIDS combat activities be adapted to the specific circumstances of each scenario of action, taking into account regional differences in prevalence rates - which either correspond to different "types" of epidemics or different phases of the evolution of the epidemic.

4.1. Provinces

4.1.1. The provinces in the mature phase of the epidemic (Examples: Tete, Manica and Sofala)

Though the actual status of the epidemic in Mozambique is yet to be established, especially, due to the relative lack of comprehensive historical epidemiological surveillance data, as indicated in the situation analysis, the Central region (especially, the provinces of Tete and Manica and probably Sofala) is the one that seems to be close to reaching the *plateau* (the phase at which the number of AIDS-related deaths is equivalent to that of new infections, reflecting the stability of the prevalence).

Obviously, in this phase, though the prevention activity is still important to control the epidemic, the demand for interventions of a therapeutic nature becomes an emergency. Hence, the need to significantly improve the population access to therapeutic and mitigation measures of the

consequences of the epidemic.

However, taking into account the fact that the coverage of these services is and will continue to be inadequate in the short to mid-term to meet the demand that already exists, preventive measures are recommended and should be implemented in such a way that as soon as the plateau is reached, and the prevalence begins to decrease, this trend continues until low rates of prevalence are reached. This will only be possible when the population's practices that have contributed the most to the current levels of HIV transmission in these provinces are properly identified, so that an effective communication strategy aimed at reducing these practices among the population can be devised. However, one cannot entertain the idea of a rapid decline of the HIV/AIDS prevalence since the mass of old infections among the population will be felt for many years to come. This state of affairs is exacerbated by the fact that as growing proportions of the population start to have access to the Antiretroviral Treatment (TARV), their survival will be enhanced, thus, continuing to fuel the prevalence among the population; since, the prevalence is directly proportional to the duration of the infection.

4.1.2. Provinces in the phase of rapid growth of the epidemic and with high prevalence rates (Examples: Province and City of Maputo and Gaza)

In these provinces, though it is necessary to significantly improve the population's access to therapeutic and mitigation measures of the consequences of the epidemic, preventive interventions are crucial. These interventions should aim to reduce the so-called "Strength of Infection" (the magnitude the speed of propagation of the infection represents in an exposed population).

For such interventions to succeed in attaining this objective, they should be based on strategies that are geared towards reducing the average number of sexual partners per each sexually active individual, the systematic use of the condom during sexual relations and timely and efficient prevention, diagnosis and treatment of STIs.

At present, there has been more and more evidence that male circumcision provides significant protection against HIV infection among the circumcised individuals, in the region of 70%. Though this protection primarily benefits men, it is obvious that if circumcision coverage is high, nearly 100%, it would also benefit women and gradually uncircumcised men.

It is, therefore, necessary to begin creating the necessary conditions for the adoption of this practice as an instrument to contain the propagation of HIV in the country, including the exchange of experiences with Swaziland, which is at a more advanced stage of this process.

4.1.3. Provinces in the phase of slower growth of the epidemic (in comparison with the southern region (excluding Inhambane) and with relatively low prevalence rates (Examples: Niassa, Cabo Delgado, Nampula, Zambézia and Inhambane)

Obviously, in these provinces, just like in the southern region, it is equally desirable that the strength of infection be "weakened". However, contrary to what occurs in other regions of the country, here there is an opportunity to "anticipate" the maturation phase of the provincial micro-epidemics, so that it is reached at lower prevalence levels than those already anticipated for the majority of the provinces south of the Zambezi river. This will only be possible, if the focus of the preventive activity in these provinces includes, among other interventions, those that encourage delaying the first sexual intercourse and reduce the average number of casual sexual partners (reduce the rate at which sexual partners are swapped).

4.2. **Areas and locations whose characteristics facilitate the propagation of the infection**

- i. Building yards of major civil construction works (Example: Caia)
- ii. Border areas (Example: Ressano Garcia, Namaacha, Machipanda, Zóbwé)
- iii. Railway junctions and regional transport centres and places of major road junctions (Example: Moamba, Maxixe, Inchope)
- iv. Beach areas (Example: Ponta d'Ouro)
- v. Port areas (Example: Beira, Nacala)
- vi. Transport corridors (Example: Changara)
- vii. Cities (specific ways of life, risk behaviours, etc.)

There is need to undertake social and anthropological studies based on observation in these locations so as to accurately establish, the type of interventions required in these environments. In the meantime, interventions that do not particularly focus on any specific area will continue to be carried out, though, naturally, there should be a focus on the general attitudes of prevention, such as the use of condom in all casual sexual relations and control and treatment of STIs.

5. Vulnerable groups

In a situation of concentrated epidemic, there are groups of individuals who are the "vectors" of infection. In many western countries, generally, this group includes sex workers, homosexuals and users of intravenous drugs.

In a generalized epidemic, however, (like Mozambique's and other countries of the region), there is usually a group clearly defined as the "vector" of infection group. In these situations, the risk of infection is disseminated among the population. Hence, it is not strongly recommend concentrating the preventive measures on limited groups of the population.

It is, however, pertinent to identify the groups that are potentially of high risk, because if the country is successful in the IEC campaigns, aimed at inducing changes in terms of people's knowledge, attitudes and practices regarding HIV/AIDS, the number of new infections may decline among the population in general, and then the epidemic might be concentrated in the so-called risk groups. Finally, the identification of these groups can be useful for the purposes of mitigation of the consequences of HIV, especially, between Orphan and Vulnerable Children (OVCs), People Living with HIV/AIDS (PLWHA) and Widows/women in general, within the context of the traditional society.

The groups are as follows:

- Sex workers
- Long haul truck drivers
- Mine workers and migrant workers
- Teams of workers on campsites
- Soldiers in barracks and military detachment units
- Travelling salesmen
- Certain professional categories of the entertainment industry
- The prison population
- "Mukheristas" and beer stall workers
- Women in polygamous families
- Wives of mine and migrant workers, hard-working and truck drivers
- Widows and women in general, within the context of the traditional society
- PLWHA

- OVCs.

Interventions targeting this population group

In situations of concentrated epidemic, the existence or not of this population group, especially, those demonstrating greater potential to contract and/or transmit HIV, determines the magnitude to which the prevalence levels would fall once the plateau has been reached.

However, in situations of generalized epidemic like in case of Mozambique, there are practices that have been disseminated among the population, in general, that play a critical role in determining the magnitude to which the prevalence levels would fall once the plateau has been reached; namely, the number of concurrent and casual sexual partners.

The solution to this problem points to the need for an IEC strategy aimed at discouraging the common practice, especially, among men, but also among women (in every social strata in our country) of sustaining a large number of concurrent sexual and casual partners.

6. Budgetary principles

1. General aspects

The methodology adopted in the operationalisation of 2005/2009 PEN calls for the participation of the implementing bodies themselves in the decision as to the concrete activities that will lead to the attainment of the set objectives. PEN's budget will also have to result from the extension of the Sectors operational programmes, which will benefit from additional allocations assigned for the NGOs and CBOs' activities and those pertaining to the Areas of the Advocacy and Coordination, which are essentially the responsibility of the National AIDS Council Executive Secretariat.

It is worth underscoring that though the Public Sector Operational Programmes will be financed from their respective budget as provided for in the Economic and Social Plan (PES), before execution, they will have to be harmonized by the SE-CNS.

Thus, the Budget is not a part of the 2005/2009 PEN document. It will have to be appended as an annexure.

2. Basic principles

It is important, however, to define some basic principles that will constitute the basis for the gathering and compilation of the necessary information for the annual planning and budgeting process that will guide the public administration institutions as well as other internal and external partners in the formulation and presentation of the respective proposals or applications for funds.

The role of the planning and budgeting instruments is to define the programme of activities for each year and the subsequent years with the respective financial implication, by applying a logical sequence from the objectives up to the concrete activities and interlinking the short and mid-term policies.

In the past few years, a process of reforms in the public sector has been implemented, in special, in the State financial system management (Law no. 09/2002, of the State Financial Management System (SISTAFE), and the Decree that regulates it). This reform aims to bring in a new dynamics into the current reforms. Regarding the area of the State Budget, the basic challenge is

attaining a better alignment between the policies, the planning instruments and the resources allocation.

The developments occurring at the level of the public finances reform are of great relevance in this phase of 2005/2009 PEN operationalisation, in its relationship with the Memorandum of Understanding between the International Cooperating Partners and the National AIDS Council, and also in the relationship with the MoU between the Government and the group of partners providing direct support to the State Budget (the G-16).

3. Proposal for a Methodology/Procedures

First of all, it is necessary to consider the integration of the budget into a single planning and budgeting process and its relationship with the national cycle of production of policy documents to be submitted to Parliament. We also have to consider the phasing of the different stages that make up this process.

In accordance with the principle of the budgetary universality, and in order to ensure the best quality of government expenditure as a whole, the annual planning and budgeting process instruments must include all the resources available, both those generated internally through the fiscal system in force and those generated through external sources (credit and donations) so as to have a greater breadth of the resources and expenses undertaken.

In principle, the planning and resource allocation process comprises two major phases:

- an **initial phase of a strategic nature**, which highlights the link between the major government policy priorities for the next three to five years, for example, set out in the Government Programme and in the multi-year plans (PARPA, sectoral strategic plans, etc.), and the resource distribution, which culminates in the presentation of a strategic document, with aggregate figures, for approval;
- a **second phase**, consisting of the integrated production of the **Annual Activities Plans and their financial implications** in accordance with the general guidelines set out in the strategic document of the first phase. This requires that the proposals be produced jointly, using an integrated and single format. This way, in addition to having the details of the first year in the respective annual plan of activities, one also gets a more aggregated outlook of the subsequent years.

In submitting the proposals for the two phases, the Government bodies have to fill in forms in a standardized format and similar to those used by the Ministry of Planning and Development (MPD) and the Ministry of Finance (MF) so as to facilitate the articulation and the discussions.

Given the fact that the planning documents provide a mid-term outlook, the time horizon can be of three years, for example. The first year, being implemented through the Annual Plan of Activities, but the second and third years be indicative. A three-year horizon is in accordance with the international practice and, especially, in a country that is so much dependent on external aid, where it is rare to obtain provisions from grants and credit for periods up to three years.

The planning and budgeting take place with limited resources, which requires a strict budgetary discipline, to avoid problems of capacity of absorption and macroeconomic imbalances. Therefore, a key element of the activity planning and budgeting process is the forecast of the resources available. This is a continuous process of information gathering and updating of the macroeconomic and fiscal outlook, with a view to establishing an overall expenditure threshold that is in line with the macroeconomic policy.

As far as the budget planning and formulation procedures are concerned, it is important that the sub-national levels of the Government (provinces, districts and municipalities) are fully involved, taking into account the decentralization and deconcentration policy (Law of the Local Government of the State (Law n.º 8/2003), and the municipal package). The procedures must be consistent with the nature of responsibility allocated to these levels.

In accordance with the double subordination concept, the provincial governments also play a key role in the coordination and transmission of information regarding the inter-sectoral preparation and consolidation of the provincial proposals, which should in turn reflect the proposals of the district budgetary units.

4. Sectoral Working Groups

As of late, a lot of emphasis has been put on participatory planning as a way of enhancing the degree of ownership of the country's policy decisions. In this context the sectoral working groups are used, especially, those involved in the planning and monitoring of sectoral integrated programmes, in the areas that are most critical to poverty reduction.

The role of the sectoral working groups is to discuss the major issues facing the sector or the area of action (in the case of cross-cutting themes such as HIV/AIDS), focusing, especially, on issues related to the design, implementation, monitoring and evaluation of the sectoral (or thematic) strategic plan and its relationship with the national planning and resource allocation instruments, namely, 2005/2009 PEN, ensuring their consistency and alignment with the set priorities.

5. Resources allocation

The resource allocation within the context of the 2005/2009 PEN will be classified in accordance with the classifiers established by law. Within the context of the SISTAFE Law and its regulation, these include the functional, organic, economic, territorial, programmatic classifiers and the sources of resources. In case of the first phase of the budget planning process, which is strategic by its nature, the data will be presented at an aggregate level, to highlight the major expenditure lines and relationship with the government's major options and priorities.

At the level of the territorial divisions, in the strategic phase, the resource allocation will be effected in an aggregate fashion (central level, provincial and district level and the municipalities) and transfers to other implementing partners (Civil Society).

It should be pointed out here that in the planning, we must ensure the integration between current expenditure (operational) and investment expenditure.

6. The Schedule of the Process

The National AIDS Council is a Public Sector entity and, as such, it must follow established principles concerning dates and timelines for the preparation of the planning and budgeting documents. Taking this as a basic assumption, it will be possible to define timelines for the preparation of the proposals by other sectors of the Public Sector and the civil society involved in the implementation of PEN, so as to allow for the preparation of the annual operational plan that is an instrument for the allocation of public resources for the intended purposes.

It is necessary to integrate the various planning and budgeting exercises within the overall process of planning and budgeting, integrating it within a single planning exercise at the sector level as a whole. This aspect is of particular importance, especially, in this phase in which the role of the harmonisation of cooperation using the existing mechanisms within the country is under

serious discussion.

So, in addition to internal harmonisation, it is necessary to ensure the link between the sector planning exercise with the overall process that culminates with the preparation of PES and the State Budget that are submitted to the Parliament for approval. This requires the synchronization of the calendars and the harmonisation of work methodologies. Taking into account the calendar, the National AIDS Council will prepare its Annual Plan of Activities **by July of each year**. Only this way will the integration into the documents to be submitted to the Parliament will be ensured.

Before addressing the relationship between the National AIDS Council and its national and international partners, it is important to review the planning and budgeting process at the national level.

7. Activity Planning, Discussion of Proposals and Follow up

The preparation of the Annual Plan is a process of negotiation between the National AIDS Council and others Government institutions and the civil society to reach a consensus on the best use of resources, which presupposes a high level of communication between the players and the best justification of the proposals.

The annual cycle begins with an initial phase, of a strategic nature, consisting of the preparation of a mid-term policy document, the objective being to focus the attention on the major strategic priority issues as the basis for the following and more detailed phase. So, the objective of this phase is to provide a mid-term strategic framework, which identifies and prioritizes the intended objectives and outputs and, in aggregate terms, the requirements in terms of expenditure for its execution, within the resources available. Its preparation involves some steps, namely:

- Communication of the guidelines and initial indicative thresholds;
- The gathering of information and preparation of proposals by the National AIDS Council's partners (Government bodies and the civil society);
- Review of the proposals, integration and finalization of the mid-term policy document;
- Approval at the appropriate level and dissemination.

In the strategic phase (First Phase), the different bodies prepare their proposals to the strategic phase of the annual planning and budgeting process. Whilst this process of the strategic phase is ongoing, the review of the previous year takes place concurrently. The latter exercise aims to provide the necessary information, in summary form, for the preparation of a part of the proposal with the strategic outlook. In accordance with the decision of the Parliament, PES Statement relating to a given year must be completed 45 days after the end of the respective year, i.e., on 15 February. PES Statement relating to Semester I of each year must be completed by 15 August of the respective year.

It is the responsibility of the bodies at the central level to incorporate in their proposals elements relating to the territorial dimension of their activities and expenditure taking into account the information submitted by the provincial directorates.

On basis of the analysis and discussion of the proposals, the text of the mid-term budget policy strategic document is produced, which then integrates the proposals into a uniform and coherent outlook. The baseline review criterion is the conformity with the policies articulated in the Government's Programme, in PARPA as well as other strategic documents, taking into account the evolution of the context. Similarly, the proposed strategies and changes regarding the final scenario of the previous year will be reviewed.

Once this strategic phase is approved the **detailed phase** begins. In this phase, all the budget units will submit integrated proposals, based on the strategies and revised thresholds contained in the mid-term budget policy strategic document, with the necessary information for the production of the documents.

Specifically, the proposal of each implementing agency (sectoral, provincial government and autonomous institution) will incorporate the following sections, with detailed information on the first year and more aggregated information pertaining to the subsequent years. The proposals in this phase may have the following structure:

- Summary of recent performance and presentation of the major challenges in the respective area of responsibility.
- Mid-term strategy. The proposal should outline the objectives for the next three years as well as the outcomes, outputs and major activities to be carried out during this period, to address the challenges identified above. It should also indicate how these relate to the Government's Programme, PARPA and other strategic plans. They should also contain quantifiable indicators and targets where this is possible.
- Resource allocation. There should be an indication of the expenditure in each area of activity, using the established classifiers.
- Priorities for additional contingency resources. It highlights the priority additional contingency resources that might become subsequently available as a result of an increase in the resource envelope and distribution of some planning reserve.

In the discussions between the National AIDS Council and its partners there is a need to query and challenge the proposals in terms of the relationship between the activities and the proposed expenditure and challenges, objectives and strategies articulated in the Government's Programme, PARPA and the various strategic plans, including the 2005/2009 PEN.

Specifically, the criteria to be considered at the moment of the discussions should include:

- **Relevance:** the consistency of the proposals with the objectives and priorities of the Government as set out in the Government's Programme, PARPA, and in various sectoral and territorial strategic plans;
- **Efficiency:** the relationship between the planned outputs and the forecast outcomes (impact);
- **Efficiency:** the optimization of the use of the *inputs* for the attainment of the outputs (through the activities);
- **Equity:** in terms of the territorial distribution of activities and proposed expenditure and their impact on poverty and in relation to gender;
- **Sustainability:** the implications of the proposed activities, particularly, investment projects, as regards future current expenditure;
- **Decentralization/deconcentration:** the degree of decentralization or deconcentration in the allocation of expenditure;
- **Recent performance:** the ministry, provincial government or another implementing body's recent performance in relation to the results, outputs, activities and expenditure contained in the annual plans of activities of the preceding years;

8. Monitoring and Evaluation

One of the basic elements in the annual planning and budgeting cycle is monitoring and evaluation, which provide important elements for fine tuning the policies and for future changes in the plans and in the resources allocation, contributing to the enhancement of the national capacity for the analysis of implemented policies.

We gave major emphasis to the planning process and to the national annual cycle and at the level of the National AIDS Council and its partners. The other relevant aspect in this process is monitoring and oversight. Taking into count the policy instruments that are submitted to Parliament and also taking into count the agreements that are entered into, especially, with the cooperating partners and the civil society, the PES Statement, the Quarterly Reports of the State Budget Execution and the General State Account (CGE), which are considered baseline monitoring instruments.

It is important to emphasize the timelines within which these documents must be completed and submitted to the appropriate bodies. In case of the PES Statement, the Parliament's resolution requires the Government to present this Statement within 45 days after the end of each Semester, i.e., 15 August and 15 February. For the Quarterly Reports on the State Budget Execution, they should be published 45 days after the quarter's end, i.e., 15 May, 15 August, 15 November and 15 February. The General State Account is submitted to the Administrative Court and to Parliament at the end of May of each year relating to the previous year.

Taking in count these timelines, and those set out in the planning and budgeting schedule, the sectors and the National AIDS Council must adjust their monitoring scheme to these timelines so that the documents submitted to higher bodies incorporate the appropriate and relevant information for analysis. Likewise, these timelines must be taken into consideration in any agreement the public institution enters into.

7. Matrices for the Preparation of Operational programmes

Institution:

Target Group:

2005/2009 PEN

AREA OF PREVENTION OPERATIONAL PROGRAMME

Year of Implementation: 2005

OVERALL OBJECTIVE: Reduce the number of new infections from the current level of 500 per day, among adults, to 350 in 5 years and 150 in 10 years			
SPECIFIC OBJECTIVE	STRATEGY	ACTIVITY	INDICATOR
1. Extensão do período designado "Janela de Esperança"	1.1. Dissemination of the "window of hope" phenomenon as well as the methods and benefits of its extension	1.1.1. Disseminate the "Window of Hope" phenomenon, resorting to diversified ways and methods aiming to reach not only adolescent and young but also their parents.	
		1.1.2. Encourage promoters of children's plays, cultural groups, radio and television programmes aimed at the 10-14 years age group and basic education teachers to disseminate messages that advocate healthy social intercourse and free from sexual compulsion between young people of both sexes	
		1.1.3. Support campaigns aimed at promoting open air activities, including the practice of physical exercise and sports that involving young people of both sexes	
	1.2. Design appropriate communication strategies for the 10-14 years age group, at school and outside school, around the "window period", as well as the methods and benefits of its extension	1.2.1. Develop informative and educational activities intended for pre-adolescence young people, by promoting late start of sexual activity	
		1.2.2. Look into ways of associating community leaders and PMT, to introduce in their contacts with young people, especially, during initiation rites, the notion that sexual activity must be associated to the capacity of being a responsible person.	
	1.3. Promote educational activities that advocate the use of condom in all sexual relations before marriage, reduction of the number of sexual partners and reduction of the number of casual sex partners	1.3.2. Promote educational activities with a view to persuading the target group to use the condom in all sexual relations before marriage	
		1.3.3. Promote educational activities aimed at encouraging the reduction of the number of sexual partners and the reduction of the number of casual sex partners.	
		1.3.4 Put in place mechanisms to provide condoms to the target groups on a regular basis.	
	1.4. Expedite the introduction of HIV/AIDS-related content in educational materials at all levels of the national system of education.	1.4.1 Support MINED's programmes for the preparation and diffusion of educational materials on HIV/AIDS and training of teachers and peer educators	
		1.4.2. Train and build the capacity of teachers and educators on the forms and methodologies of communication to instil Preventive behaviour and self-care in their pupils.	
	1.5. Reinforce the STIs and HIV/AIDS component in the sexual education programme in schools and outside school	1.5.1. Expedite the expansion of the multisectoral Programme on Sexual and Reproductive Health covering all the provinces and districts of the country.	
		1.5.3. Ensure that aspects related with STIs and Sexual and Reproductive Health for young people are dealt with in youth clubs, sports clubs, non-formal education centres and other formal and non-formal bodies frequented by young people.	

**AREA OF PREVENTION
OPERATIONAL PROGRAMME**

(continued - 2)

SPECIFIC OBJECTIVE	STRATEGY	ACTIVITY	INDICATOR
2. Reduce the number of HIV infections among the population in general and in the 15-24 years age group, in particular	2.1. Put in place the necessary conditions for the adoption of the practice of male circumcision as an instrument for the control of the dissemination of HIV in the country	2.1.1. Initiate discussions at the level of MISAU, with a view to a gradual introduction of circumcision for newborn babies and, at a later stage, for adults	
		2.1.2. Initiate contacts with countries like Swaziland that are already at a more advanced phase in the adoption of this strategy	
	2.2. Undertake IEC activities addressing specifically the dangers of having many sexual partners and that discourage such practices among the population in general	2.2.1. Put in place an IEC strategy dealing specifically with the dangers of having many sexual partners and that discourage such practices among the population in general	
	2.3. Stimulate extracurricular activities geared towards the combat of HIV/AIDS in institutions at all levels of the national system of education.	2.3.1. Implement programmes that promote the development of extracurricular activities aimed at combating HIV/AIDS carried out by institutions at all levels of the national system of education.	
	2.4. Stimulate youth activism in the area of HIV/AIDS	2.4.1. Implement programmes aimed at promoting voluntary involvement of young people, promoting the establishment of youth clubs and associations to address specific needs for intervention in the area of HIV/AIDS	
		2.4.2. Provide training opportunities for young people in computer science, theatre, peer education and other skills, through the promotion of activism	
	2.5. Improve the distribution of condoms, by exploring the logistical capacity of all sectors and bodies; promote the female condom and increase of its availability at the sale outlets	2.5.1. Establish channels and mechanisms for purchasing and making available condoms for the various sectors, bodies and target groups.	
		2.5.2. Explore the capacity of the different sectors and public and private entities for the improvement of the condoms logistics throughout the country.	
		2.5.3. Promote the female condom and increase its availability so as to meet the demand.	
		2.5.4. Strengthen and stimulate the community sale outlets so as to ensure the marketing and/or availability of condoms.	
2.5.5. Ensure free availability of condoms at health units, SAAJs and GATV's and the Workplace.			

**AREA OF the PREVENTION
OPERATIONAL PROGRAMME**

(continued - 3)

SPECIFIC OBJECTIVE	STRATEGY	ACTIVITY	INDICATOR
2. Reduce the number of HIV infections among the population in general and the 15-24 years age group in particular	2.6. Provide support, especially, to MEC and MJD plans, particularly, to actions aimed at reducing gender disparities within the framework of prevention-related activities	2.6.1. Enhance the national coverage of ongoing programmes and actions in those ministries that aim to reduce gender disparities.	
	2.7. Undertake IEC activities aimed specifically at potentially vulnerable groups, areas of rural/urban conflict, adapting the messages and the media to the specific audience	2.7.1. Encourage the producers of radio and television programmes broadcast in local languages to address the issue of HIV/AIDS prevention, with specific reference to risks that the most vulnerable population groups are exposed to.	
		2.7.2. Provide IEC tools, materials and equipment to the communication structures at all levels (National, Provincial and Local) for awareness raising on issues related with the prevention of HIV/AIDS and other diseases.	
	2.8. Develop campaigns for the promotion of Sexual and Reproductive Health for young people	2.8.1. Ensure the expansion and full coverage of the current multisectoral programme on sexual and reproductive health for adolescents and young people.	
		2.8.2. Develop mechanisms and instruments to control the effectiveness and efficiency of the programme.	
3. Increase the general level of knowledge on HIV/AIDS and reduce gender disparities in this area	3.1 Develop IEC activities targeting the different population segments, with the adaptation of the messages and the media and use local languages. Special effort must be made to ensure that the messages reach and sensitize the female audiences	3.1.1. Implement ongoing programmes on lifelong skill development, sexual health, HIV/AIDS prevention, STIs, unwanted pregnancy, development of responsible citizenship with major focus on young women.	
		3.1.2. Carry out information campaigns on basic knowledge on HIV/AIDS, ITs, their prevention targeting different population segments with major focus on young people and women, in particular.	
		3.1.3. Increase training opportunities for young people, in particular, for women both in formal and non-formal programmes.	
		3.1.4. Produce IEC material, specifically, targeting highly vulnerable groups, areas of rural/urban conflict, making use of local languages.	
		3.1.5. Produce IEC material for to assess the level of HIV/AIDS knowledge and for the development of communitarian and inter-personal activities, making use of local languages.	
		3.1.6. Disseminate publications and regular updates on HIV/AIDS, STIs and other similar issues through Internet sites, electronic and printed media, including the preparation of supplements in special programmes for specific commemorations.	

**AREA OF PREVENTION
OPERATIONAL PROGRAMME**

(continued - 4)

SPECIFIC OBJECTIVE	STRATEGY	ACTIVITY	INDICATOR
	3.2. Sensitize all sectors, in general, and the Public Sector, in particular, through Promoting enhanced knowledge on HIV/AIDS among the population segments that it covers	3.2.1. Coordinate the sectors in their efforts aimed at increasing knowledge on HIV/AIDS, facilitate the establishment of an inter-sectoral network for the purpose.	
		3.2.2. Ensure that each sector undertakes actions aimed at enhancing the level of knowledge on HIV/AIDS between the officials and the beneficiaries of its services.	
4. Popularizing of counselling and voluntary testing activities	4.1. Expand the GATV's and SAAJ's network and redress the imbalances in the national coverage of the Counselling and Voluntary testing services	4.1.2. Create conditions for a rapid expansion of counselling and voluntary testing services	
		4.1.3. Ensure the quality of services provided at the counselling centres established in different sectors and public and private concerns through the training of counsellors and other personnel and through monitoring and evaluation of the work undertaken.	
	4.2. Establishment of new types of counselling services outside health units, with the involvement of all sectors	4.2.1. Promote a competition for the design of the project for the Dissemination of the Counselling Activity, in accordance with the terms of reference set out in 2005/2009 PEN	
	4.3. Multiply free telephone lines for personalized counselling	4.3.1. Increase access to telephone lines for personalized counselling.	
		4.3.2. Promote the use of the free telephone lines among the different population segments.	
5. Increase the rates of condom use	5.1. Improve the distribution of condoms by exploring the logistical capacity of all sectors and bodies; promote the female condom and increase its accessibility and availability at the sale outlets	5.1.1. Establish channels and mechanisms for the purchase and availability of condoms for the various sectors, bodies and target groups.	
		5.1.3. Promote the female condom and improve its availability.	
		5.1.4. Ensure free availability of condoms at all Health Units, SAAJ's, GATV's and at the workplace	
		5.1.5. Strengthen and stimulate community sale outlets to ensure the marketing and/or availability of condoms at all times.	
	5.2. Improve the levels of acceptance of condoms, by inducing change in attitudes and through information and education targeting primarily young people, women and vulnerable sectors of the population	5.2.1. Promote the carrying out of studies on the knowledge, attitudes, degree of use of condoms by the different social segments and target groups.	
		5.2.2. Train peer educators in all sectors and bodies on the Promotion and correct use of Condoms.	
		5.2.3. Promote the correct and constant use of the male and female condoms.	
		5.2.4. Increase demand and use of Condom through awareness raising and counselling.	

**AREA OF PREVENTION
OPERATIONAL PROGRAMME**

(continued - 5)

SPECIFIC OBJECTIVE	STRATEGY	ACTIVITY	INDICATOR
6. Increase the percentage of STIs patients and their contacts who are treated in accordance with the Syndrome-related Protocol	6.1. Encourage patients to take their contacts to STIs consultations	6.1.1. Increase the level of knowledge on STIs and explain the patients the advantage of their contacts also benefiting from medical advice	
		6.1.2. Induce traditional medicine practitioners to also treat the contacts of their patients	
	6.2. Increase the capacity of diagnosis and treatment of STIs in accordance with the Syndrome-related Protocol at the Health Units	6.2.1. Support MISAU in the implementation of its programme for STIs treatment including staff training and the provision of equipment.	
	6.3. Free STIs treatment for young people, pregnant women and sex workers	6.3.1. Review the financial implications, advocate the passing of regulatory measures and appropriate service instructions	
	6.4. Ongoing STIs testing and treatment campaign in prisons and barracks	6.4.1. Equip health centres operating close to barracks and prison establishments with the necessary material and instruct the assistants on the procedures	
	6.5. Health education campaigns that enable early identification of STIs	6.5.1. Intensify health education activities, especially, among the youth, women and sex workers to enable them recognize the main symptoms and first signs of STIs.	
	7. Reduce women vulnerability to infection due to socio-cultural and economic reasons	7.1. Inform and sensitize on the special vulnerability of women to infection and break the myths and prejudices associated with the social status of women	7.1.1. Extend awareness raising campaigns by addressing the relationship between sexual and domestic violence and the propagation of HIV/AIDS and STIs, including issues that contribute towards risk behaviour.
7.1.2. Carry out and disseminate studies and surveys on the role and traditional and cultural practices, values and beliefs in the transmission of HIV, in sexual violence and others types of violence.			
7.2. Promote knowledge and access to the legal instruments to combat sexual and domestic violence		7.2.1. Strengthen, if necessary, the existing legal instruments to combat sexual and domestic violence and promote their dissemination both in urban and rural areas	
7.3. Support development programmes focusing on women, as a way of enhancing their skills, knowledge and reducing their subordinate status at home, workplace and in the access to economic resources		7.3.1. Encourage women to participate in literacy programmes and improve their level of education and professional training.	
		7.3.2. Support the institutions and bodies that provide social services directed especially to women	
		7.3.3. Encourage the multiplication and development of micro-credit institutions.	

**AREA OF PREVENTION
OPERATIONAL PROGRAMME**

(continued - 6)

SPECIFIC OBJECTIVE	STRATEGY	ACTIVITY	INDICATOR
8. Reduce mother-to-child HIV transmission	8.1. Increase substantially the number of institutional childbirth, the access to he preventive treatment and education of expecting mothers on the risks of mother-to-child HIV transmission	8.1.1. Expand the network of public maternity hospitals, ensuring quality services.	
		8.1.2. Carry out awareness raising campaigns targeting, specially, women as to the necessity of having childbirth in maternity hospitals or with qualified assistance	
		8.1.3. Ensure access to preventive treatment and education of expecting mothers on the risks of mother to child HIV transmission.	
	8.2. Encourage medical and paramedical training institutions to incorporate in their curricula the administration of Nevirapina and appeal to them to contribute with human resources so as to ensure the administration of Niverapina, in the medium term, in all the districts of the country	8.2.1. Persuade medical and paramedical training institutions to incorporate in their curricula the administration of Nevirapina.	
		8.2.2. Personnel training in matters pertaining to the administration of Niverapina in sufficient numbers to cover all the districts of the country.	
		8.2.3. Plan out the total coverage of the districts in the administration of Nevirapina and create conditions for its implementation.	
9. Reduce non-sexual transmission of HIV	9.1. Improve the Biosafety at the Health Units and Reduce the likelihood of infection through blood transfusion	9.1.1. Train health workers on the issue of biosafety and provide the necessary equipment to that effect.	
		9.1.2. Introduce the selection and screening techniques of potential donors so as to reduce the rates of HIV infected blood units.	
		9.1.3. Increase the number of beneficiaries of safe transfusions throughout the whole country.	
		9.1.4. Ensure the implementation of the protocol on the handling of cases of work-related accidents at the health units throughout the whole country.	
	9.2. Promote asepsis measures in traditional practices and rites, in piercing, at the barber shops and hairdressers	9.2.1. Promote asepsis measures in traditional practices and rites, in "piercing", at the barber shops and hairdressers, etc.	
		9.2.2. Train traditional medicine practitioners on biosafety issue.	

Institution:
Target-Group:

2005/2009 PEN
AREA OF ADVOCACY
OPERATIONAL PROGRAMME
Year of Implementation: 2005

OVERALL OBJECTIVE: To transform the fight against HIV/AIDS into a matter of national emergency			
SPEFICIC OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
1. Sensitize the leadership at all levels towards an active participation in the fight against HIV/AIDS	1.1. Set as an additional target in all the programmes, particularly at the community level, the identification, motivation and engagement of local opinion leaders	1.1.1. Gather names suggested by the partners of the National AIDS Council in the implementation of the PNCS II, particularly NGOs	
		1.1.2. Undertake capacity building actions amongst local opinion leaders so that they intervene in the programmes aimed at fighting HIV/AIDS	
	1.2. Prepare customised information for clarification at the leadership level and suggestion of the most desirable interventions for the respective sectors	1.2.1. Based on research work prepare customised information for clarification at the leadership level and suggestion of the most adequate interventions for the sectors	
		1.2.2. Monitor the unfolding of the situation, both in general terms and at the sector level and update and to adapt the customised information to the new reality	
	1.3. Select renown people at the national level to be part of the category of " special activists " in the fight against HIV/AIDS, to carry out tasks as defined by the National AIDS Council, in the general framework of Advocacy	1.3.1. Establish a commission to select possible names to be part of the list of special activists for submission to the chairperson of the National AIDS Council	
		1.3.2. Prepare a program of action for the " special activists " with proposed specific tasks and responsibilities	
		1.3.3. Create at the Secretariat of the National AIDS Council a small unit to assist the " special activists" and to coordinate the programmes	
	2. Adequate support and funding to the activities to fight HIV/AIDS	2.1. Promote the mainstreaming of HIV/AIDS in all economic and social development programmes	2.1.1. Ensure that both the public and private sectors mainstream HIV/AIDS in all their economic and social development programmes
2.1.2. Establish evaluation indicators that allow for the measurement of the involvement of each sector in the fight against HIV/AIDS			
2.2. Promote debates in the public sector, in companies and in economic and social associations		2.1.1. Ensure that both the public and private sectors mainstream HIV/AIDS in all their economic and social development programmes	
		2.2.1. Encourage the public and private sectors to reflect on the business policies in respect of the advantages and disadvantages between the prevention of the disease and its treatment	
		2.2.2. Organise a network of human resources managers to foster the exchange and sharing of positive experiences in this area	

**AREA OF ADVOCACY
OPERATIONAL PROGRAMME**

(continued 2)

3. To transform the fight against HIV/AIDS into an area of national consensus	3.1. Ensure that the major political forces of the country and opinion trends engage in the fight against HIV/AIDS and influence their followers accordingly	3.1.1. Keep the major political organisations of the country informed about the activities aimed at fighting HIV/AIDS through letters sent periodically - to which publications, reports etc. for free distribution can be attached	
	3.2. Develop a communication strategy targeted at the opinion leaders	3.2.1 Preparation of a guiding document and its discussion and distribution in one day specific seminars	
4. Participation of the whole society in actions of advocacy to fight against HIV/AIDS	4.1. Encourage the media to participate in the sensitization efforts towards the fight against HIV/AIDS	4.1.1. Ensure the involvement of the media in the sensitisation efforts towards the fight against HIV/AIDS	
		4.1.2. Prepare and sign protocols of commitment with the country's main media	
		4.2.1. To establish a group of experienced media practitioners who by working with the Secretariat of the National AIDS Council during a certain period of time will analyse the media reporting on HIV/AIDS in the country, indicating the cases in which the information is incorrect or irresponsible - and the possible consequences of such pieces of news to the public	
	4.2. Sensitise journalists about the consequences of the dissemination of inaccurate or irresponsible messages on the HIV/AIDS in the media	4.2.2. Send these analyses to the authors of the news reports in question and to offer the possibility to continue with the dialogue in order to provide the necessary clarifications	
		4.3.1. Encourage the media to gather reports, statements and success stories in the fight against HIV/AIDS, both at the individual and collective level	
	4.3. Encourage the reporting and promotion of the publication and dissemination of personal experiences, statements and success stories in the fight against HIV/AIDS	4.3.2. Provide for space in the major media in the country to report and disseminate positive experiences in the fight against HIV/AIDS	
		4.3.3. Encourage the voluntary reporting at the individual and collective level of the respective experiences in order to set an example for the others	

Institution:
Target Group:

PEN 2005/2009
AREA OF STIGMA AND DISCRIMINATION
OPERATIONAL PROGRAMME
Year of Implementation: 2005

OVERALL OBJECTIVE: to reduce the stigma and discrimination related to HIV/AIDS			
SPECIFIC OBJECTIVE			
SPECIFIC OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
1. Promote greater visibility of PLWHA in the fight against the stigma and discrimination	1.1. Encourage, support and give prominence to PLWHA that decide to make their HIV positive status public and promote their participation at all levels in the fight against stigma and discrimination	1.1.1. Support PLWHA and to organize in a dignifying manner the act of public disclosure of their HIV positive status	
		1.1.2. Ensure assistance to PLWHA in the process of the disclosure of their HIV positive status, specially in terms of psychological and moral support, treatment and food supplement	
		1.1.3 Promote training in counselling (at an adequate level for each case) and in the techniques of public intervention of the PLWHA in the above described conditions	
		1.1.4 Encourage PLWHA to increase their level of education, to advance professionally and in their respective careers	
		1.1.5. Promote professionally the involvement in as much as possible of PLWHA in activities aimed at fighting HIV/AIDS, particularly in the areas of Prevention, Advocacy and Mitigation	
		1.1.6 Identify PLWHA with greater intervention capacity or with bigger impact on the public and engage them in special actions	
2. Protect and defend the human rights of the PLWHA and their dependants	2.1. Publish, enforce or turn into law all the measures that aim to remove the forms of negative discrimination and that guarantee the full enjoyment of the fundamental human rights and freedoms of all the PLWHA	2.1.1. Compile the legislation, regulations, service orders or directives emanated from an authorized source that condemn the discrimination of PLWHA or that propose measures to protect their rights	
		2.2.2. Systematize the items in accordance with the prevailing situation and select those that should have priority in terms of dissemination	
		2.2.3. Propose the appropriate legal format to the measures or directives that, in view of their significance and reach, should have such legal format	
		2.2.4. Promote the publication or otherwise the dissemination and popularization of the measures that might be opportune to make known	
	2.2. Complete the legal framework that regulates the activities related to the fight against HIV/AIDS and its consequences, namely with regard to the protection of the rights of the PLWHA	2.2.1. Identify the activities related to the fight against HIV/AIDS the legal coverage of which is insufficient	
		2.1.2. Sensitise the legislative or regulatory body, at the appropriate level, about the necessity to formulate, pass and disseminate the legislative measures that are lacking	
		2.1.3. Carry out the same exercise specifically in respect of the protection of the rights of the PLWHA	

**AREA OF STIGMA AND DISCRIMINATION
OPERATIONAL PROGRAMME**

(continued - 2)

SPEFICIC OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
	2.3. Create in different parts of the country legal support offices to PLWHA, in particular with regard to the application of Law 5/2002 and the inheritance rights	2.3.1. Define alongside the tasks that should be fulfilled by the proposed offices, the ideal number of units and how many will be adequate in the medium term and their geographical location 2.3.2. Carry out a study to identify within the framework of the country's legal institutions of the that one or those with the highest possibility to create and maintain such offices 2.3.3. Prepare and ensure the approval at the appropriate level of the legislative measures and regulations that will be necessary 2.3.4. Disseminate through the most appropriate means and with the involvement of the associations of PLWHA information and data that will make it easy for those interested to access to the said offices	
3. Ensure access to medical care for PLWHA	3.1. Create conditions in order to ensure the access to health care and treatment to an increasingly more significant number of PLWHA	3.1.1. Review and provide for the adoption of measures what they ensure that a fair proportion of PLWHA originating from the rural and peri-urban communities, from the informal sector of the economy and of the lower levels of both the Public and Private Sectors have access to ARV Treatment	
4. Bring the issue of stigma to public debate at all levels	4.1. Include the fight against stigma and discrimination in the information and educational material on AIDS, in the school programmes and in all training actions related to the fight against HIV/AIDS	4.1.1. Prepare materials on Stigma and Discrimination that could be added to the packets on IEC envisaged for each age group of the school population, with greater focus on the youth aged 12 and above 4.1.2. Include in the training of activists, assistants and teachers the component of stigma and discrimination, highlighting its particular importance amongst the youth	
	4.2. Promote the continuous discussion about stigma and discrimination with involvement of national personalities, political leaders, religious leaders, journalists and other opinion leaders and PLWHA	4.2.1. Sensitise opinion leaders, activists of youth associations, social and professional associations and of cultural associations, journalists and producers of radio and television programmes (particularly those that promote discussions) about the importance and topical nature of the issue of stigma and discrimination 4.2.2. Supply the personalities above mentioned with appropriate material what they can use to stimulate discussions on the subject and to encourage them to carry out their own research and surveys	
	4.3. Encourage religious organisations to fight the discrimination against PLWHA in their respective congregations	4.3.1 Supply the leaders of religious congregations and ordinary devotees with the necessary material that can be used in the discussions on stigma and discrimination within the respective congregations 4.3.2. Encourage the religious leaders of the country to fight against stigma and discrimination against PLWHA (within or outside the respective congregations) though their ecumenical practices or activities	

		4.3.3. Encourage the religious hierarchies to raise the issue of stigma and discrimination against PLWHA in the sermons, pastoral letters or other solemn pronouncements that highlights the idea of compassion and human solidarity	
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Institution:
Target Group:

PEN 2005/2009
AREA OF TREATMENT
OPERATIONAL PROGRAMME
Year of Implementation: 2005

OVERALL OBJECTIVE: Extend and improve the quality of life of people infected by HIV and AIDS patients			
SPECIFIC OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
1. Increase the number of patients benefiting from the prophylaxis and treatment of opportunistic infections	1.1. Improve the scheme of distribution of the first line medicines for the Treatment of Opportunistic Infections (TOI) to the health units	1.1.1. Support the Ministry of Health in its efforts to increase the number of health units prepared to provide treatment for opportunistic infections	
		1.1.2. Consider with the Ministry of Health the possibility to use the logistical capacity of other ministries to distribute first line medicines for the treatment of opportunistic infections	
	1.2. Encourage the civil society organisations, particularly business and religious communities to support the expansion of the Treatment of Opportunistic Infections (TOI)	1.2.1 Organize, on basis of the elements from the Situational Analysis, information on TOI and about the need to expand access throughout the country	
		1.2.2. Disseminate information to the religious and business communities, particularly, to those who have already taken part in HIV/AIDS combat activities	
2. Increase the number of patients receiving ARV treatment amongst those who are clinically eligible	2.1. Expand the current capacity of the health units (HU) in ARV Therapy administration and increase the number of health units with capacity to administer ARV Therapy	2.1.1. After the first year of implementation of PEN-Health, to reassess the capacity of the HU to administer ARV Therapy with a view to accelerating its expansion beyond the initial 2004 provision	
	2.2. Encourage the creation of conditions for HIV/AIDS treatment at the private clinics	2.2.1. Prepare guidelines to guide and oversee the private clinics interested in carrying out HIV/AIDS treatment	
		2.2.2. Forward invitations to private clinics interested in providing HIV/AIDS treatment and provide them with detailed rules and procedures that must be observed	
	2.3. Include in all sectoral plans programmes for the provision of support and treatment employees living with HIV/AIDS	2.3.1. Persuade trade unions and employers' associations to incorporate programmes for the provision of support and treatment employees living with HIV/AIDS when negotiating work contracts	
		2.3.2. Persuade the competent bodies to introduce an HIV/AIDS component as a requirement for preference in major tenders	
		2.3.3. Encourage public and private companies, include in their plans of activity, the provision of support and treatment to workers living with HIV/AIDS	

**AREA OF TREATMENT
OPERATIONAL PROGRAMME**

(Continued-2)

SPECIFIC OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
	3.1. Update, disseminate and enforce compliance with the protocols regulating therapeutic administration in the country	3.1.1. Review and update the protocols regulating therapeutic administration in the country and give the appropriate legal status	
		3.1.2. Publish brochures containing the rules and procedures established for therapeutic administration in the country and distribute them to private sector or civil society entities planning to establish HU or carry out programmes involving therapeutic administration	
		3.1.3. Review the supervision and control mechanisms for compliance with rules and standards relating to therapeutic administration in the country	
4. Ensure continuity and sustainability of treatment programmes	4.1. Ensure that the nutritional component is adequately provided for and that the treatment administered can be continued and sustained	4.1.1. Compile information on the importance of the nutritional component in the ARVT process, indicating appropriate diets and listing easily accessible foodstuffs that contain the principles and nutritional values requirements	
		4.1.2. Widely disseminate this information within the communities, public places and places of concentration, through face-to-face contact, posters, radio programmes and other media	
		4.1.3. Ascertain the compliance with the conditions of sustainability in HIV/AIDS treatment programmes	
	4.2. Specific training in the medium term of specialized technicians in HIV/AIDS (medical and paramedical, pharmacy technicians, analysts, managers, etc.)	4.2.1. Prepare curricula for specific training in the medium term of technicians specialized in HIV/AIDS (medical and paramedical, pharmacy, managers, etc.)	
		4.2.2. Identify education institutions that can administer these courses	
		4.2.3. Prepare and submit for approval appropriate legislative measures	
5. Expand the home-based care network	5.1. Build the capacity of households with PLWHA to provide appropriate care to patients, including the improvement of their diet through the introduction of nutritional alternatives	5.1.1. Prepare or adapt manuals of procedures for households with PLWHA to provide appropriate care to patients, including the improvement of diet for the introduction of nutritional alternatives	
		5.1.2. Identify in different parts of the country institutions with capacity to provide the training	
		5.1.3. Mobilize NGOs involved in activities aimed at mitigating the effects of HIV/AIDS to oversee the process	
	5.2. Promote support to the extension of home-based services targeting civil society organisations, especially, the business and religious communities	5.2.1. In coordination with MISAU, prepare or adapt manuals on Home-based Care, indicating the procedures that concern the Health structures as well as those that can be carried out by other agencies	
		5.2.2. Encourage bodies involved in activities aimed at mitigating the effects of HIV/AIDS within the households and communities to also participate in the provision of home-based care	
		5.2.3. Invite employers of PLWHA who have adopted support programmes for accessing ARV Therapy to include home-based care in this activity	
	5.3. Community involvement through groups of voluntary	5.3.1. Disseminate the manuals referred to in 5.2.1. among voluntary activists, pupils during school holidays and others, encouraging them to participate in home-based care programmes	

	activists, pupils during school holidays, as well as others, in the provision of appropriate care		

Institution:
Target Group:

2005/2009 PEN
AREA OF MITIGATION
OPERATIONAL PROGRAMME
Year of Implementation: 2005

OVERALL OBJECTIVE: Reduce the consequences of HIV/AIDS at the individual, household, Community and company levels as well as its global impacts			
SPEFICIC OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
1. Strengthen the income generation capacity of individuals, households and communities affected by HIV/AIDS, particularly, women	1.1. Promote partnerships between the public and the private sector and NGOs in initiatives aiming at building local capacity	1.1.1. Provide for such partnerships in the Operational programmes of the Public Sector entities and in public or private enterprises, operating in rural and peri-urban areas	
		1.1.2. Support peasant communities and associations in the preparation of income generation projects, especially, when these initiatives involve PLWHA and women	
	1.2. Research and disseminate high yield varieties agricultural production and animal husbandry	1.2.1. Encourage faculties of agronomy, veterinary science, and NGOs to develop such projects	
		1.2.2. Disseminate research results with a view to enhancing the level of knowledge of agricultural production techniques and increase output levels	
		1.2.3. Disseminate farming production good practices	
	1.3. Research and disseminate post-harvest conservation and food processing techniques that, especially, of women	1.3.1. Encourage research institutions linked to MADER, universities, private centres and NGOs to develop such projects	
		1.3.2. Disseminate the results of research carried out	
		1.3.3. Support projects that aim to introduce new post-harvest conservation techniques of conservation powders-harvests and alleviate physical effort in food processing	
		1.3.4. Disseminate good practices in post-harvest conservation and food processing mechanisms	
	2. Strengthen food security and support nutritional to individuals, households and communities affected by HIV/AIDS	2.1. Systematically monitor the food security situation giving priority to areas with high HIV prevalence	2.1.1. Establish systems for monitoring the food security situation, giving priority to areas with high HIV prevalence
2.1.2. Systematically, disseminate the results of monitoring, with a view to preventing catastrophic situations			
2.1.3. Adopt measures to redress the deficit in accordance with the monitoring results			
2.2. Educate and provide nutritional support to PLWHA and their families		2.2.1. Develop IEC materials aimed at promoting nutritional education to the population in general but with special indications for PLWHA and their families	
		2.2.2. Train peer educators, counsellors of different age groups and of both sexes and community leaders on the issue of nutritional support, to PLWHA and their families	
		2.2.3. Provide nutritional support, specially, to PLWHA and their families	

AREA OF MITIGATION OPERATIONAL PROGRAMME

(continued - 2)

SPECIFIC OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
3. Increases medical and medicinal, Psychological and social support to PLWHA	3.1. Expand and improve the focus of social welfare programmes (to older persons, orphans and other vulnerable groups)	3.1.1. Introduce an efficient system of identification, location and selection of potential beneficiaries of social welfare programmes throughout the country	
		3.1.2. Improve the coverage and range of social welfare programmes to older persons, orphans and other vulnerable groups	
	3.2. Strengthen the capacity of distribution of nutritional supplement to PLWHA	3.2.1. Investigate, together with PLWHA associations, ways of improving the distribution of nutritional supplement to PLWHA, involving, if possible, the local commercial network as well as other forms of home-based support	
	3.3. Provide fiscal incentives and to the various companies that integrate concrete actions of combat against HIV/AIDS and mitigation of its consequences in their business plans	3.3.1. Study, by MPF, the feasibility and practicability of such measures and develop appropriate legislation for their introduction	
	3.4. Encourage and support households, community and organisations that carry out concrete actions of solidarity targeting people living with HIV/AIDS	3.4.1. Provide moral, technical, material and financial support to families, communities, organisations and entities that carry out actions targeting people living with HIV/AIDS	
		3.4.2. Promote the dissemination of cases and actions of solidarity targeting people living with HIV/AIDS by initiative of individuals, families and communities	
4. Ensure educational support from childhood up to basic vocational training to all orphan and vulnerable children (of parents who died victims or not of the HIV/AIDS)	4.1. Adapt the criteria for awarding the poverty certificate to the specific situation of PLWHA and their families and disseminate the information on the requirements for its attainment	4.1.1. Introduce, within MMCAS's operational programmes, the investigation and adoption of modalities that allow easier access to the Certificate of Poverty for PLWHA and their families	
		4.1.2. Simplify the mechanisms the awarding of the certificate of poverty and disseminate the requirements for its attainment	
	.2. Put in place more flexible mechanisms for the registry of births, with special attention to orphan children, including the registry in Hospitals and active home search	4.2.1. To create mechanisms more flexible of civil register, exploring the possibility to registers happen in the hospitals and in the communities	
		4.2.2. Disseminate the mechanisms and facilities established for the benefit of the public, in general, and of the rural communities, in particular	
	4.3. Encourage and support families and communities that adopt or take children and vulnerable orphans under their guardianship	4.2.3. Introduce policies abatement and / or exemptions from the payment of registry fees, especially, for OVCs	
		4.3.1. Prepare information campaigns on how to adopt or take guardianship of vulnerable and orphan children – especially, targeting religious communities, humanitarian associations and organisations	
	4.4. Encourage and stimulate organisations to offer subsidies and study grants to orphan and vulnerable children	4.3.2. Look into the possibility of offering those who adopt these children more significant fiscal benefits that those of paternity, especially, to couples who already have children	
		4.4.1. Stimulate the development of initiatives aiming to provide access to education for OVCs	
		4.4.2. Adopt by MINED of ways of public recognition of organisations that grant subsidies and scholarships to OVCs (Hall of Fame distributed annually, mentions, etc.)	

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Institution:
Target Group:

2005/2009 PEN
AREA OF RESEARCH
OPERATIONAL PROGRAMME
Year of Implementation: 2005

OVERALL OBJECTIVE: Increase the degree of scientific knowledge on HIV/AIDS, its consequences and best practices in its combat			
SPEFICIC OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
1. Undertake research on HIV/AIDS in the areas biomedicine, epidemiology, Behavioural, socio-economic and socio-cultural	1.1. Undertake HIV/AIDS impact assessment studies in strategic sectors	1.2.1. Identify the strategic sectors, priorities and establish a calendar for the undertaking of the studies	
		1.2.2. Award contracts for the undertaking of the studies on the basis of tenders	
		1.2.3. Disseminate the studies undertaken and ensure that their results contribute towards the correction and improvement of the HIV/AIDS combat strategies	
	1.2. Promote standardized studies, coordinated with the cycles of planning, of HIV/AIDS prevalence and Knowledge, Attitudes and Practices (KAP Studies)	1.3.1. Encourage the different actors in this area of HIV/AIDS to carry out KAP studies in coordination with the HIV/AIDS prevalence planning cycles	
		1.3.2. Ensure the dissemination of the results of KAP studies	
	1.3. Carry out studies on the interaction between poverty, malnutrition and vulnerability to HIV/AIDS and on its impacts on productivity and on macroeconomic indicators		
2. To promote the gathering, systematization and dissemination of the research findings	2.1. Establish a multi-media documentation and a data base centre on HIV/AIDS that undertakes research or carry out HIV/AIDS combat activities	2.1.1. Establish a multi-media documentation centre on HIV/AIDS and define its operational mechanisms and ongoing and systematic update	
		2.1.2. Develop a data base with capacity to collect and storing diversified content related with HIV/AIDS	
		2.1.3. Disseminate the existence of these services and ensure their accessibility to the public, private organisations and NGOs that undertake research or what carry out HIV/AIDS combat activities	
	2.2. Establishment in the CRIS system, set up at the Executive Secretariat of the National AIDS Council, of a domain for the promotion of research and dissemination of its results		

**AREA OF RESEARCH
OPERATIONAL PROGRAMME**

(continued - 2)

SPEFICIC OBJECTIVES	STRATEGIES	ACTIVITIES	INDICATORS
3. Ensure the quality of research projects on HIV/AIDS	3.1. Encourage universities and research institutions to apply more rigorous criteria in HIV/AIDS-related research projects submitted	3.1.1.	
		3.1.2.	
	3.2. Explore the opportunities afforded by the regional and international cooperation in HIV/AIDS-related research	3.2.1. Identify research bodies at the level of the SADC region involved in HIV/AIDS-related work and undertake an inventory of the respective programmes	
		3.2.2. In view of the results obtained and taking into account the interest of Mozambican institutions in research, undertake the necessary contacts for the establishment of cooperation protocols	
	3.3. Establish mechanisms of liaison between the National Commission of Bioethics and the National AIDS Council	3.3.1. Identify areas of cooperation of mutual interest and define clearly the responsibilities of each player	
		3.3.2. Formulate and sign a protocol that formalizing the relationship between the two institutions	