

CAP Mozambique

Strengthening Leading Mozambican NGOs and Networks II

FY2014 Annual Workplan

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ACRONYMS

ADC	Association for Community Development
ADPP	Ajuda de Desenvolvimento de Povo para Povo
AIDS	Acquired Immune Deficiency Syndrome
AJN	Associação Juvenil de Nampula
AJULSID	Associação da Juventude de Luta Contra o SIDA e Drogas
AMME	Associação Moçambicana de Mulher e Educação
AMODEFA	Mozambican Association for the Defense of the Family
ANDA	Associação Nacional para o Desenvolvimento Auto-Sustentado
ANEMO	National Association of Nurses of Mozambique
APS	Annual Program Statement
ART	Anti-Retroviral Therapies
BCC	Behavior Change Communication
CAP	Capable Partners Program
CBO	Community-Based Organization
CCM	Christian Council of Mozambique
CEDES	Comité Ecuménico para o Desenvolvimento Social
CMA	Comunidade Moçambicana de Ajuda
CHASS-SMT	Clinical HIV/AIDS Services Strengthening in Sofala, Manica and Tete
CSO	Civil Society Organizations
ECoSIDA	Associação dos Empresários contra o HIV e SIDA, Tuberculose e Malária
FBO	Faith-Based Organization
FC	Fiscal Council
FDC	Federation for Community Development
FORCOM	Forum of Community Radio Stations of Mozambique
GBV	Gender-based Violence
GMW	Grants Management Workshop
GLM	Governance, Leadership and Management
HACI	Health for Africa's Children Initiative
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
AMOG	Associação Moçambicana de Obstetras e Ginecologistas
HPP	Health Policy Project
ICS	Internal Control Systems
IBFAN	International Breast Feeding Action Network
ISO	Intermediary Service Organization
Kukumbi	Organização de Desenvolvimento Rural
LDC	Direitos das Crianças Liga
MARP	Most-At-Risk Population
MoH	Ministry of Health
M&E	Monitoring and Evaluation
MMAS	Ministry of Women and Social Action
NAFEZA	Núcleo das Associações Femininas de Zambézia
NGO	Non-Governmental Organization
NPCS	Provincial AIDS Council
NUMCOV	Multi-Sectoral Support Group for Orphans and Vulnerable Children
OD	Organizational Development
OPHAVELA	Associação para o Desenvolvimento Socio-Económico
OVC	Orphans and Vulnerable Children
PCC	Programa Cuidade Comunitario
PEN	National Strategic Plan
PEPFAR	President's Emergency Plan for AIDS Relief
PPF	Programa para o Futuro

PLWHA	People Living with HIV/AIDS
POAP	Participatory Organizational Assessment Process
PPs	Policies and Procedures
PPF	Programa Para o Futuro
PMP	Performance Monitoring Plan
QPM	Quarterly Partners Meeting
ROADS	ROADS to a Healthy Future
Rede CAME	Network Against Abuse of Minors
RFA	Request for Applications
RNCD	National Network Against Drugs
SAR	Semi-Annual Report
SBCC	Social and Behavior Change Communications
TA	Technical Assistance
USAID	United States Agency for International Development

I. INTRODUCTION

This is the fifth annual workplan submitted under the terms and conditions of Cooperative Agreement No. 656-A-00-09-00164-00 for the project entitled “Strengthening Leading Mozambican NGOs and Networks II,” herein after referred to as CAP Mozambique. The purpose of CAP Mozambique is to build the institutional capacity of Mozambican non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), networks and associations to scale up delivery of HIV/AIDS treatment, care and prevention services, thereby increasing the leadership role Mozambicans play in the response to the HIV/AIDS pandemic. The CAP Mozambique project is implemented by FHI 360.

In the coming year, CAP Mozambique will continue to focus on helping partners consolidate gains and expand their contributions to improved health outcomes in Mozambique. After previous budget reductions, in July 2013 CAP Mozambique received a two-year no-cost extension from USAID. The reductions and extension created a need to reduce partners and staff, and an opportunity to consolidate support to promising partners. In consultation with USAID, CAP Mozambique chose to prioritize support to those partners with the most potential to: a) graduate to direct USAID funding; and b) further ongoing USAID health objectives.

CAP Mozambique’s planned FY2014 support is grounded in critical learning that will be further detailed in the Semi-Annual Report 9 (SAR 9). This learning includes:

- A mid-term evaluation of CAP Mozambique support validates the CAP model, which concurrently provides TA to improve both organizational systems and implementation capacity.
- CAP Mozambique Prevention partners have demonstrated that they can successfully create demand for and link beneficiaries to health testing and counseling (HTC), as well as other health and social services. This initial work has already fostered a greater understanding among partners and health practitioners of the critical role local organizations can play in improving health outcomes.
- CAP Mozambique’s organizational development support to local partners of *other* USAID-supported projects (including *Programa Cuidade Comunitario* (PCC) and *Programa Para o Futuro* (PPF)) fills a critical need.

Based on this and other learning, CAP Mozambique has several overarching objectives for FY2014, which are reflected in the activities presented in this Workplan. In the coming year, CAP Mozambique will:

- Continue supporting partners to consolidate and more effectively apply the knowledge, skills and abilities they have acquired in previous years, with a particular focus on preparing partners to graduate to direct USAID funding.
- Continue supporting partners to increase demand for and link beneficiaries to a number of health and social services related to HIV and gender-based violence (GBV) prevention and mitigation, sexual and reproductive health, and/or a family-centered approach to care for orphans and vulnerable children (OVC).
- Continue to refine its support to non-partners, providing more in-depth organizational development support to other organizations whose technical work is critical to USAID and PEPFAR objectives (including sub-partners of PCC, PPF and Clinical

HIV/AIDS Services Strengthening in Sofala, Manica, and Tete (CHASS-SMT) as well as *Associação Moçambicana de Obstetras e Ginecologistas* (AMOG) and the HOPEM Men for Change Network).

In the interest of brevity, this Workplan does not repeat detailed explanations included in previous Workplans and Semi-Annual Reports. Rather, wherever appropriate, this Workplan refers readers to previous documents for more detailed descriptions of the CAP Mozambique methodology and design.

Activities presented in this Workplan will contribute to the following six results as per the Cooperative Agreement:

1. Increased capacity of Mozambican CBOs, FBOs, NGOs, networks and associations to develop and manage effective programs that improve the quality and coverage of HIV/AIDS prevention, treatment and care services;
2. Expanded HIV/AIDS prevention behaviors among most-at-risk groups (MARPs);
3. Increase in youth, young adults and adults in sexual relationships who avoid high risk behaviors that make them vulnerable to HIV/AIDS infections;
4. Increased number of OVC receiving quality, comprehensive care in their respective target areas;
5. Increased quality and coverage of home-based care to people living with HIV/AIDS (PLWHA) and their families; and
6. Increased number of organizations that graduate from the *Up-and-Coming* level to the *Advanced* level of grants under CAP, and to direct USAID funding.

For a complete list of CAP Mozambique’s FY2014 PEPFAR targets, please see Annex 1.

II. GRANT ACTIVITY

A. TARGETS AND INDICATORS: GRANTS COMPONENT

- One organization will graduate from the first level of CAP Mozambique grants to the advanced level
- Three organizations will be recommended for a USAID transition award
- Eight organizations will demonstrate increased capacity by expanded coverage and/or quality of service
- Two individuals will be provided with technical assistance in sub-grant management
- One organization will demonstrate increased capacity in sub-grant management.

B. SPECIFIC ACTIVITIES: GRANTS COMPONENT

1. GRANT COMPETITIONS

CAP Mozambique does not have any new grant competitions planned for the FY2014 period. In the event that CAP Mozambique loses a significant number of partners due to poor performance or other issues, additional partners will be selected to participate in the project as necessary and appropriate to the overall project goals.

USAID has asked CAP Mozambique to work with AMOG and HOPEM. At the time of this writing, it is not yet clear whether either of these organizations will receive a sub-grant from CAP Mozambique, or only organizational development technical assistance. Thus, planned support for AMOG and HOPEM will be noted in the *Support to Non-Partners Component* of this Workplan.

2. GRADUATION

CAP Mozambique will facilitate twice yearly an assessment of organizational capacity of partners being considered for graduation. Promising partners will be identified and evaluated through a desk review of materials, site visit, and CAP Mozambique-led evaluation of organizational, programmatic and financial performance. (Please refer to CAP Mozambique's SAR 7 for a more detailed description of the graduation process. Since the inception of USAID Forward, the mission's processes for signing awards with local organizations have evolved. CAP Mozambique will meet with USAID to discuss assessment findings, dialogue about each assessed organization's potential to become a direct recipient of USAID funding, and clarify assumptions and requirements for transition awards..

3. GRANT CLOSE-OUT

CAP Mozambique will support seven grant recipients closing out their awards in FY2014 with technical assistance to finalize their programmatic and financial deliverables. CAP Mozambique will include a more detailed description of its grant close-out TA in SAR 9. See Table 1 for a current schedule of planned partner grant close-outs. A primary factor in the decision to extend partners was the availability of funding. In addition, the following criteria were considered:

- Type of funding
- Stage of implementation (Grants of newly selected partners that had not started implementation yet were discontinued)
- Overall performance evidenced by results achieved
- Responsiveness to Organizational Development TA as evidenced by organizational growth and uptake of learning
- Demonstrated ability to adapt to AIDS Free Generation priorities
- Potential to graduate to USAID direct recipient

Table 1. CAP Mozambique Partner Grant Close-Out Schedule (as of September 30, 2013)

FY14	FY15	FY16
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October 2013	December 2013	March 2014	June 2014	December 2014	April 2015	April 2016
ADC N'weti	Ajulsid AMME CEDES	ANDA (MARPs)	Ophavela*	ECoSIDA	CCM-S Kukumbi NAFEZA	ANDA-OVC HACI IBFAN Kubatsirana LDC Niiwanane

*Support for Ophavela may be extended beyond this date, pending performance.

4. TRAINING AND TECHNICAL ASSISTANCE IN CONTRACTUAL COMPLIANCE

All CAP Mozambique partners have been trained in contractual compliance via the Grant Management Workshops detailed in the SAR 7. In FY2014, CAP Mozambique will provide technical assistance throughout the year to grant recipients demonstrating a need for additional support in understanding the contractual components of their awards.

5. TECHNICAL ASSISTANCE IN SUB-GRANT MANAGEMENT

Since 2012, CAP Mozambique has provided technical assistance to umbrella grantee HACI in the development of a grants manual. The manual is expected to be completed by the second quarter of this Workplan year.

III. ORGANIZATIONAL DEVELOPMENT COMPONENT

A. TARGETS AND INDICATORS: OD COMPONENT

- 29 civil society organizations receive CAP Mozambique TA designed to improve internal organizational capacity. This includes grantee recipients and sub-grantees of CAP Mozambique partners, others served by intermediaries supported by CAP.
- Five or six civil society organizations that do not receive grants from CAP Mozambique, receive CAP Mozambique TA designed to improve internal organizational capacity. These include organizations of other FHI 360 projects, including PCC, Quick Impact Partners, and participants in the *Intercambio*.
- 709 individuals trained in institutional capacity building;
- Eight organizations or recipients of capacity building demonstrate increased capacity in two or more of the following areas: organizational self-assessment, governance, project development, budget development, financial and administrative management, improvement in quality of OVC, care and treatment, prevention programming, monitoring and evaluation (M&E) reporting, grants management capacity and external relations¹; and

¹ This number counts each organization once for each area in which it demonstrates improvement. For example, an organization showing improvement in financial management and quality of prevention programming would count twice. This is accepted practice with PEPFAR indicators. CAP expects to demonstrate improvement in 15 organizations. Note that assessments to measure improvement are not conducted with every organization every year.

- 13 meetings (Partners' Meetings, *Intercambios*, thematic learning forums) facilitated to share experiences and lessons learned with CBO, FBOs, and NGOs.

B. SPECIFIC ACTIVITIES: OD COMPONENT

In FY 14, CAP Mozambique will move largely beyond group training to provide tailored organizational development (OD) TA to each partner. Details of this support, in addition to support of other programmatic and management components, are included on a partner-by-partner basis in the Integrated Capacity Building Plans included in Annex 2. These plans cover an 18 month period. In addition, CAP Mozambique will provide OD support to non-partner organizations, including sub-grantees of other FHI 360 projects (PPF, CHASS- SMT and PCC) as well as HOPEM and AMOG. This support is detailed in the Support to Non-Partners Component of this Workplan.

1. PARTICIPATORY ORGANIZATIONAL ASSESSMENT (POAP)

The POAP is a self-evaluation tool that helps partners assess their organizational maturity, track change and identify capacity needs. Please see CAP Mozambique SARs 7 and 8 for further details of the POAP process. In FY2014, CAP Mozambique will conduct follow-up POAPs (typically conducted at approximately 18 month intervals) with at least eight partners.

2. TRAINING AND TECHNICAL ASSISTANCE IN ORGANIZATIONAL DEVELOPMENT

a. Support Core Elements of Organizational Function

Governance, Leadership and Management (GLM)

In FY2014, CAP Mozambique will provide follow-up TA for nine partners previously trained in GLM. In addition, CAP Mozambique will provide GLM training with appropriate follow-up TA to Kubatsirana because they have elected a new board that requested this training. This TA may include: support for the General Assembly (including development of invitations, a General Assembly guide, template for minutes, electoral regulation, and board member profiles); support to more clearly define roles and responsibilities between the governing bodies and Executive; and/or support to the development, revision and/or dissemination of internal regulations or statutes. CAP Mozambique may integrate TA for the operationalization of internal regulations with the support to Fiscal Councils and Board of Directors that is detailed below.

In FY2014, CAP Mozambique will also explore the possibility of supporting leadership development through a mentorship or other initiative for Executive Directors (EDs).

Internal Control Systems (ICS)

In FY2014, CAP Mozambique will provide follow-up TA to all continuing partners that previously received ICS training, based on the action plans emanating from those trainings, and the results of health checks and audits.

Policies and Procedures Manual (PPs)

In FY2014, CAP Mozambique will provide PP-related TA to select partners. ECoSIDA, an advanced partner, will recruit a consultant to finalize their PPs manual. Last year, CAP Mozambique focused PP support largely on the development and dissemination of HR

policies, including a performance evaluation system. In FY2014, this support will continue as needed, and be complemented by support for the development and dissemination of administration and finance PPs. (This support will be further described in CAP Mozambique's SAR 9). For those partners that are deemed ready to graduate, this support will include TA guided by an FHI360 expert on USAID compliance, which is detailed in the *Specialized Financial Management for Graduating Partners* paragraph below. Finally, CAP Mozambique will continue supporting partners, as necessary, to create PPs to address sexual harassment and HIV in the workplace.

Resource Mobilization

In FY2013, CAP Mozambique introduced partners to the basic concepts of resource mobilization and provided them with tools and opportunities to pursue funding opportunities in the short term. In FY2014, CAP Mozambique will provide three to five partners intensive resource mobilization training and TA. CAP Mozambique will select partners for this support based on an assignment to create a concept paper that describes their organization's strategic vision and maps the resources necessary to operationalize that vision.

b. Support organizations that provide capacity building to other CSOs

In FY2014, CAP Mozambique will identify and support one or two organizations that provide capacity building to other CSOs to expand that role. N'weti is a potential candidate for this support. In addition, CAP Mozambique staff is exploring the possibility of creating a Mozambican non-profit organization to continue some of the key activities of CAP Mozambique beyond the life of the project. CAP Mozambique senior staff will continue providing counsel, creating links with relevant organizations and allocating staff time to support this initiative.

c. Promote Sound Financial Management

Fiscal Councils (FCs)

In FY2014, CAP Mozambique will continue to provide follow-up TA to all previously trained partners collectively via thrice yearly, half-day meetings in each of the provinces within which partners work. Should any partners elect new FC members, CAP Mozambique will conduct FC training with the new membership as is feasible. Additionally, CAP Mozambique will support the FCs of two to three organizations to conduct compliance reviews on adherence to HR, administration and finance policies and/or procurement procedures. Finally, to further reinforce the importance of self-governance, CAP Mozambique will train FC members of at least one partner organization to conduct an internal spot check of randomly selected transactions including vendor verifications.

Governing Board

Due to the success of the thrice-yearly, half-day meetings with the FC, CAP Mozambique will respond to partner requests for similar meetings with the governing board in each province about roles and responsibilities of the governing boards, specifically their supervision of activities and relationship with the FC, *Mesa de Assembleia Geral* (MAG) and Executive.

TA for Financial Reporting

CAP Mozambique will continue to provide written feedback on grantees' monthly financial reports, based on a thorough review of the reports and supporting documentation that partners provide on a monthly basis.

Training and TA in MANGO Practical Financial Management for NGOs

In FY2014, CAP Mozambique will provide follow-up TA to all continuing partners previously trained in *MANGO Practical Financial Management for NGOs*, a five-day course for staff of small- to medium-sized NGOs who are involved in management of funds. CAP Mozambique will coordinate the schedule of this TA with that of the periodic FC and Board of Directors meetings outlined above.

Specialized Financial Management for Graduating Partners

In FY2014, an FHI 360 specialist will perform USAID compliance assessments and follow-up TA with two to four partners that are promising candidates for graduation. The FHI 360 specialist and CAP Mozambique will also continue to provide follow-up TA to three previously assessed partners to address identified USAID compliance gaps. As part of all follow-up TA, CAP Mozambique's OD team and the specialist will support three to five partners poised to graduate in establishing a policy governing the use of unrestricted funds for non-allowable costs. Additional TA will focus on creation of cost allocation policies, chart of accounts, concurrency between labor allocations and timesheets and/or establishment of a code of ethics and conflict of interest policy. CAP Mozambique will also provide TA to finalize administrative and finance PPs to select partners poised to graduate, as detailed in the PPs sub-section above.

Financial Health Checks

CAP Mozambique will conduct financial health checks with all partners performing POAPs in FY2014. In addition, CAP Mozambique will provide follow-up TA as needed during quarterly visits to address issues identified in these and FY2013 health checks. (For a description of the financial health check process, please refer to CAP Mozambique's SAR 7).

3. COLLABORATION

a. Foster Exchange between Peer Organizations

CAP Mozambique has witnessed the powerful learning that can take place between peer organizations, and has created a number of mechanisms to help partners take advantage of these opportunities. In FY2014, CAP Mozambique will:

- Schedule partner meetings semi-annually, instead of quarterly as in past years, to economize human and financial resources. Representatives from the Government of Mozambique (GoM) and other NGOs will be invited, along with CAP Mozambique partners and sub-partners. CAP Mozambique will identify themes based on partner priorities and observed needs.
- Support five CAP Mozambique partners to participate in exchange visits. This support is further detailed in the *Prevention, OVC and Care and Treatment Components* of this Workplan.
- Co-sponsor and organize one *intercambio*, providing the opportunity for CAP and non-CAP supported capacity building institutions to work together in analyzing and developing solutions to common challenges.

IV. PREVENTION COMPONENT

A. TARGETS AND INDICATORS: HIV PREVENTION AND DEMAND CREATION FOR HEALTH SERVICES COMPONENT

- 20,800 individuals from the general population reached with individual and/or small group level preventive interventions that are based on evidence and meet the minimum standards;
- 4,600 individuals reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards;
- 500 MARP reached with individual and/or small group level preventive interventions that are based on evidence and meet PEPFAR minimum standards;
- 3,369 individuals will be referred to health services;²
- 2,231 referrals to services will be completed;
- 2,000 individuals who received counseling and testing services for HIV and received their test results
- 300 community health care or para-social workers who successfully completed a pre-service training program in HIV prevention;
- 40 individuals trained in HIV institutional capacity building linked to prevention technical skills;
- Seven community health care or para-social workers who successfully completed a pre-service training program for MARP in HIV prevention;
- 85 condom service outlets;
- Nine mass media spots delivered.

B. SPECIFIC ACTIVITIES: HIV PREVENTION AND DEMAND CREATION FOR HEALTH SERVICES COMPONENT

In FY2014, CAP Mozambique will continue to work with five promising Prevention partners (see Table 2), leveraging FHI 360 in-house expertise and projects, pre-existing community relationships and discussion/debate sessions to expand programmatic activities. This support will include consolidating HTC activities, exploring the possibility of expanding partners' role further along the continuum of care to provide community-based HIV care and treatment support, and creating demand for additional health services including sexual and reproductive health (SRH). The Government of Mozambique recently finalized its HIV Response Acceleration Plan. Table 2 also shows in which HIV Response Acceleration priority districts CAP Mozambique's partners are working. The districts are printed in bold. Helping partners to support the Acceleration Plan will be a key focus of CAP (e.g. increased counseling and testing, strengthening referrals for HIV care and treatment, supporting adherence, etc.).

² CAP Mozambique partners are mobilizing communities for HTC, and all session participants are being encouraged to get tested. CAP Mozambique is currently exploring ways to document this support.

Table 2. CAP Mozambique Prevention partners working in HIV Response Acceleration Plan priority districts.

	Acceleration Plan Priority districts	CAP Partners' focus districts
Sofala	Beira City Nhamatanda Dondo Marromeu	Beira City (ECoSIDA*) Dondo (ECoSIDA) Marromeu (ECoSIDA) Gorongosa (ECoSIDA) Inchope (ECoSIDA) Buzi (ECoSIDA, CCM-S) Chemba (CCM-S) Machanga (CCM-S)
Maputo City	TBC	KaMpfumo (ECoSIDA) Nhamankulo (ECoSIDA) KaMaxakeni (ECoSIDA) KaMavota (ECoSIDA) KaMubukwane (ECoSIDA)
Maputo Province	TBC	Matola (ECoSIDA) Manhiça (ECoSIDA) Marracuene (ECoSIDA) Xinavane (ECoSIDA)
Zambezia	Quelimane Chinde Mocuba Milange Nicoadala Morrumbala Lugela Gurue Ile Alto Molocue Gile	Milange (Kukumbi) Nicoadala (Kukumbi, NAFEZA) Inhansunge (NAFEZA)
Nampula	All districts	Nampula City (Niiwanane) Ribaue (Ophavela) Murrapula (Ophavela) Meconta (Ophavela)
Manica	Chimoio Manica Gondola Machaze	Manica (ANDA – Key Populations) Gondola (ANDA – Key Populations)

**ECoSIDA has one award which is implemented in two provinces.*

1. PROJECT CYCLE AND RESULTS MANAGEMENT

a. Support Partner Close-out Activities

In the first half of FY2014, CAP Mozambique will support close-out activities for five to six Prevention partners whose grants are scheduled to end in FY2014. ADC, Ajulsid and N'weti's grants will end in October 2013; N'weti was selected to receive a Local Capacity Initiative (LCI) grant from USAID Mozambique, and it is hoped that this process will be concluded in time to allow for a smooth transition. CEDES and AMME's grants will conclude in December 2013. ANDA (MARPs) will conclude in March 2014, but ANDA will continue to be a CAP Mozambique partner, implementing an OVC project. CAP Mozambique will continue to explore opportunities to transition ANDA's Prevention work to ROADS to a Healthy Future (ROADS), a USAID-funded, FHI 360-managed project that will initiate work with key populations in Manica. Finally, though Ophavela's grant is currently scheduled to end in June 2014, CAP Mozambique may extend the grant pending partner performance.

b. Develop Workplans and Budgets for Extensions

With the extension of the CAP award through July 2016 and the availability of *Reclama* funds for Prevention, CAP Mozambique will be able to extend five Prevention grantees through FY2014. This will allow partners to continue their work and expand their contribution to referrals to health services (including HTC), gender-based violence services where available and inclusion of other services such as sexual and reproductive health, as appropriate.

In FY2013, CAP Mozambique provided TA to two of the five continuing Prevention partners in the development of a narrative describing project modifications, along with a workplan, budget and targets covering the remainder of each partner's grant with CAP Mozambique. In FY2014, CAP Mozambique will provide this TA to the remaining three Prevention partners. CAP Mozambique will continue to assign each of the three partners clear annual budget ceilings, to continue reinforcing learning about planning in a more resource constrained environment. Additionally, CAP Mozambique will continue to support these partners to analyze the previous year's results, evaluate community needs, design additional programmatic activities as required and feasible, and adjust M&E systems accordingly, as further detailed in Section 2 of this *Prevention Component*.

c. Support Partner Workplan Implementation and Reporting

CAP Mozambique will continue to routinely monitor partner implementation progress through regular field visits and quarterly, internal, partner-specific coordination meetings. CAP Mozambique will evaluate adherence to timelines, quality of data recording and uptake of skills – particularly quality of facilitation and data-based decision making, which were emphasized in FY2013. Additionally, CAP Mozambique will continue to provide TA to all Prevention partners to improve their capacity to effectively report programmatic and financial information.

d. Support Partner Human Resources Recruitment

CAP Mozambique will continue to provide technical support as needed to Prevention partners in developing and implementing transparent, competency-based recruitment processes for staff, consultants and facilitators that result in selection of the strongest candidates. In FY2014, CAP will support each Prevention partner to hire an additional staff

member to lead partner activities related to community consultation, mobilization and advocacy. These activities are further described below.

e. Perform Technical Assessments

In FY2014, CAP Mozambique will conduct technical assessments with CCM-S, ECoSIDA, Ophavela and potentially HOPEM to inform subsequent POAP and/or assessments for graduation. For a more detailed description of the technical assessment process, please refer to CAP Mozambique's SAR 7).

2. PROGRAMMATIC TECHNICAL ASSISTANCE

CAP Mozambique will continue to support all five Prevention partners in addressing individual technical needs identified through technical assessments and routine monitoring. The existing activities referenced in this Workplan are further detailed in CAP Mozambique's SARs 7 through 9. In addition, CAP Mozambique will provide select technical support to all Prevention partners as they expand and initiate new activities. This support is outlined below.

a. Support Continued Implementation of Existing Activities

CAP Mozambique will continue to routinely monitor and provide appropriate TA to support the quality of social mobilization, facilitator performance and analysis of data for programmatic decision-making. As Ophavela did not participate in the FY2013 facilitation skills training, in FY2014 CAP Mozambique will train Ophavela supervisors on facilitation skills and the use of supervisory forms, and provide appropriate follow-up TA. CAP Mozambique will also continue supporting:

- **Establishment and/or Strengthening of Linkages to the Formal Health Care System.** CAP Mozambique will continue to support and monitor referrals to HCT and voluntary medical male circumcision (VMMC) with all five Prevention partners and promote access to condoms with four Prevention partners. This support will build on Prevention partners' previous successful collaboration with DPS, CHASS-SMT, PSI and SCIP (detailed in SARs 8 and 9), which resulted in significant numbers of debate-session participants seeking HIV testing and counseling services from collaborating entities.
- **Incorporation of "Quebrando Barreiras" films into partner activities.** CAP Mozambique will continue monitoring partner use of the films (which are detailed in CAP Mozambique's SAR 7) for the first half of FY2014.
- **Improvement of partner capacity to reduce gender-based violence.** This is further detailed in the *Gender-Based Violence Prevention and Response Component* of this Workplan.

b. Support Partners to Integrate Additional Components into Existing Activities

CAP Mozambique will support all Prevention partners to incorporate additional components, such as SRH, GBV Indicator #4, VMMC, and/or the benefits of anti-retroviral therapy (ART), into debate-session content and social mobilization activities. The inclusion of additional components will depend on relevance for the organization's target groups, partner capacity to integrate new material, availability of services for referral and availability of existing communications materials appropriate for partner use. Specifically, CAP Mozambique will support:

- **Incorporation of new topics into existing session materials.** CAP Mozambique will support an analysis of available evidence regarding demand creation for SRH, VMMC, HTC, ART and GBV-related services. This analysis will be communicated to partners and inform subsequent revisions of session manuals as/if needed to address the aforementioned topics. If necessary and appropriate, partners will be supported to consult with community leaders and beneficiaries to inform the adaptation of materials to local reality.

- **Training for partner staff and supervisors on new content.** CAP Mozambique will provide appropriate TA, including monitoring of sessions, to ensure new content is being effectively incorporated and communicated.
- **Continued social mobilization TA.** This TA will be in support of both pre-existing HIV- and GBV-prevention programming, as well as the incorporation of new content.
- **Mobilization of and/or referrals to relevant service providers.** Building on positive experiences with HTC referrals, CAP Mozambique will support partners to explore the possibility of referring to additional services related to new topics.
- **SBCC training with all Prevention partners.** CAP Mozambique identified gaps in partners' knowledge of and ability to apply SBCC theories beyond their current projects. CAP Mozambique will conduct SBCC training with all Prevention partners to reinforce previous learning and ensure that SBCC theory is applied to the expansion of programmatic activities outlined above and below.

c. Support Partners to Expand Role in Supporting HIV Care and Treatment

In FY2013, many Prevention partners demonstrated their ability to effectively link HIV prevention discussion sessions with HTC. In FY2014, CAP Mozambique will support partners to explore expansion of their roles further along the continuum of care. This expansion will include partner participation in retention and community-based HIV care and treatment support activities, as well as GBV screening and referrals (GBV Indicator #2). Specifically, CAP Mozambique will support:

- **Abbreviated community consultation process with all Prevention partners.** CAP Mozambique will support partners to conduct an abbreviated community consultation process, consisting of discussions with key leaders and potential beneficiaries to define partners' expanded roles, solicit feedback and create acceptance.
- **Exchange and coordination among government and peer organizations.** CAP Mozambique will support as many as three Prevention partners, and potentially government counterparts, to visit other USAID-supported projects engaged in retention and community-based HIV care and treatment support activities. In particular, CAP Mozambique will support select partners to visit CHASS-SMT, CHASS-NIASSA, TB Care, PSI, Jhpiego and/or potentially other PEPFAR partners to better understand and replicate these organizations' work with retention and adherence, including the use of community case managers and community based, post-test follow-up. CAP Mozambique will support partners whenever possible to coordinate with these projects as the CAP partners initiate community based, treatment-support activities.
- **Improvement of Advocacy skills.** CAP Mozambique will contract with a local advocacy organization to provide TA to at least one Prevention partner in implementing advocacy activities identified via previous work with communities.

3. COLLABORATION

a. Foster Exchange between Peer Organizations

In addition to the activities described in sub-sections 3 a. and b. of the *Organizational Development Component* of this Workplan, CAP Mozambique will support exchange visits with other PEPFAR partners as outlined in 2c above. CAP Mozambique also hopes to

support ECoSIDA to visit the Namibian Business Coalition on HIV/AIDS (NABCOA) to learn more about NABCOA activities in the following areas: HTC, referrals and advocacy for increased private sector involvement in a comprehensive HIV/AIDS response.

V. OVC COMPONENT

A. TARGETS AND INDICATORS: OVC COMPONENT

OVC services are administered under two mechanisms: grant agreements and TA under CAP Mozambique’s core program, as well as job preparation and life skills provided to older OVC by the Programa para o Futuro (PPF) activity in Sofala Province (described in detail in Annexes 3 and 4). Specific targets for OVC activities for this workplan period are as follows:

- 5,320 receiving services
 - CAP Mozambique: 5,200
 - PPF: 120
- 555 community health para-social workers successfully completing a pre-service training program
 - CAP Mozambique: 495 *activistas* or care providers for OVCs
 - PPF: 60 CBO staff *activistas*
- 80 individuals trained in HIV-related institutional capacity building
 - CAP Mozambique: 80
 - PPF: 0 (institutional capacity building is not an emphasis of PPF)
- 390 individuals referred to health services by community-based organizations
- 520 referrals from community-based organizations known to be completed
- 20 clients provided Home Based Care (HBC) services;

B. SPECIFIC ACTIVITIES: OVC COMPONENT

In FY2014, CAP Mozambique will continue support for five OVC partners (see Table 3 below), all of whom have commenced service provision. These OVC partners exhibit somewhat varied levels of implementation capacity, which will be reflected in planned activities for FY2014.). The Government of Mozambique recently finalized its HIV Response Acceleration Plan. Table 3. also shows in which HIV Response Acceleration priority districts CAP Mozambique’s partners are working. The districts are printed in bold.

Up-and-Coming					
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Table 3. CAP Mozambique OVC partners working in HIV Response Acceleration priority districts

	Acceleration Plan Priority districts	CAP Partners’ focus districts
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	Acceleration Plan Priority districts	CAP Partners' focus districts
Maputo City	TBC	Maputo Cidade (HACI)
Maputo Province	TBC	Matola (ECoSIDA, HACI) Boane (HACI) Moamba (HACI) Namaacha (HACI) Chamanculo (HACI) Magude (HACI)
Zambezia	Quelimane Chinde Mocuba Milnage Nicoadala Morrumbala Lugela Gurue Ile Alto Molocue Gile	Lugela (LDC)
Nampula	All districts	Nampula City (Niiwanane) Ribaue (Ophavela) Murrupula (Ophavela) Meconta (Ophavela)
Manica	Chimoio Manica Gondola Machaze	Chimoio (HACI) Manica (OVC) Gondola (HACI) Machipanda (Kubatsirana) Catandica (Kubatsirana)

* HACI has one award which is implemented in two provinces.

1. PROJECT CYCLE AND RESULTS MANAGEMENT

a. Develop Annual Workplans and Budgets

CAP Mozambique will continue providing TA to all five OVC partners in the development of a final narrative describing project modifications, along with a workplan, budget and targets covering the remainder of each partner's grant with CAP. CAP Mozambique will also continue to assign OVC partners clear annual budget ceilings, to continue reinforcing learning about planning in a more resource constrained environment. Additionally, CAP Mozambique will continue to support these partners to analyze the previous year's results, evaluate community needs, design additional programmatic activities as required and feasible, and adjust M&E systems accordingly, as further detailed in the "Program Technical Assistance" section of this *OVC Component*.

Through regular support to workplan implementation, CAP Mozambique identified that HACI faces challenges with timeline adherence and timely deployment of human resources to manage programmatic support to its partners. In early FY2014, CAP Mozambique will provide HACI TA to develop a realistic six-month plan that includes:

- Sufficient monitoring visits to provide necessary TA to partners; and
- An analysis and appropriate allocation of human resources.

After these six months, CAP Mozambique will analyze HACI's capacity to continue providing support to six sub-grantees and three sub-partners.

b. Support Partner Work Plan Implementation and Reporting

CAP Mozambique will continue to routinely monitor partner implementation progress through regular field visits and quarterly, internal, partner-specific coordination meetings. CAP Mozambique will evaluate adherence to timelines, quality of data recording and uptake of key skills emphasized in FY2013. Additionally, CAP Mozambique will continue to provide TA to all OVC partners to improve their capacity to effectively report programmatic and financial information.

c. Support Partner Human Resources Recruitment

CAP Mozambique will continue to provide technical support to partners in developing and implementing transparent, competency-based recruitment process for staff, consultants and *activistas* that result in selection of the strongest candidates. As of this writing, CAP Mozambique anticipates supporting all OVC partners with recruitment of a staff member to oversee new programming related to household economic strengthening activities. In addition, CAP Mozambique will support select OVC partners to recruit facilitators to conduct health-focused discussion and debate sessions with target families and other community members aimed at creating demand for services.

d. Perform Technical Assessments

In FY2014, CAP Mozambique will conduct technical assessments with all five OVC partners. Additionally, CAP Mozambique will provide TA to HACI to finalize and apply technical assessment tools with HACI sub-partners and sub-grantees if HACI includes this

activity in their next AWP. (For a more detailed description of the technical assessment process, please refer to CAP Mozambique's SAR 7.)

2. PROGRAMMATIC TECHNICAL ASSISTANCE

Though all CAP Mozambique OVC partners have now commenced service provision, they demonstrate varied levels of implementation capacity. This variation is reflected in the planned support outlined below. ANDA, Niiwanane and LDC exhibit strong implementation capacity; Kubatsirana and HACI continue to experience challenges with implementation. Therefore, in FY2014, CAP Mozambique will focus mainly on consolidation of basic skills with HACI and Kubatsirana, while supporting the other three OVC partners to pursue new activities.

a. Support Continued Implementation of Existing Activities

In FY2014, CAP Mozambique will continue to routinely monitor and provide appropriate TA to improve all OVC partners' capacity to deliver the minimum package of OVC services within a family-based care approach. (Please refer to CAP Mozambique's SARs 7 through 9 for details of this support.) Specifically, CAP Mozambique will continue supporting:

- **Improved application of CSI, and design and implementation of individual care plans.** In FY2014, CAP Mozambique will continue supporting partners to apply the CSI, develop care plans, provide and refer to services. In addition, CAP Mozambique will support partners to review experiences with first CSI application and train supervisors and ultimately *activistas* for CSI reapplication.
- **Improved referral and reporting of family members to services.** CAP Mozambique OVC partners have been referring family members to services, including HIV Testing and Counseling (HTC), but these efforts have not been captured and formally reported. In FY2014, CAP Mozambique will support partners to improve M&E systems to report family member referrals.
- **Improvement of *activista* capacity to provide psycho-social support (PSS).** CAP Mozambique will support partners to replicate the PSS training conducted with supervisors in FY2013 with *activistas* in FY2014, and provide specialized, on-the-job TA for a period of six months following the *activista* trainings. (A more detailed description of the PSS training will be included in CAP Mozambique's SAR 9.)
- **Establishment, strengthening and/or use of referral networks to other service providers.** CAP Mozambique will continue providing TA to all direct implementing OVC partners to expand referral networks, use the FHI 360 referral forms to track completed referrals and adjust M&E systems accordingly. In particular, CAP Mozambique will continue to support partners encouraging HTC for all beneficiary family members. CAP Mozambique will encourage OVC partners to link with community-based HTC initiatives where possible, and assist all HIV-positive beneficiaries to access to HIV care and treatment pending disclosure of HIV status. HACI has developed its own referral form, which CAP Mozambique will support HACI to evaluate. CAP Mozambique will support partners to coordinate with USAID-funded service providers when feasible, particularly those providing clinical and community-based care and treatment services.
- **Initiation of advocacy-related activities.** Niiwanane and ANDA provided excellent examples of the power of advocacy in their success stories that will be included in the SAR 9. CAP Mozambique will build on these experiences and will support select

initiatives to advocate for improved quality of and access to health and/or social services.

b. Support Partners to Initiate New Activities

In FY 14, CAP Mozambique will support all OVC partners to initiate household economic strengthening (HES) activities. CAP Mozambique will contract an entity with expertise in HES to support partners in recruiting and potentially training a staff member to oversee HES programming and establishing and guiding voluntary savings and loan activities. CAP Mozambique will support partners to achieve meaningful participation of OVC beneficiaries in the savings and loan groups.

In addition, CAP Mozambique will support two to three OVC partners to pursue additional programmatic activities. Specifically, CAP Mozambique will support the following activities with these three partners:

- **Initiation of HIV prevention behavior change debate and discussion sessions with targeted families and potentially other community members.** The sessions will be based on the revised Prevention session curricula outlined in the *Prevention Component* of this Annual Workplan, as well as community needs. Partners will educate targeted families and their communities about critical health issues and ultimately drive demand for associated services. Session content may include the following topics: prevention of GBV and HIV (including biomedical interventions), sexual and reproductive health (SRH), the importance of HTC, and/or benefits of ART. Target groups will be segmented based on age and possibly other characteristics as appropriate. As with Prevention partners, OVC partners will engage community leaders to create a supportive environment for uptake of services.
- **Establishment, strengthening and use of referrals to additional services.** CAP Mozambique anticipates that the behavior change debate and discussion sessions will generate a demand for session-related services. Therefore, prior to initiating sessions, CAP Mozambique will support partners to map and establish links to session-related services as well as improve *activista* capacity to initiate these referrals, using the FHI 360 referral forms where appropriate and feasible. Again, emphasis will be placed on linking with HTC and HIV care and treatment services for adults and children pending disclosure of status. As with Prevention partners, CAP Mozambique will support OVC partners to create links wherever possible to USAID-supported service providers. During sessions, *activistas* will be presented as the contact person for referrals to these services.

3. COLLABORATION

In addition to the activities described in sub-sections 3 a. and b. of the *Organizational Development Component* of this Workplan, in FY2014 CAP Mozambique will support LDC to visit Niiwanane to learn more about referrals.

4. PROGRAMA PARA O FUTURO – MOZAMBIQUE (PPF - MZ)

In FY2013, the Programa Para O Futuro - Mozambique (PPF-MZ) implemented the scale-up phase of its project, completing a first learning cycle with 132 older OVC through two NGOs and initiating a second learning cycle that will continue into FY2014. Based on an analysis

of successes and challenges associated with FY2013 activities, PPF-MZ's FY2014 activities will focus on:

- Implementation of the second learning cycle;
- Continued capacity building of the two NGOs and CBOs;
- Creation of a program to support youth to find employment;
- Replication of the PPF methodology; and
- Adaptation of components of the methodology in vocational and technical training programs and secondary schools.

For a more detailed analysis of activities conducted in FY2013 and planned for FY2014, please see Annexes 3 and 4.

VI. CARE AND TREATMENT COMPONENT

A. TARGETS AND INDICATORS: CARE AND TREATMENT COMPONENT

- 225 community health and para-social workers who successfully completed a pre-service training program
- 3,150 individuals reached through USG-funded community health activities

B. SPECIFIC ACTIVITIES: CARE AND TREATMENT COMPONENT

1. PROJECT CYCLE AND RESULTS MANAGEMENT

a. Develop Workplans and Budgets

In FY2014, CAP Mozambique will support IBFAN to develop a narrative describing project modification, along with a workplan, budget and targets covering the remainder of IBFAN's grant with CAP. CAP Mozambique will also continue to assign IBFAN clear annual budget ceilings, to continue reinforcing learning about planning in a more resource-constrained environment. Additionally, CAP Mozambique will continue to support IBFAN to analyze the previous year's results, evaluate community needs, design additional programmatic activities as required and feasible, and adjust M&E systems accordingly, as further detailed in the "Program Technical Assistance" section of this *Care and Treatment Component*.

b. Support Partner Workplan Implementation and Reporting

CAP Mozambique will continue to routinely monitor IBFAN's implementation progress through regular field visits and quarterly, internal, partner-specific coordination meetings. CAP Mozambique will evaluate adherence to timelines, quality of data recording and uptake of skills—particularly quality of facilitation, and referral recording and reporting that were emphasized in FY2013. Additionally, CAP Mozambique will continue to provide TA to IBFAN to improve their capacity to effectively report results and financial information.

c. Support Partner Human Resources Recruitment

In the previous reporting period, CAP Mozambique identified that IBFAN needed to recruit another staff member to more effectively monitor its association activities and ensure quality service delivery. In FY2014, CAP Mozambique will provide TA to IBFAN to conduct a transparent, competency-based recruitment process for this additional staff member. If additional key personnel must be recruited, or if changes in tasks of existing personnel occur, CAP Mozambique will provide technical assistance as needed.

2. PROGRAMMATIC TECHNICAL ASSISTANCE

a. Support Continued Implementation of Existing Activities with IBFAN

In FY2014, CAP Mozambique will continue supporting IBFAN to:

- **Improve *activista* performance** via continued TA to the facilitation of discussion and support groups.
- **Better analyze data for decision-making.** In FY2013, CAP Mozambique provided TA to IBFAN to support the initiation and continued use of a database of services provided to beneficiaries. In FY2014, CAP Mozambique will continue to assist IBFAN to better analyze that data to monitor implementation and inform programmatic decision-making.
- **Refine infant and young child nutrition activities.** CAP Mozambique will provide TA, if needed, to assist IBFAN to incorporate learning from its planned exchange visit into programmatic activities.

b. Support Improved Recording and Reporting of Referrals with IBFAN

In FY2013, CAP Mozambique introduced the FHI 360 referral form to IBFAN and one member association (HOCOSIDA). In FY2014, CAP Mozambique will support IBFAN to introduce the referral form to its other member associations, and accurately record and report referrals.

c. Support Prevention Partners to Increase and Sustain Demand for HIV-Related Health Services

In FY2014, CAP Mozambique will support all five Prevention partners to increase and/or sustain demand for HTC, ART, VMMC, PMTCT and other health services. The final selection of topics will partly be based on availability of services. Specifically, CAP Mozambique will support all Prevention partners to:

- Incorporate messaging into discussion and debate session content designed to increase demand for relevant services;
- Coordinate and refer session participants to community-based HTC campaigns, building on previous successful collaboration with DPS, CHASS-SMT, PSI and SCIP;
- Explore expansion of Prevention partners' roles further along the continuum of care to more directly support community-based HIV care and treatment support activities, including retention and adherence.

For more detailed information about these activities, please refer to the *Prevention Component* of this Workplan.

d. Support OVC Partners to Increase and Sustain Demand for HIV-Related Health Services

In FY2014, CAP Mozambique will continue supporting all OVC partners to increase and sustain demand for HIV-related health services among beneficiary families. Specifically, CAP Mozambique will support OVC partners to:

- Encourage HTC for all family members;
- Refer family members to clinical and community-based HTC where possible;
- Improve M&E systems to better capture and report these referrals;
- Assist HIV positive beneficiaries to access, adhere to and sustain HIV care and treatment (pending disclosure of status).

In addition, CAP Mozambique will support two to three OVC partners to initiate HIV prevention debate and discussion sessions with targeted families and other community members. CAP Mozambique anticipates that these debate and discussion sessions will generate a demand for session-related services. Therefore, prior to initiating sessions, CAP Mozambique will support partners to map and establish links to session-related services as well as improve *activista* capacity to initiate these referrals, using the FHI 360 referral forms where appropriate and feasible. As with Prevention partners, CAP Mozambique will support OVC partners to create links wherever possible to USAID-supported service providers. During sessions, *activistas* will be presented as the contact person for referrals to these services.

For more detailed information about these activities, please refer to the *OVC Component* of this Workplan.

3. COLLABORATION

a. Foster Exchange between Peer Organizations

In addition to the activities described in sub-sections 3 a. and b. of the *Organizational Development Component* of this Workplan, CAP Mozambique will support IBFAN to participate in an exchange visit with MOZAIC, a Mozambican NGO conducting innovative work related to maternal and child nutrition.

VII. GENDER-BASED VIOLENCE PREVENTION AND RESPONSE COMPONENT

A. TARGETS AND INDICATORS: GBV COMPONENT

- 17,590 individuals reached by an individual, small group, or community-level intervention or service that explicitly addresses prevention of gender-based violence (GBV) and coercion (GBV Indicator 1);
- 7,700 individuals reached by an individual, small-group, or community level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS (GBV Indicator 4);

- 47 individuals trained in basic concepts of GBV, linkages between GBV and HIV transmission, GBV mitigation services, and laws governing GBV. .

B. SPECIFIC ACTIVITIES: GBV COMPONENT

1. STRENGTHENING ORGANIZATIONS THAT CONTRIBUTE TO ADDRESSING GBV

CAP Mozambique will continue to provide OD support, as described above, to CAP Mozambique Partners that are addressing GBV through prevention, response or mitigation activities. CAP Mozambique's approach of integrating OD and programmatic support enhances the sustainability of partner organizations and their work. Most partners have integrated or will be integrating GBV into their existing prevention/demand generation and OVC programs. CAP Mozambique partners will continue to engage community leaders, as this has been identified as a key factor for success. In addition, CAP Mozambique will continue supporting partners, as necessary, to create sexual-harassment and HIV-in-the-workplace PPs.

Finally, CAP Mozambique anticipates potentially providing organizational strengthening support to another GBVI partner, HOPEM, in partnership with PACTO, which will provide technical support to training and debate session manual development.

Programmatic Technical Assistance to prevent and respond to GBV

Prevention Partners

Three of the five CAP Mozambique Prevention partners currently include GBV indicator #1 in their programming. (For more detailed descriptions of this programming and indicator, please refer to CAP Mozambique's SARs 7 through 9.) ECoSIDA will partner with PACTO to adapt training and session materials and will initiate GBV-focused sessions in FY2014. In FY2014, CAP Mozambique will continue supporting all Prevention partners to engage community leaders in raising awareness about gender issues and to support proper use of the *Quebrando Barreiras* films. As part of the support to integrate new topics outlined above, CAP Mozambique will support the remaining two Prevention partners to incorporate GBV indicator #1 and all Prevention partners to include GBV indicator #4 (male engagement) into training and debate-session materials, and train facilitators accordingly.

CAP Mozambique will also explore building the capacity of one or two Prevention partners to initiate the screening and referral activities outlined in GBV indicator #2 (screening for GBV). This will depend greatly on the availability of viable services in the areas where partners work. CAP Mozambique will foster contact between its Prevention partners and other GBVI- supported, community-based initiatives to learn from and build upon implementation experiences.

OVC Partners

In FY2014, CAP Mozambique will introduce HIV-prevention discussion and debate sessions with targeted OVC families and communities. (This is further detailed in the *OVC Component* of this Workplan). CAP Mozambique will ensure that at least one of these sessions addresses GBV indicators. In addition, CAP Mozambique anticipates that this session will likely produce demand for related services. Therefore, CAP Mozambique will

support all OVC partners to: a) assess availability of existing services; and b) develop an appropriate GBV response protocol. CAP Mozambique will consider the methodology and experiences of Jhpiego's community-based GBV approach when providing this TA.

Care and Treatment Partners

In FY2014, CAP Mozambique will explore with IBFAN the possibility and propriety of incorporating GBV prevention and response into discussion sessions, and support IBFAN to develop a GBV response protocol.

2. COLLABORATION

In addition to collaboration with other USG-funded partners above, such as Jhpiego and PACTO, CAP Mozambique will seek opportunities to collaborate and mobilize resources internationally and regionally as well.

CAP Mozambique will continue to work closely with the Health Policy Project (HPP) to strengthen the capacity of CAP partners to integrate GBV into the prevention and OVC programming.

CAP Mozambique will also support one staff member to participate in the Sexual Violence Research Initiative Forum (SVRI) 2013. The purpose will be to identify approaches, tools, programs and other resources that may be appropriate for Mozambique. CAP Mozambique hopes to present at a future SVRI conference.

VIII. MONITORING AND EVALUATION COMPONENT

This section includes both support for partners in M&E as well as the work done to monitor and evaluate the progress of the project.

A. TARGETS AND INDICATORS: M&E COMPONENT

- Eight organizations receive TA to revise data collection tools and reporting structures to respond to new PEPFAR, USAID Health/Other and CAP indicators
- 16 individuals receive TA to revise data collection tools and reporting structures to respond to new PEPFAR, USAID Health/Other and CAP indicators

B. SPECIFIC ACTIVITIES: M&E COMPONENT

1. TRAINING AND TA IN PROJECT MONITORING AND EVALUATION

CAP Mozambique will provide ongoing M&E TA and training to its partners during project implementation. Issues requiring support will be identified at four different points: during CAP Mozambique monitoring visits, during program technical assessments, during semi-annual partner meetings, and during CAP's participatory organizational assessment process (POAP). As partners include additional activities (further described in the *Prevention and OVC Components* of this Workplan). CAP Mozambique will provide TA to a) educate partners about relevant PEPFAR and USAID indicators; and b) adjust M&E systems accordingly.

2. ROUTINE MONITORING OF PARTNER ACTIVITIES

In FY2014, CAP Mozambique will regularly monitor partner organizations. CAP Mozambique will also conduct annual data-verification visits with each partner, during which data- collection sheets for a specific period of time will be collected, analyzed and discussed with the partner to improve data collection.

On a regular basis, and most importantly at the conclusion of each year in the life of a partner grant award, CAP Mozambique will continue working with each partner to analyze their progress toward meeting annual project targets (and cumulative project targets), support them in adjusting strategies or targets where appropriate and support them in the adjustment of their M&E plans for subsequent phases of project implementation as appropriate.

3. COLLECT, ANALYZE AND REPORT ON PEPFAR AND CAPACITY BUILDING INTERVENTIONS

CAP Mozambique will collect and analyze data collected by partners on a quarterly basis, providing feedback through written and verbal comments on quarterly reports to partners. Issues that arise during the reporting process will be addressed through monitoring/TA visits to the field, including members of the Program Team.

Throughout FY2014, CAP Mozambique will collect and analyze information related to its capacity-building interventions to support programmatic decisions. This information will be captured on an ongoing basis through interviews with partners, pre- and post-tests of trainings, observations in the field, focus group discussions and other methods. CAP Mozambique will also continue to apply initial and follow-up capacity-building assessments in areas including, but not limited to, budget development, proposal development, report writing and financial systems. The information will be reported to USAID at the conclusion of the Workplan period in the Semi-Annual Report.

CAP Mozambique will analyze and disseminate mid-term evaluation results. While there were no recommendations that affect CAP Mozambique's structure or balance of activities, CAP Mozambique intends to improve communication with partners and promote greater independence.

4. CAP MOZAMBIQUE MID-TERM EVALUATION

The CAP Mozambique team will analyze the results of the mid-term evaluation and make programmatic adjustments accordingly. The Executive Summary will be translated and shared with CAP Mozambique partners and other stakeholders as appropriate.

5. FINAL PREVENTION EVALUATION SURVEY

In 2010, CAP Mozambique facilitated a baseline survey in five provinces to capture information on the perceptions, attitudes and behaviors of Mozambicans related to HIV and AIDS. The survey was built to measure key prevention outcome indicators included in the CAP Mozambique Performance Monitoring Plan (PMP). In FY2014, CAP Mozambique will conduct a follow-up evaluation in these five provinces.

CAP Mozambique understands that USAID will conduct a final project evaluation closer to CAP Mozambique's project end date. USAID has indicated that this evaluation would likely

be comprehensive, covering technical areas as well as organizational change, and focus on outcomes.

The evaluation proposed in this Workplan will compare results against the baseline and provide a basis for reporting change in on one element of CAP Mozambique's PMP, i.e. prevention indicators. Most CAP Mozambique Prevention partners will have ended their by December 2013. CAP Mozambique, therefore, has scheduled this end-line evaluation for the second quarter of FY2014, in order to capture the data shortly after partners have closed-out. CAP Mozambique included the management of this evaluation in its FY2014 budget.

IX. SUPPORT TO NON-PARTNER ORGANIZATIONS

In FY2014, CAP Mozambique will provide support to build the capacity of non-partner organizations, including sub-grantees of PPF, PCC and CHASS-SMT as well as potentially AMOG and HOPEM.

In FY2012 and FY2013, CAP Mozambique conducted GLM, PPs, *Associativismo* and ICS trainings with 16 PCC sub-grantees. In FY2014, CAP Mozambique will provide additional OD support to three to five of these PCC sub-grantees (two of which are also CHASS-SMT sub-grantees). The PCC/CHASS sub-grantees will be selected based on performance, demonstrated interest in organizational development and potential to graduate. CAP Mozambique will conduct POAPs with each of these organizations, determining further training and TA based on the outcome of each organization's POAP. CAP Mozambique expects that some or all of the PCC/CHASS sub-grantees will require MANGO financial management training. Thus, CAP Mozambique will likely conduct one or two MANGO trainings in FY2014 with these partners, potentially leveraging this activity to offer MANGO training to additional non-partner organizations.

In addition, CAP Mozambique will provide training and TA to PPF sub-grantee ASF as determined by its June 2013 POAP. This support, which includes TA to HR policies and procedures, and follow-up TA to previous ICS and MANGO trainings, is detailed in ASF's Integrated Capacity Building Plan in Annex 2.

USAID has asked CAP Mozambique to work with AMOG and HOPEM. At the time of this writing, it is not yet clear what technical assistance these organizational will require, though CAP Mozambique will likely initiate support with POAPs to determine further training and TA needs.

In addition, Program AGIR has requested that CAP Mozambique provide the MANGO I Training (*Taking the fear out of finance*) for their partners. CAP Mozambique would like to provide this support for myriad reasons, including that CAP Mozambique is the only organization in Mozambique trained to deliver MANGO in Portuguese; AGIR organizations are possible candidates for direct USAID funding; and the Mozambique CSO sector would benefit from a greater number of Mozambican organizations with sound financial practices. If USAID approves this activity, CAP Mozambique will invite AGIR partners to participate in MANGO training.

X. COORDINATION AND COLLABORATION WITH THE MOZAMBIKAN GOVERNMENT AND OTHER DONOR PROJECTS

Coordination and Collaboration with Government of Mozambique (GoM)

CSOs play a vital complementary role to Government of Mozambique (GoM) social services. Thus, it is important that CSOs communicate and coordinate with the GoM to increase overall effectiveness. To that end, CAP Mozambique aligns all partner activities with GoM priorities as outlined in the Third National Strategic Plan (PEN III), MMAS Minimum Standards and other policy documents. Furthermore, CAP Mozambique participates in thematic working groups such as CNCS Pre-Partners Forum and the Multi-Sectoral Support Group for Orphans and Vulnerable Children (NUMCOV). Finally, CAP Mozambique regularly invites provincial authorities and Ministry representatives to attend QPMs, a valuable forum for encouraging GoM and civil society to engage with one another in finding solutions to identified challenges. CAP Mozambique will continue all of these activities in FY2014.

In addition, in each technical area, CAP Mozambique will continue supporting its partners to create, strengthen and use specific linkages with the formal and health, education and other social services systems. These linkages are further described in each technical section above. CAP Mozambique expects that as partners increasingly refer beneficiaries to government services, they will assume a greater role in advocating with the government for improved access to and quality of those services. As requested and appropriate, CAP Mozambique will support partners to assume this role.

In FY2014, CAP Mozambique and our partners will continue to provide reporting information quarterly to Provincial Directorates for Health, Education and Women and Social Action (DPS, DPMAS and DPE, respectively,) governor's offices and Provincial AIDS Council (NPCS) in all five provinces in which CAP Mozambique is working; and the Bulletin in Sofala. In addition, when appropriate CAP Mozambique will invite to QPMs representatives of the Ministries of Women and Social Action (DPMAS), health (MISAU), education (MEC), USAID and HIV Coordination Councils (CNCS).

Coordination and Collaboration with Other Donor Projects

In FY2014, CAP Mozambique will continue coordination and collaboration with both USG- and non-USG supported projects. As appropriate and possible, CAP Mozambique will:

- Continue inviting representatives from other projects to QPMs and *intercambios* for valuable exchange of ideas and experiences;
- Continue supporting partners to link with other USAID-supported projects, particularly those providing health and social services for which CAP Mozambique partners are creating demand;
- Continue supporting CAP Mozambique partners to conduct exchange visits with other donor projects;
- Continue exploring opportunities for our partners to receive funding from other donors, and supporting partners to pursue those opportunities; and
- Continue participating in donor coordination activities.

XI. PROJECT MANAGEMENT

A number of external decisions made during FY2013 will affect project management going forward. In FY2013, USAID provided a no-cost extension for CAP Mozambique's award until July 2016, but also reduced the amount of funds available for CAP Mozambique on an annual basis. While a few adjustments were made in FY2013, the most significant adjustments resulting from the extension and funding reductions will take place in FY2014. The list below summarizes the major adjustments:

1. Reduction in number of grantees from 17 to 11 and, for some of the remaining grantees, reduction in scope and/or geographic coverage.
2. Reduction of staff from 47 to 26 (including PPF). Those staying are deemed critical to ensure support to continuing partners.
3. Closing of the Sofala and Zambezia offices. Consolidation of the Nampula office in combination with the FHI 360 TB care project.
4. Continued emphasis on technical assistance as opposed to training; reduction in number of partners meetings and exchange visits requiring travel.
5. An analysis is being conducted of vehicles; where possible, these will be assigned to other partners. If there are vehicles that cannot be used by partners or the project, CAP Mozambique will make a proposal for disposition to USAID.

The reductions and closings are being handled responsibly and sensitively, and CAP Mozambique is planning strategically to maintain its level of performance with a smaller but longer program. A restructuring retreat will be organized in the second quarter to consolidate the realigned roles and responsibilities and strengthen the team for the next phase of CAP Mozambique.

As part of the strategy to increase the role Mozambicans play in strengthening the capacity of other local organizations, CAP Mozambique plans to subcontract key aspects of the capacity building to local organizations. For example, as mentioned above, N'weti has demonstrated a very high capacity in SBCC and an interest in developing the capacity of other organizations in that area. Ophavela and *Associação Desenvolvimento de Manica* (ADEM) have demonstrated a capacity and interest to strengthen other local organizations in Household Economic Strengthening strategies, such as voluntary savings and loan groups. CAP will launch competitive processes to open the opportunity to these organizations and others to expand their role in strengthening the programmatic work of local organizations.

Finally, Marty Schmith, the Grants and Monitoring and Evaluation (M&E) Team Coordinator, will be returning to the US after nearly four years in Mozambique. She has effectively trained two local staff in these more complex aspects of managing a grants program (sub-award management and monitoring and evaluation). Atanasio Mabote, Grants Specialist, will be managed directly by the Chief of Party, and Esperanca Colua, M&E Specialist will be managed by the Deputy Chief of Party. Ms. Schmith will continue to support the project part time from the US to support these key staff people with the more complex grants and M&E issues (e.g., adapting to new indicators).