

# CAP Mozambique

## Strengthening Leading Mozambican NGOs and Networks II

Semi-Annual Report No.10

October 1, 2013 – March 31, 2014

Submitted April 30, 2014

Associate Award No. 656-A-00-09-00164-00  
Leader Award No. HFP-A-00-03-00020-00  
FHI 360 Reference No. 3253-17

**CAPABLE**  
PARTNERS PROGRAM  
Mozambique



## TABLE OF CONTENTS

List of Annexes .....	iii
Acronyms & Abbreviations .....	v
I. Project Overview .....	1
A. Project Duration .....	1
B. Starting Date.....	1
C. Life of Project Funding .....	1
D. Geographic Focus .....	1
E. Program/Project Objectives.....	1
II. Executive Summary .....	2
III. Grant Activity .....	3
A. Key Achievements: Grants Component.....	3
B. Specific Activities: Grants Component.....	3
1. Grant Modifications .....	4
2. Grant Closeout .....	4
3. Graduation.....	4
4. Training and Technical Assistance in Subgrant Management.....	5
IV. Organizational Development (OD).....	5
A. Key Achievements: OD Component .....	5
B. Specific Activities: OD Component.....	5
1. Participatory Organizational Assessment (POAP) .....	6
2. Training and Technical Assistance in Organizational Development.....	6
3. Promoting Sound Financial Management.....	11
4. Collaboration: Fostering Exchanges between Peer Organizations .....	13
V. Prevention .....	15
A. Key Achievements: Prevention Component.....	15
B. Specific Activities: HIV Prevention and Demand Creation for Health Services .....	15
1. Project Cycle and Results Management .....	15
2. Programmatic TA: Supporting Continued Implementation of Existing Activities .....	18
3. Collaboration.....	22
VI. Orphans and Vulnerable Children (OVC) .....	22
A. Key Achievements: OVC Component.....	22
B. Specific Activities: OVC Component.....	23
1. Project Cycle and Results Management .....	23

2.	Programmatic Technical Assistance .....	26
3.	Collaboration: Fostering Exchange among Peer Organizations .....	29
4.	Programa Para o Futuro – Mozambique (PPF-MZ) .....	30
VII.	Care and Treatment .....	34
A.	Key Achievements: Care and Treatment Component .....	34
B.	Specific Activities: Care and Treatment (C&T) Component .....	35
1.	Project Cycle and Results Management .....	35
2.	Programmatic Technical Assistance .....	36
3.	Collaboration: Fostering Exchange between Peer Organizations.....	38
VIII.	Gender-Based Violence (GBV) Prevention and Response.....	38
A.	Key achievements: GBV Component.....	38
B.	Specific Activities: GBV Component.....	38
1.	Strengthening Organizations that Contribute to Addressing GBV .....	38
2.	Providing Programmatic Technical Assistance to Prevent and Respond to GBV.....	39
IX.	Monitoring and Evaluation (M&E) .....	40
A.	Key Achievements: M&E Component .....	40
B.	Specific Activities: M&E Component .....	41
1.	Technical Assistance to Partners in M&E .....	41
2.	Prevention Endline Survey .....	44
X.	Support to Non-Partner Organizations.....	44
XI.	Coordination with Mozambican Government .....	44
XII.	Project Performance Indicators .....	45
A.	PEPFAR Targets and Other Key Indicators .....	45
1.	Prevention .....	46
2.	Orphans and Vulnerable Children .....	49
3.	Home-based Care (HBC).....	49
4.	Food and Nutrition.....	50
5.	Human Resources for Health .....	50
6.	Other Health Indicators.....	50
7.	Capacity Building .....	51
8.	Graduation.....	52
B.	Qualitative Results .....	52
1.	Success Story .....	53
XIII.	Major Implementation Issues.....	55

XIV. Collaboration with other Donor Projects .....	55
XV. Evaluation/Assessment Update.....	56
XVI. Upcoming Plans.....	57
XVII. Financial Information .....	58

## List of Annexes

1. Grant Agreement Status Chart
2. Partner Profiles
3. Graduation Report
4. Partners Integrated Capacity Building Plans
  - 4a. ANDA
  - 4b. CCM-Sofala
  - 4c. HACI
  - 4d. IBFAN
  - 4e. Kubatsirana
  - 4f. KUKUMBI
  - 4g. LDC
  - 4h. NAFEZA
  - 4i. Niwanane
  - 4j. Ophavela
5. OD Clients Integrated Capacity Building Plans
  - 5a. Acideco
  - 5b. Centro Aberto de Barue
  - 5c. HOPEM
  - 5d. Kugarissica
  - 5e. Rubatano
  - 5f. Shinguirirai
6. International Breast Feeding Action Network (IBFAN) Transition Plan
7. Leadership and Mentoring Initiative (LMI)– Description of Mentor and Client Roles and Responsibilities
  - 7a. LMI (English)
  - 7b. LMI (Portuguese)
8. Network Workshop Agenda
9. Tools for Network Workshop
10. Expression of Interest for Resource Mobilization Assistance
11. Overview of Status CAP Mozambique Partner Strategic Plans
12. Spot Check Guide
13. General Assembly Support Package
14. Semi- Annual Partners Meeting Agenda

15. Letter of Appreciation CAP Mozambique Support Associação Moçambicana de Mulher e Educação (AMME)
16. Technical Assessment Results - Ophavela
17. Report on Abbreviated Community Consultation CCM- Sofala
18. Data Verification Report - Niiwanane
19. Technical Assessment Results - Niiwanane
20. Technical Assessment Results - Direitos das Crianças Liga (LDC)
21. Health for Africa's Children Initiative (HACI) Technical Assessment Tool
22. Sample Integrated Capacity Building Plan for Sub-Partners (HACI)
23. Overview of Regional Psychosocial Support Initiative (REPSSI) Accredited Trainers (TOT)
24. Memorandum of Understanding with Clinical HIV/AIDS Services Strengthening (CHASS) and Programa Cuidade Comunitario (PCC)
25. CAP Mozambique January –March 2014 Financial Information
26. CAP Mozambique January –March 2014 GBV Financial Information

## Acronyms & Abbreviations

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
AMOG	Associação Moçambicana de Obstetras e Ginecologistas
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
CESC	Center for Civil Society Learning and Capacity Building
CHASS-SMT	Clinical HIV/AIDS Services Strengthening in Sofala, Manica and Tete
CMA	Comunidade Moçambicana de Ajuda
CNCS	National AIDS Council
CSI	Child Status Index
CSO	Civil Society Organizations
CTA	Confederation of Trade Associations
DPMAS	Provincial Directorate of Women and Social Action
ECoSIDA	Associação dos Empresários contra o HIV e SIDA, Tuberculose e Malária
FBO	Faith-Based Organization
FC	Fiscal Council
FDC	Federation for Community Development
GAAC	Grupo de Adhesao e Apoio Comunitario (Community Adherence and Support Group)
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
HPP	Health Policy Project
HTC	HIV testing and counseling
IBFAN	International Breast Feeding Action Network
ICS	Internal Control Systems
ILO	International Labor Organization
Kukumbi	Organização de Desenvolvimento Rural
LDC	Direitos das Crianças Liga
MARP	Most-At-Risk Population
MASC	Mecanismo de Apoio a Sociedade Civil

MoH	Ministry of Health
M&E	Monitoring and Evaluation
MMAS	<i>Ministério de Mulher e Acção Social</i> (Ministry of Women and Social Action)
NAFEZA	Núcleo das Associações Femininas de Zambézia
NGO	Non-Governmental Organization
NPCS	Provincial AIDS Council
NUMCOV	<i>Nucleo Multi-Sectoral para Crianças e Ofãos Vulneraveis</i> (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	<i>Plano Estratégico Nacional</i> (National Strategic Plan)
PEPFAR	President's Emergency Plan for AIDS Relief
PLWHA	People Living with HIV/AIDS
POAP	Participatory Organizational Assessment Process
PPs	Policies and Procedures
PPF	Programa Para o Futuro
PMP	Performance Management Plan
QPM	Quarterly Partners Meeting
ROADS	ROADS to a Healthy Future
Rede CAME	Network Against Abuse of Minors
RFA	Request for Applications
RNCD	<i>Rede Nacional Contra Drogas</i> (National Network Against Drugs)
SAR	Semi-Annual Report
SBCC	Social and Behavior Change Communication
SCIP	Strengthening Communities through Integrated Programming project
SDEJT	<i>Servico Distrital Educacao, Joventude e Tecnologia</i> District level representation of educational ministry
SDSMAS	District level representation of women and social welfare ministry
TA	Technical Assistance
USAID	United States Agency for International Development
VS&L	Village Savings and Loan
VSO	Volunteer Service Organization International

## **I. Project Overview**

### **A. PROJECT DURATION**

Seven years

### **B. STARTING DATE**

July 27, 2009

### **C. LIFE OF PROJECT FUNDING**

USD 55 million

### **D. GEOGRAPHIC FOCUS**

CAP Mozambique supports programmatic activities in the Sofala, Maputo, Manica, Nampula and Zambezia provinces of Mozambique.

### **E. PROGRAM/PROJECT OBJECTIVES**

The Strengthening Leading Mozambican NGOs and Networks II project pursues the following objectives:

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.

## II. Executive Summary

CAP Mozambique is seeing the fruits of years of technical assistance (TA) and support for local organizations. Partners are demonstrating their capacity to deliver results and resiliency in adapting to changing priorities. We are also witnessing improved accountability as revitalized Boards of Directors demonstrate increased responsibility for performance and compliance.

During this reporting period, CAP Mozambique partners:

- Reached 22,303 individuals with individual and/or small group level preventive interventions that are based on evidence, and
- Provided services to 5,912 OVC.

Our partners have integrated into their activities the programmatic adjustments we introduced in the prior reporting period. After initial hesitation and apprehension, Prevention partners now clearly understand the benefits of linking debate sessions with HIV testing and counseling (HTC) and are confident in their ability to significantly improve uptake. They are expanding their role to include other service areas that contribute to the HIV continuum of care, including tracing HIV care and treatment defaulters and gender-based violence (GBV) screening. Orphans and vulnerable children (OVC) partners have improved their ability to assess the needs of individual OVC and caregivers and respond, both by providing and referring to multiple services. IBFAN, our only care and treatment partner, is beginning to collect evidence of the effective referral systems it has established.

We continued to support partners to strengthen their referral networks. As a result, partners:

- Mobilized 7705 session participants, workers and community members for HTC, of whom 59% were tested and received results either by DPS, CAP Mozambique or USAID supported partners;
- Provided 21,505 services to 5,912 OVC. This represents a substantial increase from the 8,000 services provided last reporting period, indicating that partners are providing an average of 3.6 different services to each OVC as is MMAS' intention; and
- Referred 848 OVC to services, including 262 (30%) to health care services, and collected evidence that 543 (64 %) services were completed. As a result of critical TA provided by CAP Mozambique, referrals doubled and completion of referrals tripled compared to the prior reporting period.

CAP Mozambique and our partners prepared the groundwork for additional and complementary activities, including household economic strengthening, HIV care and treatment defaulters tracing and retention, demand creation for sexual reproductive health, and screening for GBV.

When partners notice a common problem among beneficiaries, they advocate for solutions and are having success. For example, ANDA successfully engaged the District-level Education Department (SDEJT) to advocate for free access to secondary school for 15 adolescents, *cesta basicas* (basic baskets) for five families, and seeds and access to communal gardens for 20 OVC caregivers. In addition, LDC advocated for additional teachers, resulting in SDEJT seconding teachers to LDC-established and -managed kindergartens. The more frequent contact with social

services is both increasing partners' exposure to the system and expanding the channels through which they can advocate effectively.

In the area of institutional development, several partners operationalized elements of organizational accountability over the last year. We provided TA in organizing bona fide General Assemblies and transparent elections of Board members; we helped Boards, Fiscal Councils and Executive Directors (EDs) understand each stakeholder's roles and responsibilities; we trained these three governance and leadership bodies in the principles of NGO financial management and supported their developing relevant policies and procedures, and operationalizing them. As a result:

- Three partners have organized successful General Assemblies this period and elected more qualified Board members;
- Eight partner organizations improved policies and procedures;
- Four Fiscal Councils have, for the first time ever, identified compliance issues through internal reviews and addressed them; and
- Partners demonstrated that they understand that selecting the strongest candidate through transparent recruitment processes is critical to the quality of their program and sustainability of their organization.

These are just a few examples of how Mozambican organizations are increasing the quality and quantity of their contributions to the health system, particularly the fight against HIV/AIDS and GBV. They are competent and credible partners, increasingly recognized by the health authorities and others as valuable resources.

### **III. Grant Activity**

#### **A. KEY ACHIEVEMENTS: GRANTS COMPONENT**

In the current reporting period, CAP Mozambique:

- Executed six grant modifications to increase periods of performance and budgets to expand project activities;
- Completed planning processes for grant extensions for an additional three organizations;
- Successfully closed-out grants with seven Partners; and
- Conducted graduation assessments for Niiwanane and NAFEZA and decided not to recommend them at this time.

#### **B. SPECIFIC ACTIVITIES: GRANTS COMPONENT**

The majority of grant activity during this period focused on two areas: 1) extending partners that will continue thanks to USAID extending the CAP Mozambique award to 2016, and 2) completing close-out for the last of the grantees whose grants ended because of changing PEPFAR funding priorities. The status of grants is included in Annex 1 and profiles of each Partner are included in Annex 2.

## 1. Grant Modifications

To extend the life of the grants awarded to CAP Mozambique's current grantees, multiple planning processes were initiated. KUKUMBI and NAFEZA were extended through April 30, 2015 and December 31, 2014, respectively, to continue with activities in Zambezia province. Niiwanane's grant was extended through April 30, 2016 to provide care to OVC, their families and communities in Nampula province. AMODEFA/IBFAN's grant was extended through May 2014 to provide more time to conduct a comprehensive planning process that will result in an extension through April 2016. ANDA was extended through February 2015 to continue working with key populations in Manica district, and OPHAVELA was extended through June 2014. We will evaluate OPHAVELA's performance in April to determine whether its grant will be extended further. In addition, all grantee agreements were modified to include USAID's recently released Mandatory Standard Provisions.

Additional planning processes took place in this reporting period, though the grant modifications have yet to be finalized. ANDA (OVC grant), CCM Sofala and LDC all prepared grant-extension materials that were sent to USAID for approval in the current reporting period. Pending USAID approval, ANDA and LDC will be extended through April 2016 and CCM Sofala will implement activities through May 2015. Further details on the extensions are included in this report's technical sections on Prevention, OVC, and Care and Treatment.

## 2. Grant Closeout

In this reporting period, CAP Mozambique terminated seven partners—N'weti, ADC, AJULSID, CEDES, ECOSIDA, AMME and ANEMO—following a shift in funding priorities. One additional organization, ANEMO, completed its award September 30, 2014, with close-out activities extending into the current reporting period. CAP Mozambique provided close-out technical assistance (TA) to these Partners regarding compliance with contractual deliverables (Final Financial Report, Final Narrative Report, Disposition Plan and Inventory List). All seven completed their programmatic deliverables; however, a few outstanding financial deliverables remain to fully close all of these awards.

## 3. Graduation

Between November and February 2014, CAP Mozambique facilitated its third graduation process to determine whether NAFEZA and Niiwanane would move from the *Up-and-Coming* to *Advanced*, that is, recommended for direct USAID funding. In November and December, we conducted a desk study and site visits to each organization to evaluate its situation against pre-determined graduation criteria. In February we reviewed the data and determined that neither organization is ready to be graduated at this time. Niiwanane has made great strides since it began working with us, yet the organization remains fragile. NAFEZA is very close to graduating, but needs to expand its financial team and make key improvements in its financial system. (See Annex 3 for the graduation report. Refer to SAR 7 for a detailed description of the graduation process and criteria.)

#### 4. Training and Technical Assistance in Subgrant Management

CAP Mozambique provides ongoing support to HACI in subgrant management. In the previous reporting period, HACI submitted the majority of its Grant Manual chapters for our review and comment. In the current period, the organization completed the final chapter on Close-Out and revised the other chapters based on our comments. We are currently reviewing the final draft of the full Grant Manual.

In addition, as HACI prepared to extend the subawards for its grantees, we provided assistance by analyzing the financial status of the awards, using a financial tracker to review pipelines for subgrantees, preparing budget modifications and obligation increases. We also provided assistance to HACI in improving its management of fund advances to subgrantees.

### IV. Organizational Development (OD)

#### A. KEY ACHIEVEMENTS: OD COMPONENT

In the current reporting period

- The Boards of organizations demonstrated increased responsibility for organizational performance and compliance;
- Eight Partner organizations made changes based on TA on policies and procedures;
- Twelve organizations participated in a session on mobilizing resources from the private sector;
- Leadership and Mentoring Initiative (LMI) pilot was launched; to start, five Executive Directors are working with experienced and enthusiastic mentors;
- Six organizations conducted more effective General Assemblies as a result of our TA;
- For the first time, six organizations elected Board members based on qualifications agreed upon by the membership; and
- NAFEZA clarified roles and expectations of its members and the network's Executive Director based on our TA.

#### B. SPECIFIC ACTIVITIES: OD COMPONENT

*As Partners' relationships with CAP Mozambique have matured, we have adjusted our TA accordingly. Details of our OD, program and management support are included on a partner-by-partner basis in the Integrated Capacity Building Plans (ICRBs) included in Annexes 4 and 5. These plans cover a 12-18 month period.*

*In addition, CAP Mozambique provided OD support to nine OD clients. These organizations included subgrantees of other FHI 360 projects (PPF, CHASS-SMT, and PCC) selected through a competitive process, former CAP partners, as well as HOPEM and AMOG. They are referred to as **OD clients** to emphasize the type of support we provide. OD clients do not receive grants from us or TA in managing a USAID-funded project. We describe below is our OD work with these clients. The Support to Non-Partners section provides further details the selection process and the collaboration with the PCC and CHASS SMT projects.*

## 1. Participatory Organizational Assessment (POAP)

During this reporting period, we facilitated a follow-up POAP with Niiwanane, a partner that has demonstrated growth in almost all areas since its last POAP in May 2012. Of particular note: new Board members are quite engaged and holding regular meetings; the Board demonstrated increased awareness of its role, ensuring the integrity of the organization by carefully reviewing draft policies and procedures; and Niiwanane continues to actively consult with beneficiaries to ensure quality services. Niiwanane received funding from the Provincial Nucleo for the fight against AIDS, and a health unit in its area asked Niiwanane to do *busca activa* (that is, tracing of HIV treatment defaulters). Niiwanane has diversified its program implementation portfolio to include OVC work, in addition to prevention. Its priority for the next period is to reflect on its identity and strategic plan.

In addition, the team facilitated baseline POAPs with seven new organizations selected to become OD clients: HOPEM, Kugarissica, ACIDECO, CA Barue, Shinguirirai and Rubatano. The team also started the process with AMOG and will complete it in early April.

Our OD clients were highly engaged in the POAP discussions and eager for TA to continue. Based on the priorities identified in each POAP, we work with partners to develop a tailored capacity building plan. (See Annex 5 for OD clients' ICBPs.)

HOPEM has a strong and functioning Board, a strategic plan, a diverse donor base, formal agreements with collaborators and competent staff. Its challenges are to improve its financial management systems and reexamine its staffing structure (its overdependence on one or two key people is risky).

Follow-up POAPs are typically conducted after approximately 18 months, and changes in an organization's performance are tracked and analyzed in time for the October SAR. As mentioned, the POAP has proven to be a powerful tool for promoting organizational change. *Section XII. Project Performance Indicators* provides a case study featuring a POAP that, based on interviews with partners and staff, identifies key ingredients to the POAP's success.

### The Participatory Organizational Assessment (POAP)

The POAP process compresses multiple steps—data collection, analysis and decision-making—into one activity.

The POAP provides tools to facilitate a self-assessment of an organization's systems, assets and activities. During the assessment, the participants assign numerical ratings to the organization's current status or performance in key organizational development (OD) domains examined using the IDF matrix. The POAP yields both an organizational profile and a calculation sheet that presents a baseline from which to track the future evolution of the organization along a development continuum.

## 2. Training and Technical Assistance in Organizational Development

### a. *Support Core Elements of Organizational Function: Governance, Leadership and Management (GLM)*

In the prior reporting period, CAP Mozambique formalized a TA package to support partners in organizing meaningful General Assemblies. During this period, three partners—Kukumbi, NAFEZA and IBFAN—organized successful General Assemblies using the structure and

guidance we provided. For most of these partners, and others receiving TA previously, thoughtful advance preparation and active inclusion of members resulted in higher participation and more meaningful debate on strategic decisions. For example,

- Insistence that Kukumbi follow its own statutes ensured the integrity of the election process and maintained people with divergent opinions in positions of authority.
- NAFEZA began to insist that only those members who have paid quotas (membership dues) can vote in its General Assembly.

As a result of our TA, partners' newly elected Board members are better prepared for their roles. Since TA on GLM started in 2012, our team has noted an increased level of engagement and leadership. Below are some illustrative examples of steps these Boards are taking that are, for them, unprecedented:

- IBFAN's Board decided to separate from AMODEFA and become an independent organization. (*See Annex 6 for the transition plan.*)
- HACI's Board assumed responsibility for addressing the concerns we raised regarding some aspects of project implementation.
- Kukumbi's Board decided to expand its membership so there will be a more diverse pool of people who may be elected to the social organs.
- Niiwanane's Board carefully reviewed draft organizational policies and procedures and commented on them.
- Four Fiscal Councils reviewed and commented on reports submitted by the Executive Director and Board.
- Boards of two partners—LCD and Niiwanane—reviewed and updated statutes and legal documents so they are correct and consistent with reality.

CAP Mozambique targets TA to each element of the GLM system: Executive Directors (described below), Fiscal Councils and Boards of Directors. (*See descriptions in section IV. Organizational Development.*)

#### **b. Leadership and Mentoring Initiative (LMI)**

Although Executive Directors do not serve on their organization's Board; they play a vital role in leading and managing the organization and ensuring its success. This complex role requires management skills, diplomacy, and presentation and strategic thinking abilities. Executive Directors experience a great deal of pressure and, in Mozambique, very little support. To address this gap and further support organizational sustainability, we developed a pilot program, the Leadership and Mentoring Initiative (LMI). During this reporting period, we gathered input from Executive Directors, potential mentors and managers of other mentoring programs, then collaborated with the Health Policy Project (HPP) to design the initiative. On March 31, we began the LMI with HPP conducting an orientation for mentors and a self-assessment for mentees. Immediately following this orientation, HPP will lead a one-and-a-half day workshop on providing feedback and delegating responsibilities, two key challenges identified by the clients. The pilot will continue for six months during which mentors and mentees are expected to meet a minimum of once a month. Mentors come from a diverse cross section of NGOs. The five mentees were paired with representatives from World Vision, Community Education and Participation, EGPAF, Magariro and Wona Sanana. Peer-to-peer learning is innovative in

Mozambique and has been very well received by mentors and mentees alike. (See Annex 7 for a description of the LMI and the mentoring guide.)

### **c. *Network Support***

The governance of a network is more complex and delicate to manage than that of an NGO. In response to NAFEZA's request, our team continues to provide TA in this area. As a follow-up to a workshop on the role of a network, we facilitated a two-day workshop to help NAFEZA members clarify what the network can do and the roles of its members versus that of the Executive Director. We developed some new tools for this workshop that were well received by the participants. (See Annex 8 for the Agenda and Annex 9 for workshop handouts featuring tools.)

### **d. *Internal Control Systems (ICS)***

During this reporting period, CAP Mozambique provided follow-up TA to nine partners based on the action plans emanating from trainings and the results of financial health checks and audits. Partners are learning to use tools to operationalize policies and procedures that reduce their risks and allow them to prevent potential problems or identify them early. For example,

- Four partners now have individual files for each worker, and separate files for finance, human resources, and the Board. Previously, they were in unsorted piles on various staff desks;
- Four partners have new systems to conduct regular, physical counts of petty cash and maintain their inventories;
- Three partners now have logs to improve control of vehicle and monitoring of fuel consumption;
- Two partners prepare monthly financial reports for all projects to allow for improved budget control. Previously, this was only done for CAP Mozambique projects. It is worth noting that this is done even though donors do not require such monitoring.
- Two partners have improved the segregation of tasks for procurement and now make purchases only after a requisition has been signed, whereas before the requisition was completed after the fact; and
- One, LDC is adjusting upward the number of signatories on its bank accounts to reduce risk.

Kubatsirana is one of the organizations that demonstrated improvement in several internal-control areas. Unfortunately, the organization recently lost its finance person. This, combined with the current leadership transition and the fact that the organization is understaffed, creates a risky situation. CAP Mozambique is helping Kubatsirana navigate these challenges and reestablish systems.

In addition to supporting staff to establish internal control systems, CAP Mozambique is teaching Fiscal Councils of Boards of Directors to review these systems. This activity is further described below.

### **e. *Policies and Procedures (PPs) Manual***

During this reporting period, CAP Mozambique provided PP-related TA to ten partners. Table 1 summarizes the TA provided and response of partners to date. Previously, we focused PP support

largely on the development and dissemination of HR policies, including a performance evaluation system. This support continues, and five partners have completed HR policies that have been approved by their Boards or are pending approval. CAP Mozambique also provided specialized support to four partners on salary policies and procedures and time reporting/allocation, two areas that have proved especially challenging for partners. In addition, we provided support on the development and dissemination of administration and finance PPs to five partners. For those partners recommended for graduation or considered close to recommendation, this support includes TA on matters specific to USAID compliance, which is described in the *Specialized Financial Management for Graduating Partners* paragraph below.

**Table 1. TA Provided to Date on Policies and Procedures**

<b>Key</b>	
	TA provided prior to this reporting period
xxxxxxxxxx	TA provided in this reporting period
xxxxxxxxxx	TA process complete

\*HR policies also include the following: code of ethics, conflict of interest policy, and sexual harassment policy

\*\*USAID compliant policies includes: accounting software, chart of accounts, policy on disallowed costs, and policy on cost allocation.

	Basic HR Policies*	Performance Review System	Salary Policy and Scale	Time Reporting	Admin/ Finance Policies	USAID Compliant PP**
ECOSIDA						
HACI						
ANDA			xxxxxxxx	xxxxxxxx	xxxxxxxx	xxxxxxxx
Ophavela			xxxxxxxx	xxxxxxxx		xxxxxxxx
Kukumbi			xxxxxxxx	xxxxxxxx		
Kubatsirana	xxxxxxxx	xxxxxxxx		xxxxxxxx		
LDC	xxxxxxxx	xxxxxxxx		xxxxxxxx		
Niiwanane		xxxxxxxx		xxxxxxxx		
IBFAN						
NAFEZA						xxxxxxxx
CCM - Sofala						

HACI has been slow to make recommended adjustments, but assures us this will be done in the next reporting period. The processes for Kubatsirana and LDC were stalled because of leadership- transition issues discussed in the OVC section of the report. IBFAN received TA before, but decided to stay under the umbrella of AMODEFA, which served as a fiscal agent. IBFAN, since deciding to become independent, is just starting to revisit these recommendations. CCM Sofala's policies are determined at the national level, so CCM Sofala has limited flexibility to adjust policies. However, HQ has authorized CCM Sofala to propose revisions, based on CAP Mozambique TA, for consideration by the National Assembly.

In some cases, additional specialized TA is provided, for example, to address the irregularities in ANDA's payroll system discussed in the previous report. During this reporting period, CAP Mozambique sought and got agreement from donors to accept that salary payments be made from a centralized bank account provided that we furnish the necessary TA to ensure accuracy. As a result, each ANDA staff person has only one employment contract (even if his or her salary is paid by multiple donors) and receives one pay stub with the correct amount of taxes withheld. In addition, ANDA now has a centralized account for salaries to facilitate this new system.

We also provided TA on HR policies and performance-review systems to five eager OD clients. TA for the remaining OD clients will take place in the next reporting period, to be followed by support for updating their admin/finance policies and procedures. Table 2 summarizes the status of TA for these recently selected OD clients.

**Table 2. Status of TA for Recently Selected OD Clients**

*\*HR policies also include the following: code of ethics, conflict of interest policy, and sexual harassment policy*

*\*\*USAID compliant policies includes: accounting software, chart of accounts, policy on disallowed costs, and policy on cost allocation.*

	Basic HR Policies*	Performance Review System	Salary Policy and Scale	Time Reporting	Update Admin/ Finance Policies	USAID Compliant Policies and Procedures **
1. ASF			FY 2015 for those that are ready		Next reporting period	FY 2015 for those that are ready
2. HOPEM						
3. AMOG						
4. Kugarissica						
5. Rubatano						
6. CA Barue						
7. Shinguirirai						
8. Assideco						
9. CONFHIC						

#### **f. Resource Mobilization**

At the January semi-annual Partners meeting, nine current and three former Partners participated in a session focused on mobilizing resources with the private sector. This continues the series initiated in FY 2013 on resource mobilization. CAP Mozambique invited *Fundacao de Desenvolvimento Comunitario* (FDC) to lead the morning sessions, as FDC is making important inroads with the private sector in Mozambique and is developing a strong model for diversifying funding sources. Partners received assignments to research and prepare a “pitch” to a relevant private-sector company. They will have the opportunity to practice their pitches and receive feedback at the July Partners meeting.

We also plan to provide intensive TA to up to five Partners in developing and launching resource- mobilization plans. To ensure a fair selection process, we requested that all interested Partners submit a written statement of interest. The criteria for selection include existence of a strategic plan, efforts made to diversify funding and seek new resources, and applying lessons learned from sessions on resource mobilization over the past year. We are exploring with Volunteer Service Organization (VSO) International the possibility of identifying a volunteer who can provide the level of intensive support necessary to be effective in this endeavor. (*See Annex 10 for expression of interest guidelines.*)

For many donors, the existence of a strategic plan is a criterion for funding. Most of our Partners are being supported by other donors/capacity builders to develop strategic plans. Annex 11 provides an overview of the status of partners’ strategic plans. CAP Mozambique is directly supporting HACI and IBFAN to prepare strategic plans. HACI has begun its strategic-planning process and expects to complete it in the next reporting period. For IBFAN, the strategic plan is particularly important, given its intent to form an independent organization and leave the umbrella provided by AMODEFA. Funds for a strategic-planning process are included in

IBFAN's request to extend its grant, and IBFAN will develop its strategic plan in the next reporting period.

#### Support Organizations that Provide Capacity Building to Other CSOs

CAP Mozambique has subcontracted with N'weti to build the capacity of our Partners to implement communications activities in their communities. Activities and TA are further described in sections *V. Prevention* and *VII. OVC*. We recognized N'weti's communications expertise and through a competitive process selected N'weti to work as a subcontractor rather than do it ourselves with limited staff resources. This will contribute to N'weti's experience base and reputation as a local TA provider. We also encouraged N'weti to contact a South African resource—the Foundation for Professional Development (FPD)—that has successfully positioned itself as a TA provider. In addition, our staff has expressed an interest in creating a Mozambican non-profit organization that can continue some of our project's work after the project ends. Discussions with FHI 360 regarding possible mechanisms are underway.

### **3. Promoting Sound Financial Management**

CAP Mozambique offers partners a package of TA tailored to each element and position within a sound financial system: the Board, the Fiscal Council, and administrative and financial staff. The content of the TA is based on weaknesses identified in the Financial Health Check and on action plans that partners develop at the end of the MANGO training on *Practical Financial Management for NGOs*. The activities outlined below follow the structure in the workplan.

#### **a. Fiscal Councils (FCs)**

The role of the Board and Fiscal Council as a key component of a sound financial management system is part of a package of support that is making promising headway addressing one of the most intractable problems donors face in Mozambique: misuse of funds. When donors provide financial support to an organization, they verify that certain policies and procedures exist to reduce risk and prevent fraud. Yet for most local organizations, the Policies and Procedures Manual is simply a document required by donors that gathers dust on a shelf or is carefully preserved in a locked safe until another donor requires it. The fact that the Boards of CAP Mozambique Partners are learning about and identifying compliance issues themselves is revolutionary. This not only demonstrates a dramatic increase in their understanding of internal controls and procedures, but an increase in a Board's fiduciary oversight capacity.

CAP Mozambique organized eight half-day meetings at the provincial level to support FCs of ten Partners and four former Partners. During meetings held in the first quarter of the fiscal year, we followed up on action plans from the MANGO training including supporting Partners to conduct an internal review of one aspect of their HR, administrative or financial systems and supported partners to develop a detailed plan and review and analyze their findings. Four Partners conducted internal reviews on HR and procurement or internal control areas using their manuals as a basis. For example:

- LDC identified and addressed issues with procurement and segregation of tasks.
- Ophavela identified and corrected an M&E issue that had resulted in under-reporting of people served. Also, during the January to March quarter, FC members followed up on progress from prior meetings and turn their attention to preventing fraud, conflicts of interest, and learning mechanisms for compliance.

- ANDA’s Fiscal Council was supported to conduct its first spot-check as part of a fraud-detection strategy. These are modeled after the quarterly “spot-checks” CAP Mozambique conducts to verify the integrity of a sampling of the documentation submitted in randomly selected partners’ financial reports. Rather than waiting for the donor to detect problems, ANDA, by implementing its own spot check system, strengthens its systems for ensuring organizational integrity. (See Annex 12 for the spot-check system guide and tool.)

**b. *Governing Boards***

The success of the thrice-yearly, half-day meetings with the FC prompted CAP Mozambique to respond to Partner requests for similar meetings with the governing Board in each province about its role and responsibilities, specifically supervising activities and relationship with the FC, *Mesa de Assembleia Geral* (MAG) and ED. Eight Partners participated in four meetings we organized at the provincial level. These meetings focused on the relationship between the Board and ED. The four meetings have been an excellent follow-up, building on prior TA provided on organizing an effective General Assembly. (See Annex 13 for the General Assembly package).

In response to Partner requests, we conducted one workshop that brought together members of Boards and FCs and EDs to reinforce how their particular and complementary roles and responsibilities contribute to running an organization that is effective and accountable to beneficiaries as well as donors.

CAP Mozambique has piloted a self-assessment tool for Boards and expects to launch it during the next reporting period.

**c. *Financial Reporting TA***

CAP Mozambique continues to provide written feedback on Partners’ monthly financial reports, based on a thorough review of the reports and supporting documentation that Partners provide on a monthly basis. We provided written feedback on 34 reports during the reporting period. In keeping with our approach to strengthening systems, not just individuals, courtesy copies of these reports were shared with EDs and the Board presidents. Because our TA has already addressed any serious issues regarding reporting practices of most of our longer-term Partners, now our comments raise easily rectified issues, such as an absent signature or missing documentation. All Partners have improved dramatically since submitting their initial reports for our review. For example, procurement processes are much improved: prior approval is sought when necessary, documentation for payments is more complete, agenda and participants’ lists or timesheets are attached to document transactions.

**d. *Training and TA in MANGO Practical Financial Management for NGOs***

Follow-up on action plans from MANGO training was an agenda item in the FC meetings described above and was included in the TA provided on internal-control systems. Follow-up items focus on the preparation of policies and procedures manuals, charts of accounts, improving cash flow, and developing budgets for core organizational expenses. Three MANGO trainings are planned for April and May 2014, in Maputo, Manica and Sofala provinces, respectively.

#### ***e. Specialized Financial Management for Graduating Partners***

We conducted USAID compliance checks and follow-up TA with three Partners that were considered for Graduation. The team continued to provide TA to two previously assessed Partners on USAID compliance gaps. This technical assistance is closely linked to the previously mentioned TA in policies and procedures and internal controls. CAP Mozambique provided TA to finalize administrative and finance PPs to select Partners poised to graduate. (*Refer to Table 1 for TA summary.*)

Implementing a shared-cost policy that reports time consistently and accurately is among the most problematic practices we have found. We are supporting Partners to create a system that works for the whole organization. USAID requires proportional distribution of labor costs based on actual level of effort. However, most other donors do not require this. For example, if a staff We are working with our Partners to engage other donors in a dialogue about cost allocation.

#### ***f. Financial Health Checks***

We conducted financial health checks with four Partners and eight OD clients. Follow-up to previously conducted health checks is integrated with TA on internal controls, FCs and financial reporting as described above. Initially, TA focuses on those areas which are quickly addressed: bank reconciliations, petty cash count, and so on. As Partners progress, capacity building shifts to budget control, cash flow analysis, and planning and budgeting. An analysis of change is conducted once a year and will be included in the October report. (*See CAP Mozambique SAR 7 for a description of the financial health check.*)

#### ***g. Fraud Detection***

In the meeting where the team presented its graduation process to USAID, USAID inquired about fraud detection. We are supporting Partners to put into place many of the fundamental systems needed to prevent, reduce and detect fraud at multiple levels. Systems for sound financial management contain:

- Clear policies and procedures describing the internal controls and the roles and responsibilities of key staff;
- Tools that operationalize the policies and procedures;
- Trained staff who apply these policies and procedures;
- Senior management who monitor the application of these policies and procedures;
- Trained Fiscal Councils of the Board that review the integrity of these processes and seek to identify weaknesses or problems; and
- A Board of Directors that periodically reviews and modifies policies and procedures to remain current and adapt to changing environments.

### **4. Collaboration: Fostering Exchanges between Peer Organizations**

To promote learning from other partners and other organizations, CAP Mozambique promotes opportunities to exchange experience. These typically include the Semiannual Partners Meeting and exchange visits with other organizations that have expertise in an area of interest to the Partner.

**a. *Semiannual Partners Meeting.***

A Semi-annual Partners' meeting was held January 27-29, 2014. Nine CAP Mozambique Partners attended the three-day workshop. In addition, three former Partners, staff from other FHI 360 projects (CHASS SMT and PCC), representatives from FDC, HOPE, as well as Mozambican government institutions CNCS and Provincial Directorate of Women and Social Action (DPMAS) participated in appropriate sessions. (See Annex 14 for the meeting Agenda). The primary themes were:

- *Resource mobilization*—focus on the private sector. This was facilitated by the Foundation for Community Development (FDC) who has been making inroads with the private sector in Mozambique.
- *Treatment adherence*—the Community Care Program (PCC) and the CHASS SMT project presented on their strategies and lessons learned about increasing adherence to anti-retroviral treatment.
- *Household Economic Strengthening* —Project Hope provided an orientation to our OVC Partners who, in the coming months, will be implementing village savings and loan (VS&L) activities with TA from Project Hope. Project Hope shared lessons learned and recommendations to help Partners hire the right staff and initiate activities successfully. Also presented were its approach and results promoting VS&L groups, as implemented with PCC.
- *GBV prevention and response*—HPP facilitated a discussion to assess Partners' knowledge of GBV services, inter-sectoral response guidelines and organizational-response protocols. HPP will provide TA to select Partners to develop an organizational response during the next reporting period.

To follow-up on the Midterm Evaluation Report, CAP Mozambique COP Hayley Bryant and staff met with a committee of representatives from six Partners, to identify concrete measures to address concerns the report raised about communication gaps, the attitude of particular staff and sluggishness of certain CAP Mozambique systems.

**b. *Exchange Visits.***

Immediately following the Partners meeting, we collaborated with Jhpiego to organize a visit to a clinic that integrates GBV screening with counseling and testing. NAFEZA, ANDA, LDC and Niiwanane participated. The Partners plan to tailor Jhpiego's model to suit their contexts. This exchange will be followed by a workshop in Manica during the next reporting period to develop a protocol to facilitate collaboration among various government institutions (DPS, DPMAS, etc.), ANDA, Jhpiego and CHASS SMT.

The Jhpiego visit also informed NAFEZA's GBV-screening-intervention design and criteria it will use to assess and identify a clinic in Nicoadala that will offer GBV services including post-exposure prophylaxis (PEP) and psychological support.

Using its own resources, ANDA visited Programa Para o Futuro to learn more about the process of selecting participants and the results of PPF's market study.

To support our newly launched Leadership and Mentoring Initiative, we recruited mentors from a diverse cross section of NGOs. The five mentees were paired with representatives from World

Vision, Community Education and Participation, EGPAF, Magariro and Wona Sanana. Peer-to-peer learning is innovative in Mozambique and has been very well received by mentors and mentees alike.

### **c. *Intercambios***

The theme of the next *Intercambio* will focus on sustainability, picking up where the prior *Intercambio* left off. In April, we will release a TOR for a consultancy to review the current state of sustainability of civil society organizations in Mozambique. While CAP Mozambique remains the focal point, other capacity builders—Oxfam, MASC, Diakonia, Ibis, We Effect—are helping organize the event and cover its costs.

## **V. Prevention**

### **A. KEY ACHIEVEMENTS: PREVENTION COMPONENT**

In the current reporting period, CAP Mozambique and/or partners:

- Mobilized 7705 session participants, workers and community members for HTC, of whom 56% were tested and received results either by DPS, CAP Mozambique or USAID-supported partners.
- Reached 22,202 individuals with individual and/or small group-level Prevention interventions that are based on evidence.
- Reached 1,490 commercial sex workers (CSW) and truck drivers with individual and/or small group-level preventive interventions, tested 19% (285) for HIV and referred 124 to health care services. This represents a substantial increase from the previous period when ANDA reached 1,047 CSW and truck drivers and tested 9%.
- Concluded agreement with N’weti to support Partners in strengthening activities to increase demand for health care services and HIV care and treatment retention.
- Supported Partners to strengthen relationships with DPS and other NGOs to lay the groundwork for further expanding Partner roles in HIV treatment and support and increasing demand for health services.
- Demonstrated understanding of TA around transparent hiring practices by selecting the strongest candidate and adhering to a well-developed recruitment process.

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

#### **1. Project Cycle and Results Management**

##### **a. *Support Partner Close-out Activities***

CAP Mozambique closed out grants with ADC, CEDES, Ajulsid, N’weti, ECoSIDA and AMME, leaving the program with a total of five Prevention Partners. Our support for Partner close-out is further described in the section III *Grant Activity Component* of this report. (Refer to Table 1.)

We are pleased that USAID will continue to support N’weti’s work with associations for three years through its Local Capacity Initiative.

ECoSIDA, with funds from the Global Fund to Fight AIDS, TB and Malaria (GFATM), continues implementing its HIV prevention and HIV counseling and testing program in the work place. The NGO continues to apply lessons learned from CAP Mozambique, including planning more and better participatory sessions with a greater focus on achieving learning objectives. AMME, with our TA, conducted a final evaluation with students and teachers who found debate sessions useful and HIV counseling and testing in a school setting acceptable. AMME continues to conduct debate sessions in school combined with HTC using Oxfam Novib funds. See Annex 15 for AMME's letter of appreciation for CAP Mozambique support over the years

In anticipation of ANDA's Prevention grant close-out, we initiated conversations with the USAID-funded, FHI 360-managed ROADS project (which, like ANDA, works with key populations in Manica province) to explore the possibility of ROADS funding ANDA's Prevention work. During a site visit, ROADS was impressed by the quality of ANDA's work. If ROADS is extended beyond its current end date (July 2014) and funding is available, ROADS will consider incorporating ANDA. In anticipation of a potential transfer, CAP Mozambique requested that USAID approve extending ANDA's grant until February 2015 so that ANDA can retain its trained staff. Approval was granted and the extension modification was executed on 26 March 2014.

**b. Develop Workplans and Budgets for Extensions**

We provided TA to help four of our five continuing Prevention Partners develop proposals to modify their projects along with a workplan, budget and targets covering the remainder of each Partner's grant with CAP Mozambique. The Partners worked within budget ceilings we gave them to reinforce the importance of planning in a resource-constrained environment. Table 3 offers a snapshot of planned TA and status of periods of performance for our continuing prevention partners. Projects were extended for periods that will allow them to consolidate processes from integration of new activities linked to demand creation. The length was determined based on availability of funds and the period of cycles for each partner.

**Table 3. Continuing Prevention Partners' Periods of Performance**

Continuing Prevention Partners' Periods of Performance Partner	Period of Performance	Planning TA	Status of Modification
Ophavela*	Sept 10, 2012 – June 30, 2014	April 2014	-
ANANDA KP**	April 2, 2012 – Mar 31, 2015	February 2015	March 2014 Approved through February 2015
CCM-S	July 1, 2011 – May 31, 2015	January 2014	Submitted for USAID approval
Kukumbi	May 1, 2012 – April 30, 2015	October 2013	Signed Modification in December 2013
NAFEZA	May 1, 2012 – December 30, 2014	October 2013	Signed modification December 2013

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

\*\* These dates do not correspond with those outlined in Partner Profiles and Grantee Status Chart, because CAP Mozambique will only update these documents once official USAID approval is received.

In the next reporting period, we will assess OPHAVELA's performance. Based on the results, we will provide OPHAVELA with TA as needed.

Four Prevention Partners conducted annual workplan processes, independently using CAP Mozambique's evaluation guidelines to analyze their previous year's results and plan activities for next year. With our assistance, ANDA and Kukumbi overcame challenges defining practical actions to implement new activities and shaped locally appropriate interventions. NAFEZA and CCM-S required our assistance only to facilitate a discussion about new activities' features and implications. Before CCM-S began its annual planning process, the organization contacted potential partners (CHASS, DPS and others) to discuss expanding CCM-S's contribution to the continuum of HIV care, including HTC and tracing HIV care and treatment defaulters. CCM-S's knowledge of defaulter-tracing mechanisms facilitated planning new activities.

ANDA and CCM-S were able to prepare solid draft budget proposals independently, respecting the ceiling we provided. Kukumbi and NAFEZA developed their budgets independently, but required our assistance to stay within the budget limits.

#### ***c. Support Partner Workplan Implementation and Reporting***

We continued to routinely monitor Partner implementation progress through regular field visits and quarterly, internal, partner-specific coordination meetings. We evaluated adherence to timelines, quality of data recording and uptake of skills—particularly quality of facilitation and data-based decision making. We also continued to provide TA to all Prevention Partners to improve their capacity to effectively report programmatic and financial information.

We have not been able to observe CCM-S's project implementation in the field because of the unstable political situation in that province. Instead, we monitor CCM-S's progress through conversations at CCM-S headquarters in Beira, funding requests, financial and narrative reports, and results tables. Performance has been excellent historically, with staff reports accurately reflecting field realities, so we feel confident stating that, despite a challenging environment, CCM-S continues to perform well.

#### ***d. Support Partner Human Resources Recruitment***

As needed, we provided technical support to partners to develop and implement transparent, competency-based recruitment processes that result in the selection of the strongest candidates. As a result of TA provided in previous reporting periods, all partners now grasp the benefits of selecting the strongest candidate and so adhere to well-developed recruitment processes. Partners understand that selecting the strongest candidate benefits the quality of their program and, ultimately, the sustainability of the organization. Our TA mostly focused on finalizing job descriptions and interview guides. Specifically, CAP Mozambique supported:

- NAFEZA and KUKUMBI to recruit HTC counselors who will also trace treatment defaulters, and
- OPHAVELA to recruit a social mobilization officer.

Ophavela developed a comprehensive recruitment guide to facilitate assessment of a candidate's technical knowledge as well as basic core competencies. We are reviewing the guide with the

aim of sharing it with other Partners and integrating it into our human resources management TA.

Following CAP Mozambique TA, NAFEZA and Kukumbi initiated discussions with DPS about recruiting HTC counselors. DPS Zambezia is standardizing HTC counselors' training and working conditions. To staff their new GBV screening, HTC and tracing of treatment defaulters project activities, NAFEZA and Kukumbi are working with DPS to identify and select DPS-accredited counselors.

**e. *Perform Technical Assessments***

In March, CAP Mozambique conducted Ophavela's second technical assessment. (*See Annex 16 for an analysis of the results.*) We will conduct technical assessments with the remaining four Prevention Partners during the next reporting period and document growth in the next SAR. Our response to capacity gaps identified via technical assessments is detailed in the Programmatic Technical Assistance section that follows.

**2. Programmatic TA: Supporting Continued Implementation of Existing Activities**

**a. *Enhance Application of Social and Behavior Change Communication (SBCC) Model***

Our TA continues to reinforce the importance and benefits of engaging community leaders and community-based groups in order to create an enabling social and cultural environment to support individual behavior change. We also continue to emphasize another core principle of SBCC—consulting with the target population when developing a new component or new messages. During community mobilization for HTC, the importance/benefits of strong relationships with local leadership became apparent. Religious and community leaders included messages on the importance of HTC and upcoming testing opportunities. This contributed significantly to mobilizing people for testing.

As described below, partners are conducting focus groups with the intended target communities to inform the development of communications components on Sexual and Reproductive Health (SRH), HTC, ART and GBV into their sessions. N'weti is reviewing existing research and will work with partners to analyze and apply the data generated.

As follow-up to the social mobilization training CAP Mozambique organized last year, we distributed to our five Prevention Partners the social mobilization reference manual written by our social mobilization training consultants. The manual is intended to: 1) increase partner understanding of the social norms, values, practices and customs and how these influence risk behaviors for HIV infection; and 2) provide Partners with the skills and tools to create a social environment conducive to individual risk reduction. For more details on the manual, refer to the *Prevention Component* of SAR 9.

NAFEZA, Kukumbi and Ophavela, recognizing the need to recruit a staff member dedicated to managing SBCC activities, took initial steps to do so. However, as a result of the introduction of activities supporting the continuum of HIV care and GBV response, NAFEZA's and Kukumbi's budgets could not support a dedicated social mobilization officer. Thus, the organizations' field

coordinators will continue to be responsible for this component. Ophavela included an SBCC officer in its budget and has announced the vacancy.

**b. *Improve Facilitator Performance***

Our Partners continue to demonstrate good facilitation skills with the exception of Ophavela that started implementing in August 2013 and has had less time to practice and refine its skills. During a TA visit, we observed that Ophavela's facilitators did not plan sessions well, were unfamiliar with the debate session manual's contents, had limited facilitation skills and did not know how to use the game that is part of Ophavela's methodology. We worked with Ophavela's supervisors to address these challenges—including introducing self-evaluation and observation forms developed by Ophavela during the previous reporting period. Ophavela's supervisors conducted training with all facilitators to further enhance their facilitation skills and ability to manage debates. Consequently, during our most recent visit, we observed that the facilitators' skills have improved. We will continue to monitor Ophavela and help staff improve planning and facilitation skills.

**c. *Establish and Strengthen Linkages to the Formal Health Care System***

CAP Mozambique Prevention Partners continued to make great strides collaborating with community based partners and the formal health care system using debate sessions to motivate increasing numbers of individuals to get tested for HIV and to access care and treatment services. During this reporting period, 7705 individuals were mobilized, and 56% agreed to be tested for HIV. The main challenge remains HTC providers' availability. In addition, CCM-S could not mobilize for HTC in two of the three districts in which it works because of political instability. After initial apprehension, Prevention Partners now clearly understand the benefits of linking debate sessions with HTC and treatment services and are confident in their ability to significantly improve uptake of HIV testing and treatment. They are advocating expanding their role to include other service areas that contribute to the HIV continuum of care, including tracing HIV care and treatment defaulters and GBV screening as discussed elsewhere in this report.

CCM-S continues to work closely with DPS in Chemba and Machanga districts and with USAID-supported CHASS-SMT's community partner Kugarissica in Buzi district to provide community based HTC and referrals to services following debate sessions. NAFEZA and Kukumbi continue to work closely with the Strengthening Communities through Integrated Programming project SCIP-Zambezia, which provides community based HTC and referrals to services in Nicoadala, Milange and Mocuba. ECoSIDA continued to mobilize and test workers until the end of November.

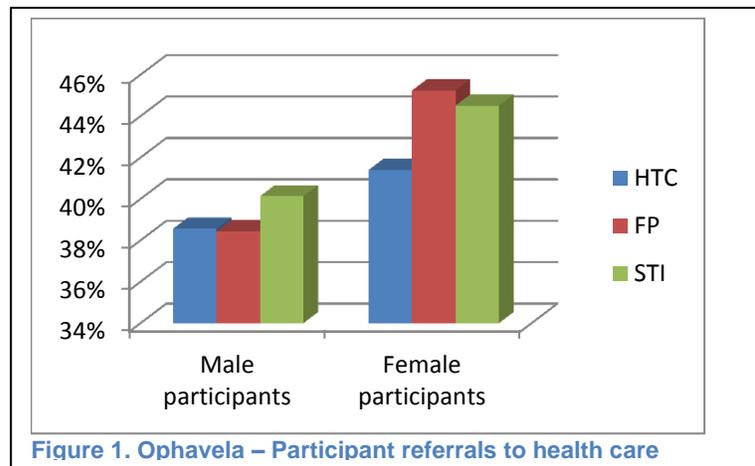
NAFEZA is designing interventions in Nicoadala and Inhassunge districts, inspired by a Jhpiego model in Ndjavela observed during an exchange visit we arranged in January. In close collaboration with DPS Zambezia, NAFEZA is in the process of selecting three DPS-accredited counselors to work on community based HTC, referrals and tracing HIV care and treatment defaulters. In Nicoadala, NAFEZA will manage the counselors and DPS will provide equipment and supplies. One DPS-accredited counselor will support HIV care and treatment defaulter tracing and GBV screening. In Inhassunge, the other two DPS-accredited counselors will conduct community-based HTC; refer individuals to services and trace HIV care and treatment defaulters. The clinic closest to the community in which NAFEZA is working in Inhassunge has

limited human resources. Allocating a staff member to conduct community based HTC would negatively affect health care services in that clinic. The counselors in Inhassunge will not screen for GBV as GBV services are not available.

Kukumbi is also in the process of selecting DPS-accredited counselors to add tracing HIV treatment defaulters to its program in Mocuba.

We are helping Ophavela finalize negotiations with SCIP to provide community based HTC and referrals to serve its debate session participants and VS&L groups. SCIP asked Ophavela to prepare a memorandum of understanding (MoU) to formalize the collaboration. Ophavela has already approached district-level SCIP staff who are enthusiastic about the idea and anticipate no obstacles to rapid implementation once the MoU is signed.

Currently, Ophavela is referring large numbers of debate-session participants to clinics for HTC, family planning services and STI care and treatment. (See Figure 1). We are assisting Ophavela to implement a system to track completion of referrals.



During this reporting period, ANDA’s eight DPS-trained and -accredited peer educators/counselors have assumed HTC of truck drivers and CSW at “hot spots.” ANDA is no longer reliant on DPS health center personnel availability. The numbers of individuals tested has increased by 53% since ANDA’s staff took over HIV testing. DPS continues to provide the HIV test kits and other supplies, including condoms. Since October 2013, ANDA tested 285 individuals for HIV, and 124 (43%) were referred to clinical services. The link between HIV testing and clinical services remains a challenge due to the target groups’ mobility.

With support from CAP Mozambique, AMME successfully advocated with the government, SCIP Zambezia and school leadership to initiate school-based testing with adolescents and youth-session participants. AMME organized HTC and mobilized students in three secondary schools and one vocational training center on select days in September and October. SCIP tested 160 female and 72 male students (232 in total) for HIV. Thirteen students tested positive—12 female and one male student. Prior to mobilizing and conducting HTC, AMME and SCIP had agreed that SCIP would support HIV-positive children through community based support systems. At the time of this writing, all but one child who tested positive in Quelimane accessed treatment. AMME continues to collaborate with SCIP to conduct HTC in school even after CAP Mozambique’s award concluded.

At the start of this reporting period, six of CAP Mozambique’s 11 Prevention Partners were distributing condoms to beneficiaries. ECoSIDA and ANDA both had fixed distribution points: ECoSIDA within partner companies, and ANDA within “hot-spots” frequented by target key

populations. N’weti, NAFEZA, Kukumbi, and Ophavela continued to distribute condoms at sessions. Since January 2014, four CAP Mozambique partners continue to distribute condoms. N’weti and ECoSIDA have closed out their grants.

**d. *Incorporate “Quebrando Barreiras” Films into Partner Activities***

All Prevention Partners continued to screen the CAP Mozambique-produced films. NAFEZA, Kukumbi and CCM report that over the past six months, an estimated 4800 session participants have seen at least one of the films. The films are in high demand, and association members and communities often request specific films they have heard about from other communities.

**e. *Support Partners to Integrate New Components into Existing Activities***

In February, we contracted former partner N’weti to develop content for debate sessions to increase demand for sexual and reproductive health (SRH) services, HTC, ART and GBV-related services. N’weti has started to review the evidence on uptake of these, analyze factors that support or inhibit access, review existing training and IEC materials, and conduct an analysis of Partners’ methodologies to determine how to integrate the new topics. N’weti will share the desk-study results with CAP Mozambique Partners in April. In anticipation of these results, in February and March our Prevention Partners applied their formative-research skills to conduct abbreviated, gender-sensitive community consultations on the new debate-session subjects. Partners’ findings will assist N’weti in developing culturally and socially appropriate messages and materials. In the next reporting period, N’weti will develop and pilot the new debate sessions and train supervisors and facilitators to deliver key messages and refer to services. We also intend to support Partners’ access to existing information, education and communication (IEC) materials.

**f. *Support Partners Expanding their Role Supporting HIV Care and Treatment***

During this reporting period, our TA focused on helping Prevention partners expand their contribution to the HIV continuum of care, including tracing HIV care and treatment defaulters, improving treatment literacy and advocating for HIV-treatment support groups Grupo de Adhesao e Apoio Comunitario (GAAC). TA included the introduction of PEPFAR indicators for treatment adherence, Ministry of Health (MoH) approved defaulters tracing tools, adaptation of M&E systems, and encouragement to engage clinical partners in defining their needs for community based support. In support of Partners’ efforts at the provincial and district levels, we conducted meetings at the central level with CDC to explore opportunities for collaboration. This has not yet led to concrete outcomes.

Our Prevention Partners conducted abbreviated community consultations. The findings serve a dual purpose. They will feed into the development of session materials that N’weti is creating (*See* section V. *Prevention 2.b* for details.). N’weti will help our Prevention Partners fine-tune their community based treatment-support interventions. For example, CCM-S’s community consultation findings suggest that stigma, discrimination, distance to clinic, disrespectful health workers’ attitudes to PLHIV and limited treatment literacy are important inhibiting factors to treatment adherence. Disclosure combined with family support and respectful health workers attitudes enhance treatment adherence, as does understanding the benefits of ART. (*See* Annex 17 for the CCM-Sofala consultation report.)

We are assisting partners to identify good practices of community and clinical partnerships in their provinces. CCM-S and ANDA have already initiated conversations with ART clinics and requested to be included in the committees that manage tracing of HIV care and treatment defaulters. In addition, we laid the groundwork for CHASS SMT to train CCM and ANDA staff in tracing HIV care and treatment defaulters and will support an exchange visit on this topic in the next reporting period.

Nafeza and Kukumbi are working with DPS Zambezia to select accredited HTC counselors and have approached health centers and USAID-supported clinical partners in Zambezia—International Center for AIDS Care and Treatment Programs –ICAP and Friends for Global Health-FGH—and requested to be included in the committees that manage tracing of HIV care and treatment defaulters. At the time of this writing, it is not yet clear how this collaboration will develop.

### **3. Collaboration**

#### **a. Foster Exchange between Peer Organizations**

CAP Mozambique supported NAFEZA’s exchange visit with Jhpiego’s project in Ndjavela district, Maputo, to learn about their model for integrating GBV screening with HTC at the community level and create strong referral linkages between community and clinic based services. The visit helped NAFEZA design its GBV-screening intervention. It also helped NAFEZA assess and identify a clinic in Nicoadala that will offer GBV services to victims identified by NAFEZA’s GBV-screening intervention, including post-exposure prophylaxis (PEP) and psychological support. ECoSIDA was scheduled to visit the Namibian Business Coalition on HIV/AIDS (NABCOA) to learn more about NABCOA’s HTC, referrals and advocacy initiatives, but ECoCIDA’s award ended before this visit took place.

As mentioned above, CAP Mozambique Partners actively collaborated with health authorities and other organizations to conduct community based counseling and testing. (*See the Coordination with the Mozambican Government Component as well as Collaboration with Other Donor Projects for additional examples of collaboration.*)

## **VI. Orphans and Vulnerable Children (OVC)**

### **A. KEY ACHIEVEMENTS: OVC COMPONENT**

In the current reporting period, CAP Mozambique and partners:

- Reached 5,912 OVC, of whom the majority (85%) are below 15 years of age, and 48% are girls with multiple OVC services;
- Referred 848 OVC to services, including 262 (30%) to health care services, and collected evidence that 543 (64 %) services were completed. As a result of TA provided by CAP Mozambique, this represents an increase of 210 % in referrals and 340% in completed referrals over the prior reporting period;
- Provided 21,505 services to OVC. This represents a substantial increase from the 8,000 services provided last reporting period. Partners delivered an average of 3.6 services to each OVC indicating that partners are providing multiple services as is MMAS’ intention;

- Supported training and coaching of 268 *activistas* on psychosocial-support and interpersonal-communication skills and monitored initiation of PSS activities;
- Assisted OVC Partners to assume an expanded role in the HIV continuum of care, including tracing of HIV care and treatment defaulters in communities and beyond the OVC beneficiary families; and
- Contracted Project HOPE and N’weti to support OVC Partners in integrating new activities—household economic strengthening and HIV-prevention communication.

## B. SPECIFIC ACTIVITIES: OVC COMPONENT

We continued to support five OVC partners—four direct implementers and one umbrella organization with nine subpartners. Of the nine subpartners, six have been awarded a grant and three are directly managed by HACI.

### 1. Project Cycle and Results Management

#### a. *Support Partners’ Development of Annual Workplans*

In the current reporting period, we provided TA to four of our five continuing OVC partners, supporting 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. Before developing a workplan and budget, we gave partners a budget ceiling to reinforce learning how to plan in a resource-constrained environment. In the next reporting period, CAP Mozambique will help Kubatsirana develop its annual plan and budget. Table 4 summarizes our OVC partners’ anticipated periods of performance as of this reporting period.

**Table 4. OVC Partners’ Anticipated Periods of Performance and Annual Planning Status**

Partner	Projected Period of Performance*	Planning TA for Extension	Status of Modification
ANDA	June 1, 2013 - April 30, 2016	Oct 2013	Submitted for USAID approval
HACI	June 1, 2011 - April 30, 2016	Mar 2014	Finalizing USAID approval package
Kubatsirana	Nov 1, 2012 - April 30, 2016	April 2014	-
LDC	Nov 1, 2012 - April 30, 2016	Nov 2014	Submitted for USAID approval
Niiwanane	Dec 1, 2011 - April 30, 2016	Oct 2013	Modification signed Jan 24, 2014

*\*These dates do not correspond with those outlined in Partner Profiles and Grantee Status Chart because CAP Mozambique will only update these documents once official USAID approval is received.*

We continued to review each Partner’s previous year’s achievements and help each plan routine activities, define the features and resource implications of new activities, introduce new indicators, and finalize targets and budgets. HACI and Niiwanane independently used the evaluation guidelines we prepared to analyze the previous year’s results, challenges and solutions, as well as plan routine and new activities for next year. LDC and ANDA struggled with both the evaluation and planning. In particular, LDC and ANDA had difficulty identifying causes of implementation challenges and formulating solutions. Temporary leadership lapses negatively influenced the two organizations’ ability to evaluate and plan. HACI, by analyzing its subpartners’ performance in its annual planning process, concluded that it would discontinue work with two of its nine subpartners (Re-encontro and Nkulunkulu). Before its annual planning process, Niiwanane gathered information about HIV care and treatment defaulters tracing which helped Niiwanane to include this activity in its annual plan. Niwanane’s planning process was

participatory, drawing on the experience and community knowledge of its entire staff. HACI, Niiwanane and ANDA managed to propose budgets within the ceiling. LDC needed more assistance to define cost items for interventions and determine how to budget its funds to remain below the prescribed ceiling.

When ANDA proposed reinstating its OVC vocational training center, we suggested it conduct a market study on youth employment to determine what courses could provide OVC with marketable skills. ANDA's market study was completed in March; we await the final report. After ANDA began its market study, we learned that the ILO was finalizing an employment market study in Manica, so we contacted the ILO and requested that the results of its study be shared with ANDA. Once the strategic focus of vocational training is identified, we will provide TA to ANDA to adjust its budget to reflect these priorities.

During the previous reporting period, CAP Mozambique identified that HACI faced challenges with timeline adherence, quality of data reporting and programmatic support to partners. We provided TA to analyze and redistribute reporting responsibilities and increase programmatic TA efficiency. Reporting and frequency of TA has improved, but we will continue to assist HACI to improve the quality and focus of the programmatic TA.

#### ***b. Support Partner Workplan Implementation and Reporting***

In the current reporting period, CAP Mozambique continued to routinely monitor Partner implementation progress through regular field visits and quarterly, internal, partner-specific coordination meetings. CAP Mozambique evaluated adherence to timelines, quality of data recording and uptake of skills. Additionally, CAP Mozambique continued to provide TA to all OVC Partners to improve their capacity to effectively report programmatic and financial information.

Through the TA outlined above, we observed both progress and continued challenges. ANDA and Niiwanane are generally progressing well in terms of program implementation and reporting. ANDA continues to demonstrate a keen interest in improving service delivery. Based on our recommendations, ANDA revised its filing system to facilitate better linkages between the Child Status Index (CSI), care plans and follow-up visits. Niiwanane has rapidly expanded its services to include household economic strengthening and psycho-social support services and continues to be an example for other CAP Mozambique partners. Niiwanane demonstrated further substantial improvements in quality of data collection and reporting. Kubatsirana and LDC continue to face challenges with implementation and the quality of narrative reports and results tables. Both organizations are also struggling with leadership and staff transitions that have hindered implementation. CAP Mozambique has identified key performance indicators and a timeline for each partner and is monitoring performance to determine whether each grant will be continued. In the meantime, we will provide TA to support the new staff to adhere to MMAS minimum standards of OVC care and support and CAP reporting mechanisms.

Kubatsirana has struggled since the start of its award mainly as a result of weak senior management. In response, we defined key performance indicators that are linked to continuation of the grant. The organization improved its performance toward the end of the last reporting period. Unfortunately, this positive trend was interrupted by more staff turn-over and the

continued absence of the Executive Director. During this reporting period, Kubatsirana recruited an experienced program coordinator, but the OVC and Livelihood officers and the accountant left the organization. The two program officers have been replaced, and interviews for the accountant have started. We will support Kubatsirana’s orientation of the program officers to ensure they understand the basic concepts of the MMAS minimum standards of OVC care and support as well as CAP Mozambique’s reporting mechanisms. Kubatsirana’s Board intends to hire an Executive Director by June 2014. (*See Section III. Organizational Development Component* of this report for more details.) Given Kubatsirana’s continued challenges, we were compelled to define new key performance indicators that it will have meet to continue its grant.

LDC’s Executive Director has been on extended medical leave, and the organization did not have the staff structure in place to mitigate the impact of his absence. We helped LDC analyze the situation, and the organization is taking steps to address the challenges, including replacing a project officer with a more experienced and competent person and reallocating data management functions. During the transition, we will provide more intensive TA and assist LDC with recruitment and orientation of the project officer.

HACI submits good narrative reports and the quality of its results table has notably improved since our intervention at the start of this reporting period. (*See section 1b above of this report for details.*)

**c. Support Partner Human Resources Recruitment**

CAP Mozambique helped selected partners develop competency-based recruitment processes for staff, consultants and *activistas* that resulted in the selection of the strongest candidates. (*Refer to Table 5 for a summary of this TA.*). As a result of TA provided in previous reporting periods, Partners understand that selecting the strongest candidate benefits the quality of their program and, ultimately, the sustainability of the organization and so adhere to well-developed recruitment processes. Niiwanane’s approach to recruiting a prevention officer illustrates this point. In addition to announcing the prevention officer position publicly, Niiwanane, knowing that SCIP was in the process of reducing its staff, shared the job description with SCIP. This demonstrates an interest in quality that is a far cry from the common practice of recruiting family members.

**Table 5. CAP Mozambique Support for Partner Staff Recruitment**

Partner	Position	TA provided by CAP Mozambique
ANDA	Consultant for youth employment market research	TA for job advert and job description
	OVC Coordinator	TA for job advert and job description
	HES officer	TA for job advert and job description
	Prevention officer	TA for job advert and job description
Kubatsirana	Program Coordinator	TA to revise job description prepared with our TA during previous reporting period
	Accountant	TA to revise job description
	HES officer	TA for job advert and job description
Niiwanane	HES officer	TA from CAP no longer required
	Prevention officer	TA from CAP no longer required

In January 2014, CAP Mozambique conducted Niiwanane’s third technical assessment. Niiwanane either scored or maintained maximum score in all but two M&E categories. (*See Annex 19 for Niiwanane’s technical assessment.*)

In March 2014, we conducted LDC’s second technical assessment. Before we were involved, LDC mainly

provided school materials to OVC; now it is applying MMAS' minimum standards of OVC care and support and providing comprehensive support to OVC. (See Annex 20 for an analysis of the results of LDC's technical assessment.)

TA provided to Niiwanane and LDC to address identified technical capacity gaps is outlined below as well as in section IX. *Monitoring and Evaluation* of this report.

In the current reporting period, our TA helped HACI finalize development and application of a comprehensive technical assessment tool for use with subpartners. (See Annex 21 for the tool and Annex 22 for a sample ICBP for subpartners.)

## 2. Programmatic Technical Assistance

### a. *Support Continued Implementation of Existing Activities*

In this reporting period, CAP Mozambique Partners provided family centered support to 5,921 OVC of whom 48% are girls, and 85% are below 15 years of age. Boys and girls are proportionally assisted and referred to services.

There is no gender bias in referrals or service delivery with the exception of shelter, which was provided slightly more frequently to boys. Partners provided 21,505 services to OVC during this reporting period, an average of 3.6 services per OVC. This represents a marked improvement from previous period when Partners provided 8,000 services to 6,285 OVC. Figure 2 illustrates the type of services partners provided to OVC. In addition, partners referred 667 OVC mainly to health, protection and education services.

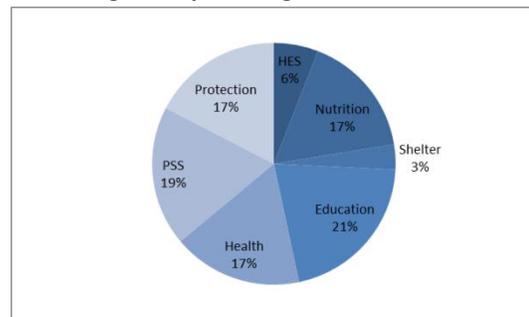


Figure 2 Type of services provided to OVC

### b. *Improve Application of CSI and Design and Implementation of Individual Care Plans*

CAP Mozambique's OVC Partners became more accustomed to the CSI tool and were better able to apply it. Niiwanane and ANDA have demonstrated improved proficiency in using the tool. HACI continues to struggle, but we hope that this will improve now that systems have been put in place to provide better quality TA to subpartners. However, the development of care plans remains challenging primarily because resources to address the needs are limited. It is clear that our Partners are struggling most to address financial hardship, as well as a lack of access to clean water and sanitation, mosquito nets and nutrition. Accessing legal, health care and education services are generally easier, and Partners are able to confirm completion of most referrals. Partners also struggled to re-apply the CSI after the six-month interval, partly because it is a complicated and time-consuming task, and partly because CSI and care plans are conducted gradually over an extended period of time, making it difficult to keep track of when to re-apply the assessment. We continue to provide TA to all partners to repeat the CSI with six-month interval.

In the next reporting period, our TA to Partners will focus on analyzing the results of the CSI re-application to assess impact of service delivery. We analyzed 204 of LDC's approximately 600 CSI that were applied twice in the past 12 months. Our aim was to develop and pilot a tool for CSI analysis that could potentially be used by our Partners to assess impact of service delivery. We concluded that 81% of the CSIs showed a positive change, 4% no change and 15% a negative change. Processing individual CSI data turned out to be time consuming, and interpreting the results complex. We are not yet confident that the analysis of CSI is a reliable way of measuring impact and a program management tool useful beyond setting priorities for interventions. In the next reporting period, we will explore what other reliable conclusions can be drawn using the data to determine if further investment is merited.

**c. *Improve Referral and Reporting of Family Members to Services***

CAP Mozambique partners refer adults to services but do not record the majority of these referrals. During this reporting period, we introduced a reporting form that captures both adult and OVC referrals. Consequently, ANDA and Niiwanane have begun to report adult referrals. ANDA recorded 18 adult referrals, including 12 (67%) referrals to health care services, all of which were completed. Niiwanane recorded completed referrals for two adults. We will ensure that all Partners report adult referrals in the next reporting period.

**d. *Improve Activista Interpersonal Communication Skills and Ability to Provide PSS***

Towards the end of last reporting period, CAP Mozambique supported two training-of-trainer (ToTs) sessions on psychosocial support (PSS) and interpersonal communication. REPSSI conducted the trainings and strengthened capacity of 32 CAP OVC Partners' supervisors and select local government representatives in basic concepts of psychosocial support and the use of two REPSSI's tools—*Journey of Life* and *Tree of Life*. During this reporting period, REPSSI observed trainings conducted by these trainees for purposes of accreditation. Out of 36 TOT participants, 20 are accredited trainers, six are able to co-facilitate and 10 did not demonstrate the ability to train. Ten of 13 partners have at least one accredited trainer, and five have two accredited trainers. Three government staff are also fully accredited trainers. (See Annex 23 for TOT results.) During this process, our OVC Partners trained 268 *activistas*. The *activistas*' training focused primarily on the *Journey of Life*, a tool that aims to create a supportive social environment for vulnerable children via group discussions with communities and children.

In September 2013, CAP Mozambique contracted Douleur Sans Frontier (DSF) to provide field-level coaching after the *activistas* training. During this reporting period, DSF visited all CAP Mozambique Partners and six HACI subpartners. DSF observed that *activistas* are struggling to provide quality PSS to children and caregivers. DSF identified several challenges:

1. *Activistas* are still assimilating the new PSS methodology and need support and practice to become more familiar with and confident using it. Although supervisors are providing TA, much of their time is absorbed by ensuring quality data collection, recording and adhering to administrative procedures.
2. The new methodology appears to have replaced more traditional means of providing PSS. Emphasis is on following the steps described in the *Journey of Life* methodology. DSF anticipates that with more TA and application experience, *activistas* will begin to reintegrate traditional means of PSS.

3. *Activistas* still lack the skills, tools and confidence to provide individual child-focused PSS. At times, they appear to avoid approaching children who display psycho-social stress and symptoms of trauma. Instead, they focus on health care, education and legal services.
4. Even with training, *activistas* will require continuous support to deal with severely traumatized children. Unfortunately, psychologists are rarely available to provide back-up support.

When we began building partners' capacity to provide quality PSS to beneficiaries, we had no illusions about the complexity of the task. DSF's observations underscore this point. CAP Mozambique and DSF have started formulating concrete follow-up support to help partners address the challenges. This will include integrating a one to two day training on *Tree of Life* into the next round of DSF field-level support, providing the REPSSI *Tree of Life* materials to *activistas*, and continuing on- and off-site support to supervisors based on DSF's field observations.

***e. Establish and Strengthen Linkages to the Formal Health and Social Services Systems***

Our Partners' ability to help beneficiaries to access multiple services continues to improve. All CAP Mozambique OVC Partners and HACI's subpartners are using the FHI 360-developed, MISAU-approved referral forms that help us monitor completion of referrals, particularly to health services. During this reporting period, CAP Mozambique OVC Partners referred 848 OVC to services, including 262 (30%) to health care services, and confirmed that 542 (63%) were completed. This represents a substantial increase in reported referrals. In the last reporting period, partners only reported 272 referrals and 126 completed referrals.

Partners have reached out to advocate or collaborate with district-level authorities. For example, INNAS and SDSMAS provided *cesta basica* to families in need; the District Level Education Department advocated free access to secondary school for 15 adolescents; the district office of the Ministry of Agriculture provided OVC families with technical support and seeds to establish vegetable gardens; and local leadership advocated for access to communal lands for its family groups. ANDA, LDC and Niiwanane have been particularly effective in seeking these partnerships.

An analysis of OVC Partners' referrals made during this reporting period shows the following:

- Most referrals are to health care (31%), education (34%) and protection services (33%) (*See Figure 3*).
- Most of the referrals to health care (54%), education (61%) and protection (81%) were completed (*See Figure 3*).
- Health referrals include reintegration in HIV care and treatment services of children and caregivers, but most commonly refer to routine child health care services. Niiwanane's data show that children are referred to immunization and weighing services repeatedly, underscoring the organization's commitment to monitor the well-being of the children.
- Protection referrals primarily provide OVC beneficiaries access to birth registration and poverty statements that give children access to free social services.

- Referrals to nutrition services were most difficult to complete.

We assisted OVC Partners to assume an expanded role in the HIV continuum of care, including tracing of HIV care and treatment defaulters in communities and beyond the OVC beneficiary families. We have introduced USAID’s defaulter tracing indicators and MISAU reporting forms and encouraged partners to contact ART clinics to become members of defaulter tracing and re-integration committees.

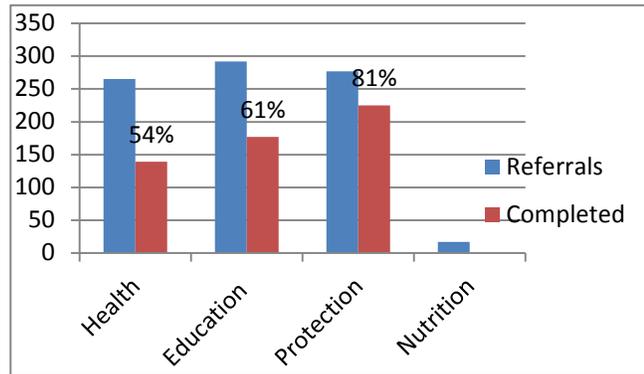


Figure 3. Referrals by Types of Service

Niiwanane is already referring and reintegrating OVC beneficiary defaulters

into HIV care and treatment but will begin tracing defaulters beyond its OVC beneficiary target group in April 2014. ANDA, a member of ART defaulter tracing and re-integration committees in Manica, routinely participates in its meetings and reintegrates ART defaulters. Starting in April 2014, ANDA will refer HIV care and treatment defaulters in CAP Mozambique-supported communities as well. Our observations in the field indicate that HACI subpartners and Kubatsirana are also tracing HIV care and treatment defaulters, but are not reporting on this indicator. We will work with HACI and Kubatsirana to systematize and report referrals and outcomes.

#### f. *Initiation of Advocacy-related Activities*

Niiwanane and ANDA provide excellent examples of the power of advocacy:

- ANDA \ successfully engaged the District Level Education Department (SDEJT) to advocate free access to secondary school for 15 adolescents.
- In March 2014, Niiwanane received 30 *cesta basica* from INNAS.
- SDEJT seconds teachers to LDC established and managed kindergartens.

To strengthen Partner capacity in advocacy, we restarted our conversation with Citizens Engagement Programme (CEP) to explore collaboration. CEP aims to build capacity of CBOs in rural districts in Nampula, Manica and Zambezia on the use of score cards to advocate for improved access to and quality of social services. We are discussing the possibility of CEP providing TA to one Partner to improve its advocacy effectiveness.

### 3. Collaboration: Fostering Exchange among Peer Organizations

In addition to discussing household economic strengthening at the Semi-annual Partners Meeting, ANDA, LDC and Niiwanane visited Jhpiego’s project in Njavela District, Maputo, primarily to observe GBV-screening-related activities. Jhpiego designed the project to increase demand for HIV testing, care and treatment services. At a later stage, Jhpiego integrated referrals to VMMC and screening for GBV. Our Partners observed door-to-door visits and learned about the system to track uptake of services. They also learned about the importance of developing strong working relationships between community and clinic-based services using well-functioning referral, counter-referral and follow-up mechanisms to ensure that services are

available and accessed. We will help our Partners adapt and integrate elements of Jhpiego's intervention into project activities.

#### **4. Programa Para o Futuro – Mozambique (PPF-MZ)**

##### **a. *Key Achievements***

In the current reporting period, PPF-MZ and/or subpartners:

- Completed the second scale-up learning cycle of 125 youth;
- Implemented e-mentoring with 65 mentors ;
- Conducted the endline monitoring study for second group of youth and carried out follow up surveys to track PPF graduates;
- Found that 90% of graduates were continuing their education, and approximately 60% of the graduates from the pilot phase were employed in the formal or informal sector.
- Placed second cycle youth in internships;
- Continued providing support to address minimum standards;
- Supported strengthening ASF and the four community-based organizations (CBOs);
- Created youth clubs with PPF-MZ graduates to enable youth to continue to participate in activities to further employability opportunity, community service and ICT knowledge and skills;
- Drafted a tool kit to provide step-by-step guidance on how to implement PPF-MZ;
- Expanded relationships with the private sector to create internships, identify e-mentors and support job placement;
- Launched internships; and
- Explored potential private sector partners in Tete, Nampula e Nancala.

##### **b. *Complete the Second Learning Cycle***

The second group of youth completed the learning cycle in December. One change was the expansion of the e-mentoring program. PPF-MZ organized thirteen e-mentoring sessions with 65 mentors who established relationships with youth from the first and second learning cycles. Each mentor worked with three or four young people. Topics of conversation focused on employability themes, including advice on youth's curriculum vitae, career planning, oral and written communications and creation of professional networks. Both mentors and youth appreciated the relationships, and they communicated with each other more frequently than expected. After the program, many of the e-mentor-youth relationships have been maintained, and mentors have expressed interest in continuing. Unfortunately, PPF-MZ was unable to use a portal based in Brazil which would have provided greater privacy and control over the communications. The portal experienced such heavy usage that it was too slow to use for e-mentoring. PPF-MZ, therefore, revised its strategy and youth and mentors communicated by email instead of through the portal.

Unlike the first group, the participants in the second cycle were more educated, older, more mature and progressed more rapidly. December's weather and calendar posed challenges: heavy rains and school vacations reduced participation in the final weeks of classes. To make up lost

time and help prepare youth for their internships, PPF-MZ added sessions in January that addressed employability, behavior at work and advanced ICT skills.

As in the first cycle, the youth continued the replication session with peers in the communities focusing on reproductive health, self-employment and employment. These sessions reached an additional 102 youth outside of PPF-MZ. These sessions fostered the young people's public-speaking skills and ability to assume the role of teachers or facilitators. The organizing CBOs also found that the sessions bolstered their work in health and sanitation.

In December, the youth in the first learning cycle graduated. To provide ongoing support, PPF-MZ designed youth clubs for the graduates to come together to build skills and collaborate on youth-led and youth-designed activities. Three clubs have been formed, each with a different theme: employability, community service and ICTs, respectively. For example, to start, the employability club will map the labor market to better define the skills, jobs and income-generating opportunities available in the formal and non-formal sectors. Approximately 40 youth will participate in the clubs' activities from April through June. In addition to the clubs, eight to 10 graduates visit the PPF-MZ classrooms each day to receive help updating their CVs and searching for jobs.

### ***c. Capacity Building in PPF Methodology***

Because most of the facilitators had been with PPF for a year, it was decided they needed no formal training on the methodology. PPF and NGO facilitators held bi-weekly meetings to analyze progress and make any necessary adjustments to their plans. Several staff from ASF and ADC participated in quarterly CAP Mozambique meetings to build their knowledge of savings and rotating credit programs and establishing partnerships with the private sector. They then shared this information with other facilitators. In addition, FHI 360 and DPMAS trained two facilitators in child protection and prevention of gender-based violence.

To guide organizations who wish to implement the methodology, PPF-MZ is developing a tool kit, curriculum and database of supporting projects. The tool kit will provide step-by-step guidance relating to staff profiles, selection and training, selection of youth, project based learning, e-mentoring and internships.

### ***d. Recruit and Retain Staff***

There were no staff member transitions during this period.

### ***e. Establish Endline for Monitoring and Evaluation***

PPF-MZ carried out an endline knowledge, attitudes and perceptions survey (KAP) of all participating youth, analyzed the first cycle of qualitative and quantitative data and surveyed PPF graduates from the pilot and first learning cycle. PPF was able to survey 162 of 188 graduates. The survey showed that 90% of graduates were continuing their education, and approximately 60% of the graduates from the pilot phase were employed in the formal or informal sector. The KAP survey found increased ICT and financial literacy skills, increases in self-perception and self-confidence, and that after the program; youth provided greater support to their families. The

survey also showed high results in reproductive health knowledge and behaviors at the baseline. This survey will be repeated following completion of the internships.

**f. *Engage Government***

PPF-MZ continued to its close collaborate with the Provincial Department for Women and Social Action (DPMAS) for Sofala. Regular meetings focused heavily on the minimum standards. To better harmonize NGO activities with the Social Economic Plan for Sofala, PPF participated in NGO-coordination meetings organized by the Sofala Governor

**g. *Select Youth Participants***

No new participants were selected during this reporting period.

**h. *Initiate Second Cohort Internships***

PPF-MZ launched the second cycle of internships in January and February 2014. Because the learning cycle was completed in mid-December, the internships could not begin until January or February. Of the 65 organizations PPF asked to provide internships, 21 agreed. These include new companies such as MOVITEL, ADM (Aereoportos), ADEL, JCJ OFICINAS, MANICA, INCAJU and PAPUS Take Away. Several of these companies see strong possibilities for future work for the interns. For example, MOVITEL received 10 interns and plans to hire those who meet the company's performance standards. NESTLE hired two interns on a temporary basis; following a probationary period and good performance, these youth could be offered formal positions. Transportes Carlos Mesquita (TCM) will hire one of two interns and hopes to be able to accommodate more interns in the future. INCAJU will train 12 interns on the production and commercialization of cashew plants and other fruits and decorative plants. Following the internship, INCAJU will provide a technical expert to help the youth create their own businesses. MANICA, another PPF corporate partner, is considering hiring 15 PPF graduates.

**i. *Work on Minimum Standards***

When PPF-MZ first began implementation, support to families to meet minimum standards was not involved. To comply with the minimum standards established by the government, PPF-MZ added this service when it scaled-up its learning cycle in November 2012. To provide this service, NGO partners worked with the CBOs in the three neighborhoods where PPF-MZ operates. The CBOs hired *activistas* who meet with each of the families/caregivers of PPF-MZ youth to identify their needs and provide information and assistance to help the families secure more comprehensive services.

CAP Mozambique staff provided training over the last semester to strengthen the capacity of two NGOs and four CBOs to collect, record and input data into databases. Despite this training, we are still concerned about the quality of the data. We are also concerned that the *activistas* have not been sufficiently trained to provide the comprehensive family services envisioned by the minimum standards. Three of the four CBOs have no prior experience with the minimum standards. After a review of experiences over the last 16 months, PPF-MZ has decided to limit its work to Kugarassica, the one CBO that has had more training and experience and is part of the PCC project. Except for education services, any other services will be reported under PCC and not under CAP Mozambique.

**j. *Strengthen Institutional Capacity***

Institutional capacity building support focused on ASF since ADC has already received substantial support. CAP Mozambique support included: 1) training on HR manuals and performance evaluation; 2) meeting with ASF's governing committees to evaluate the organization's success in implementing the ASF's Plan of Action, and 3) providing technical assistance to finance staff. In November, PPF-MZ held a workshop for CBOs titled, "*How to Prepare OVC for a Professional Future using Project Based Learning.*" Thirty-two CBO staff participated in the workshop. Participants were enthusiastic about the methodology and encouraged the team to expand this training to other NGOs.

**k. *Collaboration and Partnerships***

PPF-MZ staff met with a number of potential partners in Tete to explore the possibility of replicating PPF-MZ with private sector support. The Rio Tinto mining company is the most significant lead PPF-MZ identified. Rio Tinto's staff expressed interest in receiving a proposal to create 1) a program for youth that focuses on soft and employability skills before a three-year technical training program and 2) a program for current staff on soft skills. Despite its initial enthusiasm, a month later the company indicated it was unable to move forward. At that time, because of a worsening security situation, the company appeared to be taking steps to reduce its exposure in the country. PPF-MZ is currently exploring opportunities for partnerships in Nampula and Nacala and is planning a visit to meet with prospects.

In addition, PPF-MZ has been in discussions with Rafael Consulting, a company that provides recruiting and training services for companies in Beira, about a partnership to provide technical training and job placement for PPF-MZ youth. Rafael Consulting identifies companies that have hiring needs, selects potential employees, provides tailored training to meet the needs of the company and then places the graduates in internships or directly into jobs. A Rafael representative who visited PPF-MZ classrooms was impressed with the youth. PPF-MZ is therefore proposing to revise its strategy with the next learning cycle by shortening the program from six months to 4.5 months after which time half of the youth would be trained by Rafael Consulting for specific jobs. The other half of the youth would go on to internships arranged by PPF-MZ.

PPF-MZ also talked with INEFP and technical schools in Beira and Tete about partnerships to incorporate much of the PPF-MZ methodology into these public institutions' ongoing programs. Despite interest among these institutions, PPF-MZ discontinued further conversations because USAID indicated that this collaboration was not tied closely enough to OVC and to PEPFAR objectives, the source of PPF-MZ funding.

Three staff members from ANDA-Manica, a CAP Mozambique recipient, visited PPF-MZ for three days to learn about the PPF-MZ methodology. The NGO plans to implement a program that builds on the experience of PPF-MZ. PPF-MZ and ANDA-Manica have been in contact to determine how to provide support as ANDA-Manica creates a youth employability program.

## **1. *Principle Challenges to be Addressed***

The following challenges and opportunities were identified:

- Ensuring that data collection and provision of comprehensive family support services meet the minimum standards. This will be rectified with the next group by working only with Kugarrasica, a CBO with greater experience with these services.
- Securing internships and jobs for more than 120 youth. Few companies have experience using interns; those who do engage mostly university students. Despite this, PPF-MZ is becoming better known among companies, particularly as companies that support interns have positive experiences. As discussed above, one way PPF-MZ is addressing this challenge is through developing a partnership with a recruitment firm with close relationships with employers.
- Engaging private-sector partners interested in supporting replication of the methodology. PPF-MZ has held discussions with two of the largest foreign investors in the mining sector, Vale do Rio Doce and Rio Tinto. Both companies initially expressed interest in the program. However, as PPF-MZ pursued more concrete discussions about financial support, interest from both companies disappeared. As noted above, Rio Tinto indicated that they cannot support such an initiative at this time. This diminishing interest among companies could be related to their profitability or could be related to the security situation.
- Assuring safety and security of the youth. Beira has been the site of political unrest in recent months, particularly during the municipal elections in November. PPF-MZ took actions to ensure the safety of the youth. The security situation has since improved.

## **VII. Care and Treatment**

### **A. KEY ACHIEVEMENTS: CARE AND TREATMENT COMPONENT**

In the current reporting period, CAP Mozambique and/or Partners:

- Provided 1,074 individuals in debate groups and 307 via household visits with information on Infant and Young Child Feeding (IYCF) practices;
- Conducted demonstrations on how to prepare fortified porridge for 311 lactating and pregnant women and 21 mothers-in-law;
- Mobilized 7,705 session participants, workers and community members for HTC, of whom 59% were tested and received results either from DPS, CAP Mozambique or USAID-supported Partners;
- Reached 1,490 CSW and truck drivers with individual and/or small group level preventive interventions, tested 17% (260) for HIV and referred 124 to health care services;
- Introduced referral form and associations recorded and reported 68 women and children to ART, STI, TB and pre- and post-partum services, of which 31% had accessed services at the time of this writing; and
- Conducted pre-service training program for 453 community health and para-social workers who successfully completed on HIV related topics.

## B. SPECIFIC ACTIVITIES: CARE AND TREATMENT (C&T) COMPONENT

During this reporting period, CAP Mozambique continued to support one Care and Treatment Partner, IBFAN.

### 1. Project Cycle and Results Management

#### a. *Develop Workplans and Budgets and Support Partner Close Out*

For the third time, we provided TA to IBFAN to develop a narrative describing project modifications, along with a workplan, budget and targets covering the remainder of each Partner's grant with CAP Mozambique. IBFAN had to work within budget guidelines furnished to reinforce the importance of planning in a resource-constrained environment. Table 6 offers a snapshot of planned TA and the status of IBFAN's period of performance.

**Table 6. IBFAN Period-of-Performance and Annual Planning Status**

Partner	Period of Performance	Planning TA	Status of Modification
IBFAN	Aug 16, 2010 - April 30, 2016	March 2013	Finalizing USAID approval package

To develop its annual workplan, IBFAN independently applied evaluation guidelines we prepared to analyze its previous year's results, challenges and solutions, as well as plan routine activities for next year. The supervisors of IBFAN's member associations were present and brought field experiences into the discussions. With CAP TA, IBFAN integrated prevention and screening of GBV into its annual workplan. IBFAN will be included in N'weti's data-review-sharing meeting and technical-contents training. Also, to identify GBV clinical services IBFAN will begin mapping GBV services in the next reporting period.

ANEMO progressed sufficiently to be selected by USAID to receive a direct grant. As a result the organization required minimal TA to close out its CAP Mozambique grant in September.

#### b. *Support Partner Workplan Implementation and Reporting*

Activities focused on improving Partner capacity to effectively report program and financial information. We continued to routinely monitor IBFAN's implementation progress and provide TA to improve its reporting.

Through this support, we observed both growth and challenges. IBFAN continues to submit good narrative reports. In October 2013, we provided TA on the correct use of data to comply with the minimum standards established by the government, introduced indicators on referrals and completed referrals, and helped IBFAN analyze human resources allocations for data management. Based on the staffing analysis, IBFAN decided to share data-collection and -reporting responsibilities with the supervisors of its member associations. IBFAN's main role is to verify the associations' reports. Since October 2013, three of the six associations are managing their own data. The remaining three still require IBFAN's assistance. As a result of the devolution of responsibilities, data reporting has improved, and IBFAN submitted good results tables for the last quarter.

In the previous reporting period, CAP Mozambique identified that IBFAN was not sufficiently monitoring the fieldwork of its member associations to ensure quality service delivery. We

provided support to help IBFAN increase the frequency and effectiveness of its TA. In response, IBFAN has notably improved the frequency of its TA, but still needs to increase TA efficiency by involving supervisors more effectively. We will continue to help IBFAN improve supervision and the quality of debate sessions, demonstrations, home visits and referrals.

During field observations, IBFAN found that some child-health cards were inaccurately completed. IBFAN also noted that *activistas* and health clinic staff were inconsistent, even contradictory, in terms of delivering messages about the duration of breastfeeding for women living with HIV. IBFAN's *activistas*' information is more up to date and follows the latest MISAU-approved guidelines. The contradictory information, however, confused mothers and put IBFAN in a difficult position. We advised IBFAN to engage DPS to solve these issues. IBFAN met with DPS on 21 March 2014. DPS noted that MISAU introduced a new child-health card that health personnel still have to get accustomed to. DPS also acknowledged that the content in technical training does not always cascade effectively to front-line health workers. DPS will include both issues in the next refresher training. Finally, DPS will request clinical partners in Maputo to reinforce the new IYCF guidelines for HIV-positive women.

One CAP Mozambique OVC Partner, Kubatsirana, is providing home-based visits. In this reporting period, Kubatsirana provided these services to 95 individuals. Of those who received services, 45% were under the age of 15 years, and were 50% female. While the staff providing these services are nurses trained in HBC, Kubatsirana did not have necessary medical supplies, so they were not counted as Home-Based Care.

### ***c. Support Partner Human Resources Recruitment***

CAP Mozambique provided TA to IBFAN to recruit two new staff members: one to monitor field-level implementation and support improvements in service delivery, and the other an accountant. IBFAN's need for an accountant gained urgency after its members at its October 26 General Assembly voted to become fiscally independent from AMODEFA, and CAP Mozambique subsequently determined IBFAN did not have sufficient capacity to manage USAID funds. IBFAN agreed to recruit a more competent accountant, and CAP Mozambique helped develop the job description and announcement.

## **2. Programmatic Technical Assistance**

Through routine monitoring and annual workplan development, CAP Mozambique identified several areas in which IBFAN would benefit from additional technical capacity.

### ***a. Improve Supervisor and Activista Performance***

Over the past 12 months, IBFAN lost a number of *activistas* who moved, found other employment opportunities or died. The organization is currently working with 118 instead of 150 *activistas*. Despite the loss of *activistas*, IBFAN continues to reach targeted numbers of women with home visits and debate sessions; but *activistas*' workload has increased. IBFAN will recruit and train new *activistas* in the next reporting period.

After monitoring IBFAN debate sessions and demonstrations, we noted that *activistas* were knowledgeable and responsive to their target audiences, but needed to polish their facilitation skills, particularly for demonstrations. CAP Mozambique will help IBFAN achieve this.

In this reporting period, 311 lactating and pregnant women and 21 mothers-in-law learned about the importance of feeding infants fortified porridge from IBFAN *activistas*.

**b. *Support Improved Recording and Reporting on Referrals***

In the current reporting period, we helped IBFAN introduce the FHI 360-developed, MoH-approved referral forms to five member associations. HOCOSIDA (Machava), IBFAN's sixth partner, started using the forms at the end of FY2013.

Field observations show that most *activistas* are comfortable using the referral forms, but that transferring complete data to the database remains challenging. In this reporting period, IBFAN reported 68 referrals predominantly to ART, TB and STI care and treatment, family planning, and pre- and post natal services. Only 21 completed referrals made since December 2013 could be analyzed—about one third for peri-partum care, one third for treatment adherence and the remainder were for TB, family planning, STI, or post-exposure prophylaxis (PEP) services. Some health clinics do not accept the forms. When CAP Mozambique provided IBFAN with the referral form, it did not yet contain MISAU's logo. FHI 360 has since received and shared with Partners an official approval letter from MISAU regarding the use of the referral forms. New orders for referral forms will contain the MISAU logo. In the meantime, CAP Mozambique advised IBFAN to share the approval letter with DPS.

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

We supported all four Prevention Partners to sustain demand for HTC. CAP Mozambique also supported these Partners to lay the ground work to expand community-based HIV prevention, care and treatment support, including HIV care and treatment defaulters tracing, and raising awareness on and referrals to PMTCT, STI, family planning and GBV services. Partners have included relevant staff in their budgets, contacted health service providers and conducted community consultations to identify factors that support and limit access to these services. Prevention Partners have approached health clinics to become part of the mechanisms established to increase retention to ART. For more detailed information about these activities, refer to section V. *Prevention*.

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

We continue to support all OVC Partners to increase and sustain demand for HIV-related health services among beneficiary families by encouraging referrals to HTC and, where appropriate, to HIV care and treatment services for all family members.

Two OVC Partners, ANDA and Niiwanane, laid the ground work to integrate HIV-prevention debates sessions with OVC beneficiaries and their communities. We recruited N'weti to develop a debate-session manual for OVC Partners that will be available in June. Niiwanane recruited two trained facilitators who, in anticipation of N'weti's debate-session manual, accompany *activistas* and share information about HTC, ART and PMTCT with OVC beneficiary families, then refer them to services using the referral forms. The two facilitators, who began working one week before the end of this reporting period, also identified and reintegrated two women in ART. All OVC Partners are approaching health clinics to become part of the mechanisms established

to increase retention in HIV care and treatment. ANDA and Niiwanane will begin to receive lists of defaulters in April 2014. IBFAN and Kindlimuka Boane were already referring defaulters to clinics but did not systematically record and report this activity. Since December 2013, one of IBFAN's associations has reintegrated eight ARV treatment defaulters. CAP Mozambique continues to provide TA to IBFAN and HACI to ensure that this information is collected and reported.

### **3. Collaboration: Fostering Exchange between Peer Organizations**

To enhance its capacity to influence infant and young child nutrition, in October IBFAN visited MOZAic Trust, a Mozambican organization that has an exemplary program training beneficiaries to produce and use locally available, highly nutritious food for children. CAP Mozambique helped set up very productive meetings over three days during which MOZAic shared its knowledge. IBFAN planned to integrate what it learned from MOZAic in supervisor and *activista* training however, MOZAic was unwilling to provide its materials unless it also conducted the training. Consequently, IBFAN engaged MOZAic to conduct a joint training during the next reporting period. We will report on the outcome of the training in SAR 11.

## **VIII. Gender-Based Violence (GBV) Prevention and Response**

### **A. KEY ACHIEVEMENTS: GBV COMPONENT**

In the current reporting period, CAP Mozambique and/or Partners:

- Reached 18,487 individuals – 9,615 women (52%) and 8,872 men (48%) - in this period with an intervention that explicitly addresses gender-based violence and coercion (Gender-Based Violence indicator 1);
- Reached 5,590 individuals – 2,823 (51%) women and 2,767 (49%) men - by an individual, small-group, or community level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS (GBV Indicator 4);
- Laid the groundwork for initiating much-needed GBV-screening activities in CAP Mozambique-supported projects with an inspiring exchange visit with Jpheigo;
- Mapped and identified potential clinical partners for GBV referral services in three districts in Zambezia, Nampula and Manica in preparation for screening activities;
- Conducted a POAP with HOPEM and developed a capacity building plan to provide key organizational support to this organization working with men on gender issues; and
- Began spending newly-allocated GBV funds—\$3021.49—on GBV activities.

### **B. SPECIFIC ACTIVITIES: GBV COMPONENT**

In the current reporting period, CAP Mozambique provided OD support to Partners addressing GBV through prevention, response or mitigation activities. Our approach of integrating OD and programmatic support enhances the sustainability of partner organizations and their work.

#### **1. Strengthening Organizations that Contribute to Addressing GBV**

In addition to providing ongoing OD support to GBV Prevention Partners' response and mitigation activities, we conducted a POAP with HOPEM. We identified capacity gaps in HR, administration and finance policies and procedures, fiduciary oversight, development of M&E

systems and project cycle management and drafted an ICBP that addresses each. (See Annex 5 for HOPEM's ICBP).

We also provided intensive OD support to nine of our OVC and Prevention partners that have integrated or will integrate GBV activities into their interventions. This work is described in the OD section of this report.

## **2. Providing Programmatic Technical Assistance to Prevent and Respond to GBV**

As part of our routine TA, we monitored Prevention Partners' implementation of and reporting on GBV sessions. Six of them conducted GBV-prevention activities designed to address GBV Indicator 1<sup>1</sup>, and reported accordingly. One, N'weti, reported on GBV Indicator 4<sup>2</sup>, reaching 2,767 men and 2,823 women. The six Prevention Partners and N'weti reached 18,487 individuals—9,615 women (52%) and 8,872 men (48%)—with GBV Indicator 1 messages. As of January, two of the six GBV Prevention Partners had concluded their CAP Mozambique awards. N'weti concluded its field activities at the end of September 2013, but reported its achievements in October 2013 to comply with CAP Mozambique's reporting cycle. (Refer to *Section XII. Project Performance Indicators* of this report for details.)

In the next reporting period, we anticipate that the four remaining Prevention Partners will report on GBV Indicator 4. We contracted with N'weti to conduct a desk review, develop and pilot debate sessions and train Prevention Partners' supervisors on a series of new topics, including norms about masculinity related to HIV/AIDS. During February and March, in anticipation of the desk-review results, our Prevention Partners applied their formative-research skills to conducting abbreviated, gender-sensitive community consultations on the new debate-session subjects. The results, available in the next reporting period, will inform N'weti's development of culturally and socially appropriate messages. We anticipate that two OVC Partners—Niiwanane and ANDA—will integrate N'weti-designed HIV-prevention debate sessions into their project activities and begin to report on GBV Indicators 1 and 4. IBFAN will include GBV-related sessions in its manual and begin to report on GBV Indicators 1 and 4 towards the end of FY2014.

Representatives from CAP Mozambique attended all USAID-supported meetings on GBV Indicator 2 to learn how other GBV partners are conducting GBV screening and referrals. We then shared what we learned about screening practices with select OVC and Prevention Partners during Partner-specific annual workplan meetings. As a result, two of our OVC Partners, one Prevention Partner and IBFAN, have included GBV screening in their workplans for the coming 12 months. Prevention Partner NAFEZA will adopt an approach similar to what it observed during January's CAP Mozambique-facilitated exchange visit to Jhpiego's project in Ndjavela (further described below). NAFEZA has identified a clinic near a neighborhood in which it works in Nicoadala that offers PEP and PSS services to GBV victims. GBV services are not available in Inhassunge, and NAFEZA will therefore only introduce GBV screening in Nicoadala. IBFAN will map GBV services during the next reporting period before starting screening using *activistas* who are trained counselors.

---

<sup>1</sup> Definition of GBV Indicator 1: Number of people reached by an individual, small-group, or community-level intervention or service that explicitly addresses gender-based violence and coercion

<sup>2</sup> Definition of GBV Indicator 4: Number of people reached by an individual, small-group or community level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS

Two OVC Partners—Niiwanane and ANDA—will conduct debate sessions on GBV which we anticipate will create demand for services. We will help the OVC Partners develop GBV-screening approaches, taking into account their organizational and community resources. Where possible and appropriate, OVC Partners will collaborate with other community based GBV-prevention and -response initiatives with trained and experienced staff. Niiwanane has identified clinical GBV services to refer victims to and will foster strong referral and counter-referral linkages. The referral facility offers PEP and PSS services. ANDA will work closely with CHASS-SMT clinical partners to ensure service delivery to GBV victims in Manica.

In collaboration with HPP, we will assist our Prevention and OVC Partners in developing an organizational GBV-response protocol prior to initiating screening activities. By designing the response protocols, we will not only guide the organizations' response to sexual GBV, but also offer strategies to prevent and mitigate sexual and other forms of GBV. GBV interventions must encompass a broad scope of services, and we are assisting our Partners to create multiple links with communities, community leaders, clinical and judicial services and the police.

In June 2013, select CAP Mozambique Partners participated in an HPP-conducted workshop on mainstreaming gender into policies and procedures. During the workshop, each Partner conducted a gender audit of its policies and procedures and developed an action plan to address gaps. In FY2014, when we provided TA to Kukumbi to improve its human resources policy, HPP also assisted Kukumbi in mainstreaming gender into its HR policies based on the findings of the gender audit.

We reported in the previous semi-annual report that the mid-line evaluation revealed several positive outcomes of our support around GBV prevention. Notably, the participatory method used with beneficiaries and community leaders appears to have positively affected behaviors. In Nampula and Zambezia, male leaders themselves proudly reported their own changes in behavior around gender equality. Recently, we identified a potential opportunity to do more research to better understand the impact of our GBV-related work. FHI 360 included operational research on our GBV work in Zambezia as part of a proposal for the Supporting Operational AIDS Research project, launched by the Bureau of Global Health, Office of HIV/ AIDS. The objective of the study would be to assess the impact of the intervention activities on the prevalence of HIV counseling and testing services. We would conduct a survey of communities in Zambezia and compare results for those communities that have received HIV and GBV interventions from CAP Mozambique Partners with those who have not.

## **IX. Monitoring and Evaluation (M&E)**

### **A. KEY ACHIEVEMENTS: M&E COMPONENT**

During the current reporting period, CAP Mozambique:

- Trained 11 Partners on new indicators and tools for collecting, compiling and reporting data for these indicators (referrals, completed referrals, economic strengthening, food and nutrition, and searching for individuals that have abandoned treatment);
- Facilitated six data verification visits with Partners in Sofala, Nampula, Zambezia and Manica provinces;

- Partners receiving data verification visits for the second time demonstrated significant positive changes in the quality of their data and are using data-verification techniques themselves to ensure quality data;
- Facilitated a data-verification exercise with the PPF-MZ project and provided TA to improve data quality;
- Provided TA for one OVC Partner on use of the CAP Mozambique OVC database; and
- Supported seven Partners in finalizing overall project results during grant close-out.

## B. SPECIFIC ACTIVITIES: M&E COMPONENT

### 1. Technical Assistance to Partners in M&E

We continued to provide TA to all partners to enhance data collection and quality data reporting. Grant extensions will necessitate that partners make adjustments as described below.

#### a. *Introducing New Indicators*

In line with the CAP Mozambique's Annual Workplan for FY2014, we supported our Partners in aligning their projects with continued and new PEPFAR priorities. A number of our Partners initiated grant-extension planning processes during the current reporting period, four partners completed this process and were awarded extensions (Kukumbi, Niiwanane, NAFEZA, and ANDA–Key Populations), and the remaining are either in process or will be initiated early in the coming reporting period. All of the grant extensions include new programmatic activities that require that project indicators and targets be revised. New indicators include those for referrals and counter-referrals, treatment adherence, household economic strengthening and nutrition. A number of the changes require revising or creating new data collection and aggregation tools. Taken together, these changes will necessitate additional training for Partner staff and their supervisors/*activistas*.

The M&E team provided TA to all Partners in this period to help them understand these changes, develop new tools, and consider best how to train their staff. CAP Mozambique created a TA plan for each Partner based on anticipated changes, which described the new indicators for each Partner and roles/responsibilities within CAP Mozambique for ensuring that each Partner would be able to quickly report on its new activities. The M&E Specialist worked with each Partner individually based on this plan, targeting more heavily those Partners that were already positioned to begin new activities and had finalized their grant extensions. That said, our Partners are eager to begin incorporating these changes into their projects, many having already begun to implement new activities, requiring us to provide TA to these Partners in advance.

The introduction of new indicators proved to be a challenge for CAP Mozambique and its Partners, as new tools had to be designed and shared immediately in order to capture results that were already in process in the communities. Since these new indicators were introduced mid-stream into activities, the timing also created a bit of turbulence for those less experienced with capturing data when programmatic activities shift during project implementation.

CAP Mozambique Partners also raised questions about some of the indicators, including insights

about their limitations. One area of confusion is why referrals for non-health services are not reported. Many OVC Partners provide referrals for multiple non-health services, but are only able to count these activities once the referrals are completed. It is not clear to Partners why health referrals are prioritized over other services that support OVC and their families.

Reporting on the economic strengthening indicator posed some challenges for Partners as well, particularly as it is challenging in some cases to know the status of individuals (i.e., whether the individual is a OVC, OVC caregiver, and/or person living with HIV/AIDS). This is particularly challenging when the participating individual is not a direct recipient of the project, but rather a community member invited to join the activity. A further challenge posed by this indicator is that it does not allow reporting on individuals that do not fit into any of these three categories. For one of our Partners, community members have been invited to join the activity in an attempt to reduce the stigma and potential conflict of perceived benefits for OVC and their families—and yet many of these participants cannot be reported against this indicator because they do not fall under one of the three target groups included in the indicator definition.

#### ***a. Referrals and Counter-Referrals***

CAP Mozambique began providing intense TA to its partners in 2013 in capturing and reporting data on referrals and counter-referrals. We noticed considerable improvement in understanding by some Partners on how to capture this data, as they began reporting increased numbers in the current period. It is also becoming evident that our Partners are creating important relationships with institutions that provide services in their target communities, as they are increasingly able to retrieve physical documentation of completed referrals in order to report these numbers as well.

In the current period, most CAP Mozambique Partners began using the FHI 360-developed, MISAU approved Referral Guide that, when combined with their hard work to develop solid relationships with the health units, resulted in the ability to capture and report data on completed health referrals for their beneficiaries.

#### ***b. Using the OVC Database***

CAP Mozambique OVC Partners are demonstrating marked improvement in their use of the OVC database we provide for reporting purposes, reflected in the reduction in the errors in the database and in quarterly reports. We continued to provide support to one Partner still struggling with some aspects of the database, as well as support to PPF-MZ. Although our Partners already report on a disaggregation of ages for OVC served, and the database is set up to capture this information, we still anticipate Partners will require considerable TA to adapt the database, reporting forms, and reports to the new OVC age disaggregations expected in 2014.

#### ***c. Data Verification***

CAP Mozambique conducts a full data-verification exercise with each Partner on an annual basis. This exercise, described in detail in prior reports, is conducted jointly, as it is an important learning opportunity for partners. Our M&E team and partner staff jointly review source documents and track the information through the Partner's M&E system to the formal quarterly reports submitted to CAP Mozambique. Any gaps in the system are discussed with the Partner, and TA is provided to improve performance. The M&E team then tracks the partner's progress in

meeting data quality standards. In the current reporting period, data verification visits were conducted with six partners and PPF. (See Annex 18 for a sample data verification report.)

It was markedly clear in this reporting period just how valuable these data verification processes are to CAP Mozambique and its partners. It was discovered that one Partner, OPHAVELA, was not following its own guidelines for accurate reporting of data. This was mainly due to the recruitment of a new staff member charged with this task that was not properly orientated or trained by the organization. Since the data-verification visit happened early in the life cycle of OPHAVELA's project, and these results are all included in the current fiscal year, the revised results submitted by OPHAVELA enable OPHAVELA to have clean results for their entire project and allow us to report accurately on this Partner's work in this reporting period.

On a positive note, those Partners engaging in this process for the second time demonstrated significant positive changes in the quality of their data. According to these organizations, their data has improved because they implemented our recommendations following the first-data verification visits, and they are using data-verification techniques to ensure quality data. Niiwanane in particular demonstrated considerable growth in its capacity to present accurate OVC data, evidenced by the minimal errors found during the data-verification exercise conducted with them in March 2014. The organization has improved the quality of its data collection, the accuracy of results registered on its database, and the accuracy of results reported overall.

#### ***d. On-going Monitoring and Technical Assistance***

The revision of quarterly narrative reports represents a key opportunity for CAP Mozambique to both ensure quality data reporting and provide TA to Partners. The M&E team monitors the consistency between the activities described in the narrative report and the quantitative results reported in the results table for each Partner.

In the current reporting period, a number of Partners completed their grant awards. During the close-out process, the M&E team supported seven in finalizing their overall project results, and ensuring that the results were consistent with the results CAP Mozambique has on file for each organization. This process was considerably easier than in the past, since we created the quarterly reporting template in Excel for each and verifies each quarterly reporting period the results presented.

Five Partners received cost extensions during this reporting period. With these cost extensions come new activities and the introduction of new indicators. We revised the quarterly report template for each of these Partners based on these new activities and provided TA on the collection, analysis and reporting of data on these activities.

We also conducted regular monitoring visits during this period and provided TA to Partners in areas requiring improvement.

## 2. Prevention Endline Survey

In this reporting period, USAID approved the subcontractor—HIM—for our Prevention Endline Survey, and we signed a contract. In the latter half of the reporting period, FHI 360 and HIM worked together to develop the evaluation protocol and other requisite documents to submit to the Mozambican Bioethics Committee and the complementary ethics review body in the United States. We will submit the documents to both ethics review bodies in the coming reporting period.

## X. Support to Non-Partner Organizations

In FY2013, we provided a basic package of TA in OD to 16 Programa Cuidado Comunitario (PCC) partners. During this reporting period, we collaborated with PCC and CHASS SMT to select six PCC/ CHASS SMT subpartners to receive a more intensive follow-up package of TA. The criteria used to select these organizations included:

- References from other donors, capacity builders or collaborators on the responsiveness of the organization;
- Interest in and commitment to capacity building demonstrated by the governing bodies and ED;
- Capacity of staff and governing bodies to actively engage in capacity building interventions and implement changes resulting from decisions taken; and
- Alignment of capacity building needs with CAP Mozambique offerings.

The following organizations were selected: ACIDECO, CONFHIC, Kugarissica, Rubatano, Shinguiririrai and Centro Aberto de Bárue. A copy of the MOU with CHASS SMT and PCC is attached in Annex 24.

The support we provide to these organizations, as well as to AMOG, HOPEM and ASF, is described in section IV. *Organizational Development* of this report. We also changed the nomenclature from “non-partners” to “OD clients,” which more accurately describes the nature of the relationship and support they receive.

## XI. Coordination with Mozambican Government

We collaborated with the government of Mozambique in several ways during this reporting period. Some Prevention Partners referred participants to government health services for counseling and testing. In other cases, partners collaborated with other NGOs that conducted community based HTC and referred those who tested positive for HIV to the health systems for ARVs and other services. NAFEZA and Kukumbi collaborated closely with DPS in Zambezia to select DPS-accredited counselors for their HTC and HIV care and treatment defaulters tracing activities. All Prevention Partners are laying the ground work to trace HIV care and treatment defaulters and are engaging DPS and ART clinics to become part of ART committees. OVC Partners demonstrated an increased understanding of the importance of comprehensive care and thus are using the MMAS minimum standards as a guideline. We introduced all Partners to the MoH-approved, FHI 360-created referral form, and all are using it. OVC Partners interacted with several other government agencies and advocated for a range of services to meet the needs of their beneficiaries. For example, District Offices of Education enrolled children in school;

INNAS provided basic food packages, and local authorities obtained national ID cards and birth and/or poverty certificates for children. ANDA collaborated with the District Office of Agriculture in Manica to provide TA and materials to support groups creating community fields. LDC organizes and manages the provision of teachers for pre-schools, in collaboration with the District Office of Education in Zambezia,

In addition, we supported ANDA's collaborating with the health, police and social action services in Manica District to develop a protocol for referrals for GBV services. We are also providing similar support to NAFEZA. IBFAN has engaged DPS to ensure consistency in messaging between their *activistas* and clinical personnel on breastfeeding practices for HIV-positive women.

In addition, CAP Mozambique and our Partners continued to participate in coordination meetings and submit quarterly reports to the Provincial Directorates for Health, Education and Women and Social Action (DPS, DPMAS and DPE respectively), the governor's office and the Provincial AIDS Council (NCPS) in all five provinces where we work.

## **XII. Project Performance Indicators**

### **A. PEPFAR TARGETS AND OTHER KEY INDICATORS**

CAP Mozambique is not a direct implementer and reaches targets through its subpartners. Therefore, we base targets on the following two sources of information: 1) Partner-generated target estimates based on the initial project-design process and 2) our assessment of Partner capacity. We then refine targets as additional and/or more precise information becomes available.

The targets illustrated in Table 7 reflect those CAP Mozambique presented in its Annual Workplan, submitted September 2013, and those assigned by USAID in March 2014. Because USAID provided us targets for only two project indicators, the majority of the results in this section are compared against CAP Mozambique's own targets—with the exception of the two USAID targets.

**Table 7. Provisional Targets Proposed to and Assigned by USAID**

Indicator	Targets in approved Workplan Sept 2013	Targets assigned by the Mission March 2014
P.SBRP.03.03: Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	500	0
P.SBRP.01.03: Number of intended target population reached with individual and/or small group level preventative interventions that are based on evidence and/or meet the minimum standards	20,800	12,525
P.SBRP.02.03: Number of intended target population reached with individual and/or small group level HIV preventative interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards	4,600	0
SS-HRH.02: Number of health care workers who successfully completed an pre-service training program	880	0
P-SBRP.05: Number of targeted condom service outlets	85	0
P-SBRP.04: Number of mass media spots delivered	9	0
C-CCC.02: Number of OVC receiving OVC services	5,200	5,470
C-CCC.03: Number of clients receiving home based care services	20	0
P.GBV.01: Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion (GBV)	17,590	0
P-GBV.04: Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS	7,700	0
P-CT-01: Number of individuals who received Counseling and Testing (C&T) services for HIV and received their test results	2,178	0

## 1. Prevention

Table 8 illustrates the Annual Prevention Targets and results for the current fiscal year. Unless otherwise indicated, the targets included in the table below are those set by CAP Mozambique in its Annual Workplan submitted September 2013.

**Table 8: Annual Prevention Targets and Results for Current Fiscal Year**

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
P.SBRP.03.03: Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards	500*	110	22%**	55	33%**
P.SBRP.01.03: Number of intended target population reached with individual and/or small group level interventions that based on evidence and/or meet the minimum standards	12,525*	14,761	117.9%	2,610	138.7%

**Table 8 (con't): Annual Prevention Targets and Results for Current Fiscal Year**

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
P.SBRP.02.03: Number of intended target population reached with individual and/or small group level interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards	4,600	2,426	52.7%	2,405	105%
P-SBRP.05: Number of targeted condom service outlets	85	34	40%	0	40%
P-SBRP.04: Number of mass media spots delivered	9	51	567%	18	767%
P.GBV.01: Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion (GBV)	17,590	13,834	78.6%	4,653	105.1%
P-GBV.04: Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS	7,700	5,590	72.6%	0	72.6%
P-CT-01: Number of individuals who received Counseling and Testing (C&T) services for HIV and received their test results	2,000*	1,975	90.7%	112	95.8%

\*USAID target

\*\* In March 2014, USAID revised the definition for this indicator to no longer include Bridge/Mobile populations. Because this is a group CAP Mozambique considered when developing this target, the target and associated percentages reached are no longer relevant.

CAP Mozambique has surpassed the annual targets on five Prevention indicators at the mid-point in this fiscal year. CAP Mozambique has reached 138.7% of the general population Prevention target provided by USAID in March 2014. CAP Mozambique is *exceeding* its results for this indicator due to: 1) unexpected contribution of results from N'weti, who finished its grant in October 2013, but had results to present for the current reporting period, 2) continued strong performances from grantees in Zambezia province (AMME, KUKUMB, and NAFEZA), 3) higher than expected results from CEDES, and 4) the introduction of results from AJULSID and OPHAVELA. Based on CAP Mozambique's own target for this indicator, performance is on schedule. Because of the reduction in the number of our Prevention Partners beginning in October 2013, general Prevention results dropped in the second quarter of this fiscal year and are expected to continue at this reduced rate in the latter half of this fiscal year.

In the area of Abstinence and Be Faithful, CAP Mozambique has already reached 105% of its annual targets for this indicator. CCM-Sofala is the Partner that contributes to results on this indicator, and it continues to perform strongly in Sofala province. When we began providing TA to CCM-Sofala in late 2013 for its grant extension, the CCM-Sofala design was altered to reduce costs and increase efficiency. In the past, CCM-Sofala had trained new *activistas* in each community for each new cycle. As a result of revisions in project plan for the extension, CCM-Sofala provided existing *activistas* the means to travel to other communities to facilitate prevention sessions. This change, implemented in December, saved time and resources by not

having to train new *activistas*. Consequently, CCM-Sofala completed a cycle earlier than anticipated, thereby raising our SAPR results higher than originally anticipated.

CAP Mozambique has reached 33% of its target for Key Populations (KPs), providing services to 165 CSW with KP interventions. However, the target was developed when the indicator included both CSW and bridge/mobile individuals. In the March 2014 PEPFAR Next Generation Guidance, bridge/mobile populations have been removed from this indicator, rendering the CAP Mozambique target for this activity irrelevant. CAP Mozambique also reached an additional 1,325 bridge/mobile workers with HIV interventions specialized for KPs, originally intended to be counted toward this indicator. In the 2012 SAPR, ANDA reached 647 bridge/mobile workers. The increase represents an improvement in ANDA's effectiveness in this area, as well as an increase in demand. ANDA has begun providing counseling and testing services directly, and is able to be more consistent in both the availability and quality of services provided.

An unexpectedly high number of radio spots produced by CCM-Sofala, resulted in CAP Mozambique exceeding its target for mass media spots by 767%. On the other hand, CAP Mozambique has only reached 40% of its target for condom outlets. The result at this mid-point in the year is lower than expected primarily because ECoSIDA's grant was not extended past December 2013. Since a large proportion of this target was linked to ECoSIDA's activities, it may not be possible to reach the annual target for this indicator. In this reporting period, all of our Prevention Partners together except CCM-Sofala distributed condoms at weekly community sessions they conduct. However, these do not fit the definition of fixed sites, so are not counted for this indicator.

CAP Mozambique has already reached 105.1% of its annual target for interventions that explicitly address GBV and coercion. These results are due primarily to strong performances from CCM-Sofala, AJULSID, NAFEZA, AMME, OPHAVELA and KUKUMBI. We did not expect that the final results from N'weti's grant activities would spill over into the 2014 fiscal year, which increased the results reported for GBV. In comparison with the last SAPR (April 2013), CAP Mozambique reached a much higher number of individuals with GBV messages. In 2013, CAP Mozambique reached 3,965 individuals with GBV messages, compared to 18,487 individuals at the mid-point of this fiscal year. This is because our Partners have successfully integrated GBV messages into their prevention programs and therefore can contribute to the results for this indicator.

At this point in the fiscal year, CAP Mozambique has reached 72.6% of its target for GBV activities that explicitly address norms about masculinity. These results were produced by N'weti in the final quarter of its grant award. CAP Mozambique expects to have additional results presented by other Partners in the latter half of this fiscal year, as they begin integrating content related to norms of masculinity into their Prevention programs.

CAP Mozambique started reporting for the first time on indicator P-CT-01 in October 2013, as two Partners provide testing and counseling services for communities. CAP Mozambique has already reached 95.8% of its annual ATS target. CAP Mozambique reached the annual target of 2,178 individuals through the contributions of ANDA and ECoSIDA. Since ANDA has trained its own counselors and can now provide testing directly to individuals, its testing rates have

increased over the original target projections. ECoSIDA's grant concluded in December 2013, so it contributes to results in the second quarter.

## 2. Orphans and Vulnerable Children

CAP Mozambique has already reached 108.1% of its annual OVC target. The target provided by USAID is 5,470 and CAP Mozambique reached 5,912 individuals in the first half of this fiscal year. All of CAP Mozambique's OVC Partners had their OVC families registered at the beginning of this fiscal period and began providing services immediately (often continuing services initiated the previous fiscal year). Through nine subpartners in Maputo City, Maputo Province and Manica Province, HACI is now presenting more than half of CAP Mozambique's results for this indicator.

The comprehensiveness of CAP Mozambique's OVC interventions is illustrated through the individuals reached with multiple OVC services in Table 9. Interventions are carefully designed to ensure that OVC and their families will receive quality and comprehensive care, either through direct services or through referrals to institutions located in the community.

CAP Mozambique has reached 51.5% of this target to date, having trained 453 activists. This result is in line with CAP Mozambique's projections for the fiscal year, as a number of trainings are scheduled with CAP Mozambique prevention and OVC Partners to integrate new activities. CAP Mozambique expects to reach this target by the end of the fiscal year. Partners contributing toward this indicator are LDC, Kubatsirana, HACI, ANDA, Niiwanane and ECoSIDA.

**Table 9. Annual OVC Targets and Results for the Current Fiscal Year**

\* USAID Target.

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
C-CCC.02 - Number of OVC receiving OVC services	5,470*	4,775	87.3%	1,137	108.1%
Education and/or Vocational Training	-	3,381	-	1,111	-
Psychosocial, Social and/or Spiritual Support	-	2,393	-	1,539	-
Legal and Protection Services	-	2,559	-	1,177	-
Food and Nutrition	-	2,438	-	1,113	-
Economic Strengthening	-	748	-	523	-
Shelter and Care-giving	-	552	-	170	-
Health Care Referral	-	2,749	-	960	-

## 3. Home-based Care (HBC)

CAP Mozambique's proposed target for this activity is 20. Kubatsirana is conducting home visits with individuals that are trained in palliative care, but these clients are not being counted at this time because the *activistas* did not have medical kits with them to provide clinical services to these individuals. We intend to provide them with kits in the next period.

**Table 10. CAP Mozambique Results in HBC**

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
C-CCC.03.03: Number of individuals receiving home-based care services	20	0	0%	0	0%

#### 4. Food and Nutrition

CAP Mozambique introduced this indicator at the request of USAID, but did not develop a target for it. In addition to PPF-MZ, four Partners provide food and/or nutritional services to communities (ANDA, Kubatsirana, LDC and HACI). 3,569 individuals were reached through CAP Mozambique and its partners in this semester.

**Table 11. CAP Mozambique Food and Nutrition Indicator**

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
C-FOOD-01 - Number of eligible clients who received food and/or other nutrition services	-	2,438	-	1,131	-

#### 5. Human Resources for Health

CAP Mozambique has reached 51.5% of this target to date, having trained 453 *activistas*. This result is in line with CAP Mozambique’s projections for the fiscal year, as a number of trainings are scheduled with CAP Mozambique prevention and OVC Partners to integrate new activities. CAP Mozambique expects to reach this target by the end of the fiscal year. CAP Partners contributing toward this indicator include: LDC, Kubatsirana, HACI, ANDA, Niiwanane and ECoSIDA.

**Table 12. Annual HRH Targets and Results for the Current Fiscal Year.**

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
SS-HRH.02: Number of community health and social workers (CHSW) who successfully completed a pre-service training program	880	305	34.7%	148	51.5%

#### 6. Other Health Indicators

The indicator “Number of people referred to health services by community-based organizations” includes individuals mobilized by Partners to be tested for HIV/AIDS. CAP Mozambique has a number of Partners mobilizing session participants and community members for HIV testing. They include CCM-Sofala, KUKUMBI, NAFEZA and OPHAVELA. In addition, ECoSIDA and ANDA contributed to this indicator when they referred individuals for treatment following receipt of positive test results. Finally, our OVC Partners contributed to this indicator through referrals for a variety of health issues for OVC and prevention, including malaria, general illness, HIV testing and others. CAP Mozambique has already surpassed its target for this indicator at 287.5%.

**Table 13. CAP Mozambique results on other USAID health indicators.**

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
Number of people referred to health services by community-based organizations	3,759	6,068	161.4%	4,739	287.5%
Number of referrals from community-based organizations known to be completed	2,751	2,620	95.2%	672	119.7%
Number of individuals reached through USG-funded community health activities	33,000	22,905	69.4%	7,006	90.6%
Number of direct participants in savings and loans groups supported by PEPFAR	0	146	N/A	19	N/A

CAP Mozambique has surpassed its annual target for completed referrals, having reached 119.7% of this target. Completed referrals are reported when our Partners receive documented evidence that a service has been provided. This might include a receipt from a health clinic, a prescription for medicine, proof of school registration, copies of poverty certificates, or copies of identification documents. Our Partners also reported completed referrals when there was proof those referred to testing were actually tested. This jump in results for completed references is evidence of the improved relationships Partners have created with service providers in their communities, as well as the success of their advocacy efforts in obtaining documentation to prove referrals were completed. It is also the result of our TA’s emphasis on using locally available services to meet the needs of the children and on the introduction of new data-collection forms to record and report the referrals, thereby enhancing M&E.

The number of individuals reached through USG community health activities includes individuals reached with OVC care, Prevention activities (general, abstinence/fidelity, key populations, and bridge/mobile populations), HBC services, and men/women reached by home visits linked to HIV/AIDS and safe breastfeeding practices. At this midpoint in the fiscal year, CAP Mozambique has reached 90.6% of its target.

The indicator “Number of direct participants in savings and loans groups supported by PEPFAR” includes all of the participants in savings and loans groups conducted by Niiwanane in Nampula province. Of the 165 individuals reached through this activity, 42 individuals are OVC caregivers and two are persons living with HIV. Within the 42 OVC caregivers, 35 individuals are also reached with Niiwanane’s comprehensive OVC care package. By design, this activity engages a high proportion of community members to reduce stigma. The goal is to have 30% of participants be caregivers or PLHIV.

## 7. Capacity Building

Table 14 illustrates the Annual Capacity Building Targets and results for the current fiscal year. These targets are based on the CAP Annual Workplan for fiscal year 2014.

CAP Mozambique is making good progress against all but one of its capacity-building targets for the current fiscal year. These summary results have been achieved to date: number of CSOs using USG assistance to improve capacity (137.9%), number of Mozambican CSOs contributing to the health system (155%), number of individuals trained (66.9%), number of meetings facilitated to share experiences (70%), and number of indicators assessed by a data quality audit

(120%). Results are reported against the number of organizations demonstrating increased capacity and dollar value of program funds obligated annually in the October SAR.

**Table14 Annual Capacity-building Targets and Results for Current Fiscal Year**

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
Number of Civil Society organizations using USG assistance to improve internal organizational capacity	29	33	113.8%	7	137.9%
Number of Mozambican civil society organizations using USG assistance to contribute to the health system	20	31	155%	0	155%
Dollar value of program funds obligated to local organizations	\$6.3* million	-	-	-	-
Number of individuals trained in institutional capacity building	709	147	20.7%	327	66.9%
Number of organizations demonstrating increased capacity in 2 or more areas	8*	-	-	-	-
Number of meetings facilitated to share experiences and lessons learned with CBOs/FBOs/NGOs	10	0	0%	7	70%
Number of indicators assessed by a data quality audit	5	1	20%	5	120%

\* This result is reported on annually in the October SAR.

## 8. Graduation

CAP Mozambique facilitated its third graduation process to determine whether the two selected organizations—NAFEZA and Niiwanane—would move from the *Up-and-Coming* to *Advanced*, that is, be recommended for direct USAID funding. We determined that neither organization is ready to be graduated at this time. Niiwanane has developed a great deal since it began receiving our TA, yet the organization is still fragile. NAFEZA is very close, but needs to expand its financial team and make key improvements in its financial system.

**Table15 Annual Graduation Targets and Results for the Current Fiscal Year**

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
Increased number of organizations with strong enough systems to graduate from (Up-and-Coming) the first level of CAP grants to the advanced level	1	0	0%	0	0%
Increased number of organizations with strong enough systems to graduate from CAP to direct USAID funding	2	0	0%	0	0%

## B. QUALITATIVE RESULTS

Results in capacity development are difficult to measure, and quantitative results only partially reflect the inputs and outcomes of capacity building interventions. For this reason, CAP Mozambique works hard to produce qualitative information that complements the quantitative results produced for each reporting cycle. In addition, the CAP Mozambique M&E team provides a great deal of support to its grant recipients in producing success stories and including

qualitative information in their quarterly narrative reports. In this current reporting period, CAP Mozambique is pleased to present the following success story.

## 1. Success Story

### ***From Sorrow to Happiness: Community Savings Groups Return Smiles to Needy Families***

Ermelinda didn't know where to turn. Following the death of her husband, her life changed drastically for the worse. At age 31 and with four children under her care, Ermelinda lived off of meager sales from selling bread and bananas and some help from her neighbors. "My life had reached its lowest point," says Ermelinda<sup>3</sup>, "my children couldn't go to school, we would eat one day and not the next, and we didn't have a proper roof over our heads."

Community leaders in Ermelinda's village knew that her situation was very serious, and told her about the community savings groups organized by Associação Kurera Wana (AKW)<sup>4</sup>, a civil society organization working in Manica district with USAID/PEPFAR funds to help families like hers. In the beginning, the concept of savings was difficult for Ermelinda and many of the other women to accept. In the end, however, it became her lifeline.

Ermelinda's greatest dream was to enroll her children in school and put a roof over their heads. With that in mind, she put aside her reluctance about getting involved in the savings group and decided to give it a try. The group assembles weekly to make deposits in amounts determined by each individual. After 9-12 months, the funds invested are paid out. It was a hardship for Ermelinda to come up with the 20 MTN per week set as the minimum savings amount, but she scraped up what she could from her sales and joined the group. In a short time, Ermelinda was able to enroll her children in school. "Despite it being such a small amount, I felt big changes in my life," she says. In the two years that Ermelinda has been a part of the group, she has been able to increase the amount of savings each week to 80-200 MTN per week.

Life has changed for the better in Ermelinda's home. "First, I connected electricity in my house," she says excitedly, "and now my children can do their homework in the evenings. I also bought a roof for our house." The community leader that introduced Ermelinda to the savings group is also happy for her. "Today, Ermelinda has a beautiful house," he shared.

Ermelinda's face is now filled with hope when she talks about the future for her and her children. "I can only say good things about the savings group," Ermelinda says, "I am recovering. My life is improving. Now I am thinking about fixing another part of my house and buying a freezer so I can also sell fish." Ermelinda is all smiles now, and she is an inspiration to other women. "My sister also wants a savings group because she has seen all it has done for me."

---

<sup>3</sup> **Consent:** Written consent was received from Ermelinda to use her name in the story, as well as her consent for the use of the photographs of her children, since they are minors. Written consent was received from all four individuals for their photograph.

<sup>4</sup> **AKW** implements services for orphans and vulnerable children and their families in Gondola District, Manica Province. AKW receives funding and technical assistance to implement these activities through Hope for Africa Children Initiative (HACI), a Mozambican umbrella organization operating in Maputo and Manica provinces through a CAP Mozambique/FHI 360 grant under USAID/PEPFAR.

Community savings groups are lifesavers for women like Ermelinda, who struggle with minimal resources to give their children a solid future. Together with the encouragement and support of other women in their communities, group participants are able to generate the resources necessary to meet the basic needs of their families, and reach toward a better tomorrow.



**Caption:** *Ermelinda, sitting with three of her children in front of the home renovated with funds from the community savings group, talks about how the activity has changed her life.*

**Consent:** Written consent was received from all four individuals for their photograph. Written consent was received from Ermelinda to use her name in the story, as well as her consent for the use of the photographs of her children, since they are minors.

### **XIII. Major Implementation Issues**

We faced issues related to staff layoffs, safety and security and work permits during this reporting period.

We reduced the size of the team from 37 to 30 to adapt to budget cuts that were announced last year. Because we carefully planned our retrenchment and communicated about it clearly, this transition went as smoothly as it could have. By the end of the reporting period, almost all departing staff had found other employment, several with other FHI 360 projects. We organized a staff retreat in early February for the smaller team to realign roles and responsibilities and adjust processes as necessary.

The guerilla attacks in Sofala province affected our ability to monitor and supervise activities there. Travel in Manica and Sofala was suspended for several weeks; on several occasions we rescheduled capacity building or monitoring visits, changed flights or provided TA by phone instead of in person. Because Partners are installed in the communities they serve and little travel is required, most of them were able to continue implementation; however it affected some results. CEDES was unable to complete the cycle of prevention sessions and to collect the participant sheets to prove what had happened. CCM-S was not able to mobilize its target population for HTC in two of the three districts where it works. There were also attacks in Nampula for a short period around the municipal elections in November and travel was restricted, but quickly resumed.

We have faced difficulties renewing work permits. Our request to renew the permit for Luis Suarez, DCOP Finance, was denied on the grounds that a local person should be trained to assume his responsibilities. We filed an appeal, but have received no official response yet. The work permits for COP Hayley Bryant, DCOP Program Edith Morch and Finance Manager Tatiana Voloh are due to be renewed in May. USAID has been fully apprised of the situation. FHI 360 is doing everything possible to obtain approval for these work permits, as these positions are critical to the success of the project.

### **XIV. Collaboration with other Donor Projects**

We collaborated with other donors and USG implementing projects in a number of ways. At the Semi-annual Partners Meeting in January, FDC led the session on resource mobilization with the private sector; and PCC and CHASS SMT both presented what they learned about improving treatment adherence to our partners. Project Hope presented an introduction to HES for OVC Partners, and HPP lead a session on GBV response. Following the Partners meeting, we organized a field visit to see Jhpiego's community based testing activities and how GBV screening was integrated. We continue to collaborate and explore with Jhpiego a range of activities, including GBV screening. Kukumbi continued to collaborate with SCIP in Zambezia to provide counseling and testing. Ophavela has established a relationship with SCIP Nampula for the same purpose. CHASS-SMT provided a three-day training for CCM-S on HIV care and treatment defaulters tracing, followed by a site visit to one of CHASS SMT supported ART clinics.

HPP continues to provide TA on integrating GBV into program activities. In addition, HPP collaborated with us to design the Leadership and Mentoring Initiative; HPP facilitated both the Mentor Orientation and the Leadership Workshop. The Director of SCIP Zambezia and the Director of EGPAF Nampula readily agreed to be mentors, as did the Executive Directors of Magariro, Wona Sanana and CEP.

We again initiated contact with CEP to discuss collaboration on improving our partners' advocacy capacity.

We collaborated with PATH to design a potential collaboration in FY2015 on Early Child Development TA for CAP Mozambique OVC Partners. PATH is funded by Mozal, but has submitted a proposal to the Hilton Foundation and USAID to expand coverage of its activities. We explored collaborating with VSO International to recruit volunteers to assist Partners with development and implementation of resource-mobilization strategies.

In Beira, various private-sector companies continue to provide internships and e-mentoring for PPF-MZ participants. PCC Partner Kugarissica continues to refer clients to PPF.

As part of FHI 360, CAP is a participant in the Network of International NGOs working in Health and HIV/AIDS in Mozambique (NAIMA+).

## **XV. Evaluation/Assessment Update**

USAID approved the subcontractor—HIM—for our Prevention Endline Survey and we signed a contract soon after. In the latter half of the reporting period, FHI 360 and HIM worked together to develop the Evaluation Protocol and other requisite documents to submit to the Mozambican Bioethics Committee and the complementary ethics review body in the United States. We will submit the documents to both ethics review bodies in the coming reporting period.

In FY2013, CAP Mozambique organized an external mid-term learning evaluation of the project. The results and recommendations from the evaluation are covered in SAR 9. The program team met in early December to review and respond to the recommendations. We also organized a session at the Semi-annual Partners Meeting. In response to the evaluation's recommendations, we have:

- Analyzed process for reviewing partner advances; revised process to eliminate unnecessary back and forth as a perfect document is not necessary.
- Designed action groups to analyze suggestions for increasing partner engagement such as involvement in the workplan process and sharing detailed six-month plans.
- Clarified the role of donor vs. TA provider and how this affects the relationship, the risk reduction aspect of approvals, and reviewed the timelines and processes covered in the *resposta rapida* document.
- Organized an ad hoc group of Partners and staff at the Semi-annual Partners Meeting to discuss how to improve communication between CAP and Partners, specifically scheduling conflicts, response to Partner requests, perception that CAP Mozambique is imposing activities. The Partners also provided a few concrete examples of communications challenges that were used in the staff retreat to improve communication.

- Conducted a session during staff retreat on improving communication with Partners.
- Encouraged Partners to organize themselves to coordinate and meet at the provincial level without CAP Mozambique support.

## **XVI. Upcoming Plans**

The following outlines key activities planned for the next six months. For details of CAP Mozambique's planned support, please refer to our FY2014 Workplan and the ICBPs included in Annex 4 of SAR 9.

In the next reporting, CAP Mozambique plans to:

- Implement the pilot Leadership and Mentoring Initiative that was launched 31 March 2014;
- Support select CAP Mozambique Partners to develop comprehensive, multi-year, resource-mobilization strategies;
- Conduct technical assessments and financial health checks with eight Partners. The results will feed into the POAPs that we will facilitate following the assessments. We will modify Partners' ICBPs based on the assessments and POAP results and provide appropriate follow-up TA;
- Conduct graduation evaluations with select Partners;
- Provide TA to help Partners strengthen governing bodies, building on the significant successes achieved in this area;
- Provide TA to help Partners and OD clients improve financial-management systems by:
  - conducting three MANGO trainings and providing follow-up TA based on action plans emanating from the training;
  - improving functioning of Fiscal Councils by providing TA, tools and creating opportunities for peer learning and sharing;
  - helping Partners to create, improve and/or finalize HR, administrative and finance policies and procedures (PP); and
  - supporting TA to enhance dissemination of and adherence to PP.
- Support Partners to solidify and expand their contributions to the HIV continuum of care by:
  - initiating Partner-managed community based HTC or solidifying collaborative relations with DPS and USAID/PEPFAR-supported clinical partners that provide community based HTC;
  - introducing debate sessions that aim to address masculinity norms, increase demand for sexual and reproductive health (SRH), HTC, ART, GBV-related services and improve HIV care and treatment adherence; and
  - initiating tracing of HIV care and treatment defaulters and accurately recording and reporting results.
- Support Partners to build HES capacity and form VS&L groups that include a significant proportion of OVC beneficiaries. We will also provide TA to ensure accurate recording and reporting on HES activities;
- Support Partners to improve the recording of referrals for both adults and children;
- Develop and pilot multi-sectoral models of integrating GBV screening and response in community based HIV prevention and OVC programs in collaboration with government

partners and USAID/PEPFAR-funded clinical partners. We will collaborate with HPP to develop organizational GBV-response protocols.

- Support our OVC Partners to improve their capacity to apply PSS skills by providing on-going off- and on-site TA and distributing job-aids;
- Conduct the Endline Prevention survey and disseminate results; and
- Conduct M&E TA visits to support the uptake of new indicators.

## **XVII. Financial Information**

*See Annex 25: CAP Mozambique January – March 2014 Financial Information*

Total expenses October 1, 2013 – March 31, 2014: \$4,654,108

Total projected expenditures April 1 – September 30, 2014: \$4,468,172

Projected expenditures amount does NOT include obligations that will be outstanding to partners as of September 30, 2014, only expenditures.

*See Annex 26: CAP Mozambique January – March 2014 GBV Financial Information*

Total expenses October 1, 2013 – March 31, 2014: \$3,021 (GBV funds allocated as of February 2014).

Total projected expenditures April 1 – September 30, 2014: \$213,466

Projected expenditures amount does NOT include obligations that will be outstanding to partners as of September 30, 2014, only expenditures.

**Annex 1. Grant Agreement Status Chart**

Capable Partners Program (CAP) Mozambique Semi-annual Report No. 10: October 1, 2013 – March 31, 2014

<b>CURRENT GRANTS</b>									
<b>Sub Partner Name: Local/Portuguese</b>	<b>Grant Number</b>	<b>Type of Organization</b>	<b>Geographic Focus of the Organization</b>	<b>Geographic Area</b>	<b>PEFPAR Area</b>	<b>Start Date</b>	<b>End Date</b>	<b>Approved Budget MTN</b>	<b>Budget USD (1 USD=30 MTN)</b>
Conselho Cristão de Moçambique-Sofala (CCM-Sofala)	3253-17-RFA10.05-CCMS-02	Faith-Based/Network	Provincial	Sofala	Prevention	7/1/2011	4/30/2014*	26,750,819	\$891,694
Hope for African Children Initiative (HACI)	3253-17-RFA10.01-11-HACI-02	Local NGO	National	Maputo (city and province), Manica Province	OVC	6/1/2011	4/30/2014*	29,901,490	\$996,716
International Breastfeeding Action Network (IBFAN)	3253-07-SS-10-AMODEFA-01	Local NGO/Network	National	National	Systems Strengthening	9/1/2010	5/31/2014*	16,046,583	\$534,886
Associação Niiwanane Wamphula (NIIWANANE)	3253-17-RFA10.04-11-NIIWANANE-01	Community-Based	District	Nampula	OVC	12/1/2011	4/30/2016	12,565,677	\$418,856
Associação Nacional para o Desenvolvimento Auto-sustentado (ANDA) MARP	3253-17-RFA10.05-ANDA-01	Local NGO	Provincial	Manica	Prevention	4/2/2012	2/28/2015	11,295,626	\$376,521
Associação Nacional para o Desenvolvimento Auto-sustentado (ANDA) OVC	3253-17-RFA10.05-ANDA-02	Local NGO	Provincial	Manica	OVC	6/1/2013	4/30/2014*	4,067,327	\$135,578
Núcleo das Associações Femininas da Zambézia (NAFEZA)	3253-17-RFA10.05-NAFEZA-02	Local NGO	Provincial	Zambezia	Prevention	5/1/2012	12/31/2014	13,455,334	\$448,511
Organização de Desenvolvimento Rural (KUKUMBI)	3253-17-RFA10.05-KUKUMBI-01	Local NGO	Provincial	Zambezia	Prevention	5/1/2012	4/30/2015	14,310,546	\$477,018
Associação para o Desenvolvimento Sócio Economico (OPHAVELA)	3253-17-RFA10.05-OPHAVELA-01	Local NGO	National	Nampula	Prevention	9/10/2012	6/30/2014	10,756,037	\$358,535
Kubatsirana - Associação Euménica Cristã	3253-17-APS11.02-12-KUBATSIRANA-01	Local NGO	Provincial	Manica	OVC & HBC	11/1/2012	4/30/2014*	11,304,869	\$376,829
Liga dos direitos da Criança da Zambezia (LDC)	3253-17-APS11.02-12-LDC-01	Local NGO	Provincial	Zambezia	OVC	11/1/2012	4/30/2014*	6,463,243	\$215,441
<b>CLOSED GRANTS</b>									

Sub Partner Name: Local/Portuguese	Grant Number	Type of Organization	Geographic Focus of the Organization	Geographic Area	PEFPAR Area	Start Date	End Date	Final Budget MTN	Budget USD (1 USD=30 MTN)
Associação de Fomento para o Desenvolvimento Comunitário (ADC)	3253-17-CAPI-09-ADC-01	Community-Based	District	Sofala	Prevention	8/3/2009	8/31/2011	4,372,402**	\$145,747
Associação de Fomento para o Desenvolvimento Comunitário (ADC)	3253-17-RFA10.05-ADC-02	Community-Based	District	Sofala	Prevention	9/1/2011	10/31/2013	10,642,359***	\$354,745
Associação dos Deficientes de Moçambique (ADEMO)	3253-17-APS001-10-ADEMO-01	Community-Based	District	Nampula	Prevention	5/17/2010	11/30/2011	1,193,894**	\$39,796
Ajuda Desenvolvimento Povo para Povo (ADPP)	3253-17-RFA10.03-11-ADPP-01	Local NGO	National	Nampula	Prevention	3/1/2012	4/30/2013	11,313,268**	\$377,109
Associação dos Jovens de Nacala (AJN)	3253-17-RFA10.04-11-AJN-01	Community-Based	Provincial	Nampula	OVC	7/16/2012	4/30/2013	2,867,533***	\$95,584
Associação da Juventude de Luta contra SIDA e DROGA (AJULSID)	3253-17-APS001-09-AJULSID-01	Local NGO	Provincial	Sofala	Prevention	10/1/2009	3/31/2011	1,931,829**	\$64,394
Associação da Juventude de Luta contra SIDA e DROGA (AJULSID)	3253-17-RFA10.05-AJULSID-02	Local NGO	Provincial	Sofala	Prevention	8/1/2012	10/31/2013	5,174,570***	\$172,486
Associação Moçambicana Mulher e Educação (AMME)	3253-17-APS001-09-AMME-01	Local NGO	Provincial	Zambezia	Prevention/OVC	11/1/2009	3/31/2012	2,551,955**	\$85,065
Associação Moçambicana Mulher e Educação (AMME)	3253-17-RFA10.05-AMME-02	Local NGO	Provincial	Zambezia	Prevention/OVC	4/1/2012	12/31/2013	9,922,072***	\$330,736
Associação de Mineiros Moçambicanos (AMIMO)	3253-17-APSOO I-09-AMIMO-0 1	Local NGO	National	Maputo province	Prevention	11/1/2009	8/14/2010	844,712**	\$28,157
Associação Moçambicana para a promoção da Rapariga (AMORA)	3253-17-APS001-10-AMORA-01	Community-Based	District	Nampula	Prevention	5/17/2010	12/31/2011	1,174,582**	\$39,153
Associação Nacional de Enfermeiros de Moçambique (ANEMO)	3253-17-RFA003-07-ANEMO-02	Local NGO	National	National	Care and Treatment + Treatment Adherence	1/1/2010	6/30/2011	9,237,247**	\$307,908
Associação Nacional de Enfermeiros de Moçambique (ANEMO)	3253-17-SS-ANEMO-03	Local NGO	National	National	Care and Treatment + Treatment Adherence	12/1/2011	2/28/2013	8,813,234**	\$293,774
Associação Nacional de Enfermeiros de Moçambique (ANEMO)	3253-17-SS-ANEMO-04	Local NGO	National	National	Care and Treatment + Treatment Adherence	3/1/2013	9/30/2013	3,007,443***	\$100,248
Conselho Cristão de Moçambique-Sofala (CCM-Sofala)	3253-17-APS001-09-CCM-01	Faith-Based/Network	Provincial	Sofala	Prevention	10/1/2009	6/30/2011	2,713,026**	\$90,434
Conselho Cristão de Moçambique-Zambezia (CCM-Zambezia)	3253-17-RFA10.01-11-CCMZ-01	Faith-Based/Network	Provincial	Zambezia	OVC	10/3/2011	12/3/2013	6,609,306***	\$220,310

Comité Ecuménico para o Desenvolvimento Social (CEDES)	3253-17-RFA10.05-CEDES-01	Faith-Based	National	Sofala	Prevention	7/2/2012	12/31/2013	5,564,313***	\$185,477
Conselho Islâmico de Moçambique (CISLAMO)	3253-17-APS001-09-CISLAMO-01	Faith-Based	National	Maputo City	Prevention	1/1/2010	12/16/2010	514,442**	\$17,148
Comunidade Moçambicana de Ajuda (CMA)	3253-17-APS11.02-12-CMA-01	Local NGO	Provincial	Maputo Province	Prevention (MARP)	12/1/2012	4/30/2013	458,999**	\$15,300
Associação dos Empresários contra o HIV e SIDA, Tuberculose e Malária (ECoSIDA)	3253-17-RFA11.01-ECOSIDA-01	Local NGO	National	Maputo (city and province), Sofala, Manica, Nampula, Zambezia	Prevention	7/2/2012	12/31/2013	16,191,438***	\$539,715
Fórum Nacional de Rádios Comunitárias de Moçambique (FORCOM)	3253-17-APS001-09-FORCUM-01	Local NGO	National	Maputo (city and province)	Prevention	10/1/2009	6/30/2011	2,502,655**	\$83,422
Associação para a Promoção do Emprego (Get Jobs)	3253-17-RFA003-07-GetJobs-02	Local NGO	National	Maputo City	Prevention	1/1/2010	12/31/2010	1,880,356**	\$62,679
Hope for African Children Initiative (HACI)	3253-17-RFA002-09-SAVE/HACI-01	Local NGO	National	Maputo (city and province), Manica Province	OVC	10/1/2009	5/31/2011	N/A	173,791***
Organismo de Desenvolvimento Socioeconómico (KULIMA)	3253-17-RFA003-07-KULIMA-02	Local NGO	National	Maputo (province)	Prevention	4/1/2010	3/31/2011	1,725,629**	\$57,521
Movimento de Mães Intercessoras Contra HIV e SIDA (MMICHS)	3253-17-RFA003-07-MMICHS-02	Faith-Based	National	Maputo and Sofala	Prevention	4/1/2010	3/31/2011	1,154,919**	\$38,497
Núcleo das Associações Femininas da Zambézia (NAFEZA)	3253-17-RFA04-09-Nafeza-01	Local NGO	Provincial	Zambezia	Prevention	9/7/2009	9/30/2011	3,383,891**	\$112,796
Solidariedade da Zambézia - Delegação de Nampula (Solidariedade)	3253-17-APS001-10-Solidariedade-01	Community-Based	Provincial	Nampula	Prevention (& OVC)	9/13/2010	9/12/2011	1,167,539**	\$38,918
Rede Moçambicana de Organizações contra o SIDA-delegação de Sofala (MONASO-Sofala)	3253-17-CAPI-09-SOFALA-01	Local NGO/Network	National	Sofala	Prevention	8/3/2009	7/31/2011	4,654,603***	\$155,153
Rede Moçambicana de Organizações contra o SIDA-delegação de Sofala (MONASO-Sofala)	3253-17-RFA10.05-MONASO-S-02	Local NGO/Network	National	Sofala	Prevention	8/1/2011	12/15/2012	4,602,942***	\$153,431
Monaso Rede Moçambicana de Organizações contra a SIDA - Delegação de Nampula (MONASO-Nampula)	3253-17-RFA04-09-MONASO/Nampula-01	Local NGO/Network	National	Nampula	Prevention	9/7/2009	4/18/2010	88,533**	\$2,951
Monaso Rede Moçambicana de Organizações contra a SIDA - Delegação de Zambezia (MONASO-Zambezia)	3253-17-RFA04-09-MONASO/Zambezia-01	Local NGO/Network	National	Zambezia	Prevention	9/7/2009	1/21/2010	165,657**	\$5,522

Associação para o Desenvolvimento da Criança e Educação da Rapariga (NAMUALI)	3253-17-APS001-09-NAMUALI-01	Community-Based	Provincial	Zambezia	Prevention	11/1/2009	8/28/2010	468,137**	\$15,605
Associação Niiwanane Wamphula (NIIWANANE)	3253-17-RFA004-10-NIIWANANE-01	Community-Based	District	Nampula	Prevention (& OVC)	5/17/2010	11/30/2011	1,267,384**	\$42,246
N'weti Comunicação para Saúde (N'WETI)	3253-17-RFA10.03-11-NWETI-01	Local NGO	National	Nampula	Prevention	8/1/2011	10/31/2013	35,196,365***	\$1,173,212
Organização Nacional de Professores (ONP)	3253-17-APSOOI-09-ONP-01	Local NGO	National	Maputo (city and province)	Prevention	11/1/2009	7/5/2010	1,966,193***	\$65,540
Rede Contra o Abuso de Menores (REDE CAME)	3253-17-RFA10.02-11-REDECAME-01	Local NGO/Network	National	Maputo (province), and Manica	OVC	11/1/2011	4/30/2013	9,186,050**	\$306,202
Rede Nacional Contra Droga (UNIDOS)	3253-17-APS001-09-REDE-01	Local NGO/Network	National	Maputo City	Prevention	10/1/2009	5/31/2011	2,391,309**	\$79,710

\* Grant Extension in process

\*\* Value at final close-out of award.

\*\*\* Estimated final value at close-out of award. Close-out still in progress.

**Annex 2. Partner Profiles**  
**September 1, 2013 – February 28, 2014**

This chart presents award details and progress toward project goals for each CAP Mozambique grantee. The reporting period for CAP Mozambique sub-grants differs slightly from CAP Mozambique's reporting period. The six-month results are for the sub-grantee period from September 1, 2013 – February 28, 2014.

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
<p><b>Prevention</b></p> <p><i>Up-and-Coming</i></p>	<p><b>Associação Nacional para o Desenvolvimento Auto-Sustentado (ANDA) – Key Populations</b></p> <p><b>Award Ceiling:</b> 11,295,626 MTN (\$376,521)</p> <p><b>Period of Performance:</b> April 2, 2012 – February 28, 2015</p>	<p><b>ANDA</b> contributes to reducing the risk of HIV infection among students and teachers, truckers, commercial sex workers, and practitioners of transactional sex in the Districts of Manica and Gondola, Manica Province.</p> <p><b>Geographic Targets:</b> Districts of Manica and Gondola (Manica Province)</p>	<ul style="list-style-type: none"> <li>Continued to show good results with projecting films and facilitating discussions with truck drivers and commercial sex workers (CSW);</li> <li>Continued to test truck drivers and CSW for HIV and refer them to services where necessary, using ANDA DPS-trained <i>activistas</i> instead of SDSMAS personnel. This shift reduced dependence on availability SDSMAS HTC personnel and increased uptake of HTC. SDSMAS continues to provide HTC supplies;</li> <li>Involved community leaders in an on-air debate broadcast from Community Radio Macequece studios. The program informed listeners about the law prohibiting minors access to nightclubs and other spaces where alcohol is consumed, and</li> <li>Prepared a cost extension plan and budget proposal nearly independently.</li> </ul>
<p><b>Prevention</b></p> <p><i>Up-and-Coming</i></p>	<p><b>Organização de Desenvolvimento Rural (Kukumbi)</b></p> <p><b>Award Ceiling:</b> 14,310,546 MTN (\$477,018)</p> <p><b>Period of Performance:</b> May 1, 2012 – April 30, 2015</p>	<p><b>Kukumbi</b> contributes to the reduction of the spread of HIV among adolescents and young people in the Districts of Mocuba, Nicoadala and Milange.</p> <p><b>Geographic Targets:</b> Zambézia Province, District of Mocuba (Communities of Mugeba, Mulevane and Alto Benfica), District of Nicoadala (Communities of Nicoadala Sede, Botão and Namacata, District of Milange (Communities of Têngua, Dachudua and Dulunha)</p>	<ul style="list-style-type: none"> <li>Continued to implement debate sessions about HIV prevention, AIDS, sexual and reproductive health, GBV and ATS with teenagers, young adults and community leaders;</li> <li>Continued to receive condoms from DPS and Provincial AIDS Council for distribution during sessions and in communities;</li> <li>Screened “<i>Quebrando barreiras</i>” for community members followed by debates;</li> <li>Obtained DPS permission to begin HTC in the next reporting period;</li> <li>Collaborated with DPS to select DPS- trained counselors to conduct HTC. DPS will provide HIV test kits;</li> <li>Continued to collaborate with USAID/PEPFAR-funded SCIP and mobilize session participants and community members for SCIP to test;</li> <li>Conducted abbreviated community consultation to assess community knowledge and attitude towards HIV care and treatment and adherence, including factors enabling and prohibiting access to services, and</li> <li>Prepared a cost extension plan and budget proposal nearly independently.</li> </ul>

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
<p><b>Prevention</b> <i>Up-and-Coming</i></p>	<p><b>Núcleo das Associações Femininas de Zambézia (NAFEZA)</b></p> <p><b>Award Ceiling:</b> 13,455,334 MTN (\$448,511)</p> <p><b>Period of Performance:</b> May 1, 2012 – December 31, 2014</p>	<p><b>NAFEZA</b> aims to contribute to the reduction of the risk of HIV infection among adolescents, young people and couples in communities identified in the Districts of Nicoadala and Inhassunge. Target groups include pre-adolescents aged 10 to 14 years old, teens aged 15 to 17 years, youth aged 18 to 25 years, and married people over 18 years old.</p> <p><b>Geographic Targets:</b> Zambézia Province, District of Inhansunge (Localities of Mucopia, Mussangane and Abreu), District of Nicoadala (Localities of Bilila, Nanthide and Mutchessane)</p>	<ul style="list-style-type: none"> <li>Continued to implement debate sessions about HIV prevention, AIDS, sexual and reproductive health, GBV and ATS with teenagers and young adults and community leaders;</li> <li>Continue to receive condoms from DPS and Provincial AIDS Council for distribution during sessions and in communities;</li> <li>Screened “<i>Quebrando barreiras</i>” to community members followed by debates;</li> <li>Obtained DPS permission to commence HTC in the next reporting period;</li> <li>Collaborated with DPS to select DPS trained counselors to conduct HTC. DPS will provide HIV test kits;</li> <li>Continue to collaborate with USAID/PEPFAR-funded SCIP. Kukumbi continued to mobilize session participants and community members for SCIP to test;</li> <li>Conducted abbreviated community consultation to assess community knowledge and attitude towards HIV care and treatment and adherence, including factors enabling and prohibiting access to services, and</li> <li>Prepared a cost extension plan and budget proposal nearly independently.</li> </ul>
<p><b>Prevention</b> <i>Up-and-Coming</i></p>	<p><b>Associação da Juventude de Luta Contra o SIDA e Drogas (AJULSID)</b></p> <p><b>Award Ceiling:</b> 5,174,570 MTN (\$172,486)</p> <p><b>Period of Performance:</b> August 1, 2012 – October 31, 2013</p>	<p><b>AJULSID</b> aims to contribute to the reduction of the high risk of HIV infection among secondary school pupils in Dondo and Nhamatanda. To achieve this goal, AJULSID uses the methodology “<i>Faça Comigo o Percurso</i>”, but includes other activities to augment the content. In addition, AJULSID will be facilitating training for community leaders on gender-based violence and the prevention of sexual abuse of school-age children.</p> <p><b>Geographic Reach:</b> Districts of Dondo and Nhamatanda (Sofala Province)</p>	<ul style="list-style-type: none"> <li>Concluded the final cycle with secondary students and school councils on HIV prevention, SRH and GBV;</li> <li>Continued to screen “<i>Quebrando Barreiras</i>” films for target groups, followed by debates;</li> <li>Continued to work with school administration to ensure participation of students;</li> <li>Improved quality of data collection and reporting in response to CAP Mozambique data verification visit findings during previous cycle;</li> <li>Reported disappointment with discontinuation of project on behalf of students and school administrators who reported that the project had led to a reduction in unintended pregnancies following AJUSID debate sessions; and</li> <li>Successfully closed out its grant.</li> </ul>
<p><b>Prevention</b> <i>Up-and-</i></p>	<p><b>Comité Ecuménico para o Desenvolvimento Social (CEDES)</b></p>	<p><b>CEDES</b> will contribute to reducing the risk of HIV infection among pre-adolescents, adolescents, and young married people from the communities of Cheringoma and Maringue. The organization targets</p>	<ul style="list-style-type: none"> <li>Concluded the final cycle of debate sessions about abstinence and HIV prevention with adolescents, youth and married couples through the end of October 2013;</li> <li>Continued to screen “<i>Quebrando Barreiras</i>” films for target groups, followed by debates;</li> </ul>

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
<i>Coming</i>	<p><b>Award Ceiling:</b> 5,564,313 MTN (\$185,477)</p> <p><b>Period of Performance:</b> July 16, 2012 – December 31, 2013</p>	<p>adolescents and youth of both sexes, aged 12 – 19; married individuals of both sexes, aged 16-35; and community leaders.</p> <p><b>Geographic Targets:</b> Districts of Cheringoma and Maringue (Sofala Province)</p>	<ul style="list-style-type: none"> <li>• Political unrest hampered implementation of the final sessions in Maringue. Participants, facilitators and the supervisor abandoned their residences to avoid the unrest;</li> <li>• Report data despite the unrest, and</li> <li>• Successfully closed out its grant.</li> </ul>
<p><b>Prevention</b></p> <p><i>Up-and-Coming</i></p>	<p><b>Associação do Fomento para Desenvolvimento Comunitário (ADC)</b></p> <p><b>Award Ceiling:</b> 10,642,359 MTN (\$354,745)</p> <p><b>Period of Performance:</b> September 1, 2011 – October 31, 2013</p>	<p><b>ADC</b> strengthens the capacity of six CBO partners (four in Year 1, two additional in Year 2) in behavior-change methodologies and institutional capacity to raise awareness of the risk of HIV infection in four target groups: a) married adults ages 18-35, b) single adults ages 18-35, c) adolescents ages 12-14, and d) leaders and persons of influence. <i>Activistas</i> from the CBOs are trained in the “Choose Life” and “Healthy Relationships” approaches, each supported by 15-session manuals. At the end of the program, members commit to adhere to HIV/AIDS prevention behaviors.</p> <p><b>Geographic Reach:</b> Sofala Province. Beira City (neighborhoods of Munhava Xiveve, Manga Loforte, and Inhamítua Administrative Posts).</p>	<ul style="list-style-type: none"> <li>• Conducted meetings with community leaders to announce the end of the project, to express ADC’s appreciation for their mobilization efforts and to encourage them to continue mobilizing their communities to participate in HTC activities offered by PSI;</li> <li>• Conducted meetings with project staff and subpartners to discuss project results and challenges, and close-out process;</li> <li>• Support subpartners to close-out, and</li> <li>• Successfully closed out its grant.</li> </ul>
<p><b>Prevention</b></p> <p><i>Up-and-Coming</i></p>	<p><b>Associação para o Desenvolvimento Socio-Económico (OPHAVELA)</b></p> <p><b>Award Ceiling:</b> 10,756,037 MTN (\$358,535)</p> <p><b>Period of Performance:</b> September 10, 2012 – June 30, 2014</p>	<p><b>OPHAVELA</b> contributes to reducing the high risk of HIV infection among OPHAVELA beneficiaries in the Districts of Meconta, Ribaué and Murrupula (Nampula). The project focuses on men and women 18-50 years old and community leaders.</p> <p><b>Geographic Targets:</b> Nampula Province, Meconta, Ribaué, and Murrupula districts</p>	<ul style="list-style-type: none"> <li>• Continued to implement debate sessions about HIV prevention, AIDS, sexual and reproductive health, GBV and ATS with Village Savings and Loan (VS&amp;L) group participants, and community leaders;</li> <li>• Trained <i>activistas</i> on facilitation techniques. Field observations show that Ophavela improved session planning and debate session facilitation;</li> <li>• Screened “<i>Quebrando Barreiras</i>” for community members, followed by debates;</li> <li>• Continued to receive condoms from DPS and Provincial AIDS Council for distribution during sessions and in communities;</li> <li>• Obtained DPS permission to begin HTC in the next reporting period;</li> <li>• Conducted an analysis of project implementation and results to feed into the extension planning process, and</li> <li>• Conducted abbreviated community consultation to assess community knowledge and attitudes towards GBV.</li> </ul>
<p><b>Prevention</b></p> <p><i>Advanced</i></p>	<p><b>Associação Moçambicana de Mulher e Educação (AMME)</b></p>	<p><b>AMME</b> targets teachers and students with behavior change activities in order to reduce the spread of HIV/AIDS in the targeted schools. Teachers increase their awareness of risks associated with multiple sexual partners and students participate in discussion groups about HIV/AIDS prevention. AMME will</p>	<ul style="list-style-type: none"> <li>• Prepared for close-out, as its CAP Mozambique award concluded 31 December 2013;</li> <li>• Concluded debate cycles in schools with students and teachers in October 2013. The student sessions addressed gender, sexuality, HIV and GBV in order to promote safe behavior amongst youth, including delaying sexual debut. The session with teachers included GBV as well, encouraging teachers to disclose sexual harassment and become acquainted with the policy on sexual harassment</li> </ul>

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
	<p><b>Award Ceiling:</b> 9,922,072 MT (\$330,736)</p> <p><b>Period of Performance:</b> March 1, 2012 – December 31, 2013</p>	<p>motivate youth participation by organizing sports and cultural teams to complement their prevention debates.</p> <p><b>Geographic Targets:</b> Zambezia Province, City of Quelimane and District of Mocuba</p>	<p>schools;</p> <ul style="list-style-type: none"> <li>• Introduced "<i>Quebrando Barreiras</i>" films and debate sessions with students and teachers;</li> <li>• Mobilized students and teachers for HCT. SCIP Zambezia tested 160 female and 72 male students (232 in total) for HIV on school premises. Thirteen students tested positive – 12 female and one male student. SCIP-Ogumaniha referred HIV (+) students to clinical services and is providing follow-up support;</li> <li>• Evaluated its project with various stakeholders, including school counselors, students' representatives, and SDEJT staff. Stakeholders concluded that the most important observable outcome was students' increased awareness and openness to discuss and denounce Gender Based Violence. Stakeholders urged AMME to continue the project;</li> <li>• Continues to implement school-based HIV prevention project using the same strategies developed with CAP Mozambique support;</li> <li>• Submitted all close-out documentation before end of February 2014.</li> </ul>
<p><b>Prevention</b> <i>Advanced</i></p>	<p><b>Conselho Cristão de Moçambique, Delegação de Sofala (CCM - S)</b></p> <p><b>Award Ceiling:</b> 26,750,819 MTN (\$891,694)</p> <p><b>Period of Performance:</b> July 1, 2011 – April 30, 2014 (grant extension in process)</p>	<p><b>CCM-S</b> works with adolescents and youth ages 12-17 years to promote positive behavior change, with married couples ages 18-45 years to support positive behavior changes in themselves and their children, and community leaders.</p> <p><b>Geographic Targets:</b> Sofala Province, Buzi District (District Capital and all neighborhoods, also Administrative Post of Guara-Guara). Machanga District (District Capital and all neighborhoods and community of Chinhuque). Chemba District (District capital and all neighborhoods and community of 3 de Fevereiro).</p>	<ul style="list-style-type: none"> <li>• Continued to implement debate sessions and mobilize religious and community leaders well and nearly reach annual targets. Debate sessions with youth and married couples addressed abstinence and fidelity respectively. GBV was addressed with all target groups. CCM-S integrated "<i>Quebrando Barreiras</i>" films in sessions to stimulate the debate;</li> <li>• Continued to sensitize religious leaders to promote religious weddings and formal marriages amongst their church members;</li> <li>• Continued to mobilize for HTC, with the support of SDSMAS and USAID/PEPFAR supported clinical partners CHASS-SMT.</li> <li>• Explored with SDSMAS and CHASS-SMT opportunities to support individuals who test HIV (+) to access services. This discussion is on-going;</li> <li>• Explored collaboration with DPS and CHASS-SMT to trace HIV care and treatment defaulters. In April 2014, CHASS-SMT will train CCM-S facilitators on this topic. CCM is expected to start tracing HIV care and treatment defaulters in May 2014, and</li> <li>• Prepared cost-extension plan and budget nearly independently.</li> </ul>
<p><b>Prevention</b> <i>Advanced</i></p>	<p><b>Associação dos Empresários contra o HIV e SIDA, Tuberculose e Malária (ECoSIDA)</b></p> <p><b>Award Ceiling:</b> 16,191,438 MTN (\$539,715)</p> <p><b>Period of Performance:</b></p>	<p><b>ECoSIDA</b> contributes to the reduction of sexual transmission of HIV among workers in the workplace. This will be achieved through the expansion and provision of services for Prevention and Counseling for HIV Testing for employees and their partners.</p>	<ul style="list-style-type: none"> <li>• Continued implementing activities until the end of November 2013, including debate session with workers that addressed HIV, GBV, SSR, Opportunistic infections, Malaria and TB;</li> <li>• Continued to support companies to draft HIV policies to comply with legislations, and to provide training of peer educators to encourage continuation of activities of IEC, as well as support to workers living with HIV;</li> <li>• Continued to mobilize, counsel and test workers. The counselors continued to have difficulties managing referrals and counter-referrals;</li> </ul>

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
	July 16, 2012 – December 31, 2013		<ul style="list-style-type: none"> <li>Continued to distribute condoms in all companies, and</li> <li>Submitted all close-out documentation within deadlines.</li> </ul>
<p><b>Prevention</b></p> <p><i>Advanced</i></p>	<p><b>N’weti Health Communication</b></p> <p><b>Award Ceiling:</b> 35,196,365 MTN (\$1,173,212)</p> <p><b>Period of Performance:</b> August 1, 2011 – October 31, 2013</p>	<p>N’weti N’weti’s intervention is oriented towards increasing knowledge and awareness of the risk of becoming infected with HIV/AIDS through sexual transmission and to reduce barriers within communities that prevent individuals from changing their behavior to decrease the risk of infection. N’weti uses the African Transformation methodology, and focuses on adults aged 18-49+. is oriented towards</p> <p><b>Geographic Targets:</b> Muecate, Mogovolas, Angoche, Moma and Monapo Districts (Nampula Province)</p>	<ul style="list-style-type: none"> <li>Concluded debate sessions with target groups, using the Tchova-Tchova methodology and integrating films to discuss HIV prevention, gender roles and GBV;</li> <li>Organized a workshop with its twenty sub-partners to identify success stories and document lessons learned for future use;</li> <li>Managed close-out activities, and</li> <li>Signed an award agreement with USAID.</li> </ul>
<p><b>Orphans and Vulnerable Children (OVC)</b></p> <p><i>Up-and-Coming</i></p>	<p><b>Associação Nacional para o Desenvolvimento Auto-Sustentado (ANDA) – OVC</b></p> <p><b>Award Ceiling:</b> 4,067,327 MTN (\$135,578)</p> <p><b>Period of Performance:</b> June 1, 2013 – April 30, 2014</p>	<p>ANDA-OVC contributes to reducing the high vulnerability of OVC and their families in the context of HIV in locations identified within Manica district.</p> <p><b>Geographic Targets:</b> Districts of Manica (Manica Province)</p>	<ul style="list-style-type: none"> <li>Continued to provide support to OVC and their families. ANDA continued to refer/re-integrate children in primary and secondary school, support OVC with uniforms, school materials and homework, sensitize parents to support their children’s school life, facilitate birth registration and poverty certification, provide PSS, and sensitize parents and community leaders on children’s rights;</li> <li>Mobilized TA and seeds from the District office of the Ministry of Agricultural (SDAE) to support OVC families to improve food production techniques and management;</li> <li>Mobilized SDSMAS nutritional support (<i>cesta basica</i>) for five beneficiary families;</li> <li>Conducted a market study on youth employment that will determine the type of training that ANDA will provide in its vocational training center;</li> <li>Prepared a cost extension plan and budget proposal with new activities, including HES, HIV treatment defaulters tracing, HIV prevention debate sessions, and re-opening ANDA’s vocational training center, and</li> <li>Recruited, via an open and transparent process, three staff members to implement new activities.</li> </ul>
<p><b>OCV</b></p> <p><i>Up-and-Coming</i></p>	<p><b>Hope for the African Child Initiative (HACI)</b></p> <p><b>Award Ceiling:</b> 29,901,490 MTN (\$996,716)</p> <p><b>Period of Performance:</b> June 1, 2011 – April 30, 2014 (grant extension in process)</p>	<p>HACI provides training, technical assistance, and grants to six NGOs (four in Maputo City/Province and two in Manica Province) to provide services to orphans and vulnerable children. NGOs will be trained in community consultation, proposal and budget development, contractual compliance, M&amp;E, and OVC care to enable them to implement projects in their communities.</p>	<ul style="list-style-type: none"> <li>Conducted technical assessments with six sub-partners;</li> <li>Developed individual Integrated Capacity Building Plans for seven partners based on the findings of TA visits and technical assessments. Due to lack of responsiveness and performance issues, HACI will cease its collaboration with two of its nine partners. In the next reporting period, HACI will provide needs-based TA to the remaining seven partners;</li> <li>Increased frequency of TA support to partners;</li> <li>Initiated CSI application with former Rede CAME partners;</li> <li>Trained <i>activistas</i> on Psycho-Social Support (PSS), using REPSSI’s <i>Journey of</i></li> </ul>

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
		<p><b>Geographic Targets:</b> Maputo, Sofala and Manica provinces</p>	<p><i>Life</i>, and began to provide PSS;</p> <ul style="list-style-type: none"> <li>Conducted two Quarterly Partners Meetings with nine sub-partners. The objective was similar to CAP Mozambique QPM, (i.e., to promote shared learning, and analyze and resolve common challenges);</li> <li>Improved data management. HACI re-allocated data management responsibilities among staff and requested sub-partner to submit results tables 10 days earlier, allowing HACI's M&amp;E team more time to review and correct data flaws, and</li> <li>Prepared a cost extension plan and budget proposal.</li> </ul>
<p><b>OCV</b> <i>Up-and-Coming</i></p>	<p><b>Kubatsirana</b> <b>Award Ceiling:</b> 11,304,869 MTN (\$376,829) <b>Period of Performance:</b> November 1, 2012 – April 30, 2014 (grant extension in process)</p>	<p><b>Kubatsirana HIV OVC</b> provides psycho-social support, strengthening parenting skills, improving the life skills of OVCs, improving economic resiliency, promoting advocacy and community mobilization, and creating/improving networks for service referrals.</p> <p><b>Geographic Targets:</b> Manica , District of Gondola - Inchope, Manica - Machipanda and Barué - Catandica</p>	<ul style="list-style-type: none"> <li>Registered and conducted needs assessment with 509 OVCs, 85% of the annual target, and provided services and referrals, including support with homework, preparation for exams, education on hygiene and preparation of meals, and accessing legal services to obtain documentation allowing them to participate final exams;</li> <li>Recruited experienced program coordinator, OVC technical officer, and HES technical officer via transparent recruitment process;</li> <li>Continues to face staff turn-over and challenges with senior management and collaboration among governing board bodies and executive that hamper program implementation;</li> <li>Trained <i>activistas</i> on Psycho-Social Support (PSS), using REPSSI's Journey of Life, and began to provide PSS;</li> <li>Conducted group dialogues with children and adults in separate sessions. Topics included Prevention of HIV and AIDS, individual and collective hygiene, child rights and the <i>Journey of Life</i>;</li> <li>Trained and assisted community leaders, especially religious leaders, to mobilize community support to meet basic needs of OVC beneficiaries; and</li> <li>Trained community leaders on PSS, children's rights and duties, referral systems, protection and legal support children.</li> </ul>
<p><b>OCV</b> <i>Up-and-Coming</i></p>	<p><b>Liga Diretos das Crianças - LDC</b> <b>Award Ceiling:</b> 6,463,243 MTN (\$215,441) <b>Period of Performance:</b> November 1, 2012 – April 30, 2014 (grant extension in</p>	<p><b>LDC</b> implements activities to help reduce the cultural barriers that hinder children's access to education, revitalizes school councils to encourage student retention and success, provides direct educational services to OVC, facilitates references and counter-references, and strengthen local initiatives to support OVC care. LDC will support 150 families and 600 OVC through this project.</p> <p><b>Geographic Reach:</b> Lugela</p>	<ul style="list-style-type: none"> <li>Experienced leadership challenges that hampered implementation. LDC analyzed the challenges and formulated solutions; one of the solutions was a change in key staff;</li> <li>Continued to provide support to OVC and their families and refer to other social services;</li> <li>Trained <i>activistas</i> in Psycho-Social Support (PSS);</li> <li>Conducted evaluation and refresher training with <i>activistas</i> on CSI application;</li> <li>Re-applied CSI and developed individual care plans, and</li> </ul>

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
	process)		<ul style="list-style-type: none"> <li>Prepared a cost extension plan and budget proposal.</li> </ul>
<p><b>OCV</b></p> <p><i>Up-and-Coming</i></p>	<p><b>Associação Niiwanane Wamphula (Niiwanane)</b></p> <p><b>Award Ceiling:</b> 12,565,677 MT (\$418,856)</p> <p><b>Period of Performance:</b> December 1, 2011 – April 30, 2016</p>	<p><b>Niiwanane</b> will contribute to the improvement of school-based education and reduce the impact of trauma in orphans and vulnerable children aged 6-12 years in Nampula City.</p> <p><b>Geographic Reach:</b> Napipine and Natiquir neighborhoods, Nampula City/Province</p>	<ul style="list-style-type: none"> <li>Continued to demonstrate consolidation of learning;</li> <li>Continued to provide support to OVC and their families and refer to other social services;</li> <li>Established a formal agreement with 25 September Health Unit and Marrare General Hospital for OVC beneficiaries referral services;</li> <li>Trained <i>activistas</i> in Psycho-Social Support (PSS) and started providing PSS with children and communities;</li> <li>Conducted evaluation and refresher training with <i>activistas</i> on CSI application;</li> <li>Re-applied CSI and developed individual care plans;</li> <li>Implemented an abbreviated mapping exercise to identify health facilities that offer GBV services, primarily PEP, emergency FP and psycho-social support. <b>Niiwanane</b> will commence GBV screening in the next reporting period;</li> <li>Recruited, via an open and transparent recruitment process, personnel to implement HES activities, prevention debate sessions with OVC beneficiaries and community members and HIV care and treatment defaulter tracing, and</li> <li>Prepared a cost extension plan and budget proposal.</li> </ul>
<p><b>Care and Treatment</b></p> <p><i>Up-and-Coming</i></p>	<p><b>Rede Internacional de Acção pelo Alimento do Bebê e Criança Pequena (IBFAN) / Associação Moçambicana para o Desenvolvimento da Família (AMODEFA)</b></p> <p><b>Award Ceiling:</b> 16,046,583 MTN (\$534,886)</p> <p><b>Period of Performance:</b> September 1, 2010 – May</p>	<p><b>IBFAN</b> is a network of voluntary organizations working to improve the health and nutrition of mothers and their children through protection, support and the promotion of good practices in infant feeding. IBFAN works through eight network members and targets mothers and their children, community members, leaders, and workers.</p> <p><b>Geographic Targets:</b> Maputo City and Province</p>	<ul style="list-style-type: none"> <li>Identified targeted number of women for home visits by <i>activistas</i>;</li> <li>Continued to conduct home visits and debate sessions on Infant and Young Child Feeding (IYCF), hygiene and FP with pregnant, lactating or post-partum women with children under two years of age, husbands and mothers-in-law;</li> <li>Re-integrated HIV (+)pregnant, lactating or post-partum women in ART;</li> <li>Referred women and children to health care services but did not record referral data. CAP Mozambique is assisting IBFAN to improve data management, particularly for referrals;</li> <li>Continued to conduct demonstrations with project beneficiaries and community members on enriched porridges for infants older than six months of age;</li> <li>Continued to conduct information sessions on IYCF, hygiene and FP with pregnant women in pediatric wards at health centers and major hospitals in Maputo City and Province;</li> </ul>

PEPFAR Focus & Status	Grantee & Award Details	Project Description & Geographic Targets	Project Implementation: Comments on Progress
	31, 2014		<ul style="list-style-type: none"> <li>Continued to engage community leaders to support <i>activistas</i>' work;</li> <li>Engaged DSC and MISAU to discuss problems observed with completing child growth monitoring cards and inconsistencies in MISAU guidelines and messages on IYCF practices for HIV (+) women delivered by health personnel. As a result, DSC intends to include the topics in the next health workers' refresher training;</li> <li>Improved its data management system. Select member association's demonstrated capacity to manage their data as well;</li> <li>Participated in an exchange visit to Mozaic in Gaza province. Mozaic works closely with SDSMAS to continue hospital-based rehabilitation of malnourished children in the community after discharge. Mozaic implements feeding schemes and provides parental education to produce, conserve, and prepare nutritious food. IBFAN has included a Mozaic facilitated training in their extension plan;</li> <li>Prepared a cost extension plan and budget proposal. IBFAN integrated GBV prevention and screening in the extension proposal.</li> </ul>

Annex 3. Graduation Report

# CAP Mozambique

## Strengthening Leading Mozambican NGOs and Networks

### Report on Assessment of Partners for Graduation

April 28, 2014

Revised and resubmitted May 28, 2014

Associate Award No. 656-A-00-09-00164-00

Leader Award No. HFP-A-00-03-00020-00

FHI 360 Reference No. 3253-17



## CONTENTS

I. Background .....	1
II. Methodology .....	1
III. Findings.....	3
IV. Considerations.....	4

## ANNEXES

Annex 1 – Template for Evaluation of Candidates

Annex 2 – Detailed report for Niiwanane

Annex 3 – Detailed report for NAFEZA

## I. BACKGROUND

CAP Mozambique provides intensive, tailored capacity building and grants to organizations. Unlike other capacity building initiatives that focus on technical capacity, CAP Mozambique also address organizational structure and systems including financial and internal governance. This strategy addresses weaknesses that are common in the relatively young civil society that is dominant in Mozambique. By supporting organizations to be competent, credible and linked with stakeholders, CAP Mozambique is strengthening sustainability and contributing to the development of a core of organizations that can take initiative, that are responsible, and independent.

This report describes the process and results of CAP Mozambique's analysis of key partner organizations as candidates for graduation. CAP Mozambique is designed to provide TA at different levels for organizations that are grouped into two categories: *Up-and-Coming* and *Advanced*. Supporting organizations in their growth from one stage of development to the next is integral to the design of the CAP Mozambique project.

## II. METHODOLOGY

As part of USAID Forward and the Implementation and Procurement Reform Initiative, the ADS (303.3.6.6 b.(3)) now allows for "transition awards" in which USAID may execute awards directly with qualified partners. CAP Mozambique had already developed and executed a process to evaluate the capacity of select CAP Mozambique partners to transition from the *Up-and-Coming* to the *Advanced* category and then to direct USAID funding. This process was adapted as follows to consider the recommendation of partners for transition awards. First, the criteria were adapted to comply with those identified in Modification 8 (October 2012) to the CAP award; the criteria used and the evidence analyzed against these criteria are outlined below in Table 1. The process was further adapted in 2013, as USAID provided more information about its intent to provide TA and the topics of TA, which the agency was prepared to support for local organizations. CAP partners passing to the *Advanced* stage still require some very specific assistance to become equipped to manage direct USAID funds, which CAP Mozambique has provided to date. Now that USAID is going to provide TA to these organizations, CAP Mozambique can begin recommending *non-Advanced* organizations for transition awards with certain Pre/Post award conditions. CAP Mozambique has adjusted its definition of *Advanced* to indicate those organizations that have been recommended for USAID funding, but not yet awarded direct funding.

Based on programmatic performance, contractual compliance, financial management, and overall potential, CAP Mozambique selected two organizations to participate in the February 2014 graduation exercise: Niiwanane and NAFEZA. Both are considered as *Up-and-Coming* partners.

From January 15- February 21, 2013, CAP Mozambique conducted an evaluation exercise comprised of three main components: a desk review of all existing documents, site visits to each organization, and an internal reflection meeting. A template for evaluating candidates (see Annex 1) guided CAP Mozambique's senior management, organizational development,

program, grants, finance, and M&E teams to conduct a thorough evaluation of each organization. The template included CAP Mozambique’s eligibility requirements for *Advanced* organizations, divided into specific sub-components whose assessment would inform a final determination for each criterion. The desk review included a review of legal documentation, guidelines, manuals, other tools that CAP Mozambique had on file, as well as an analysis of the assessments that CAP Mozambique conducted as part of its Performance Monitoring Plan (participatory organizational assessment, technical assessments, report writing assessments, financial health checks, for example). The documents and evidence reviewed for each criterion is outlined in Table 1. The information gathered in the desk review was completed with site visits, consultation with other donors, and observations of the CAP Mozambique staff members who work most directly with the partners.

**Table 1: Criteria and Documentation**

<b>Organizational Capacity Criteria</b>	<b>Data sources Reviewed</b>
1. The organization must be not-for-profit and registered under Mozambican law, headquartered in Mozambique with an operational office in the targeted province. The organization must be managed by a governing body, of which the majority of members are citizens or lawful permanent residents of Mozambique, and the organization must not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of Mozambique.	This is an eligibility criterion to receive a CAP award and is evaluated when the proposal is received. The evidence on file includes: Copy of publication of the registration of the organization in the Boletim de Republica, which is the final step in the registration process. List of members of the governing bodies (board) Copies of IDs of members when the statutes do not specify that all members of governing bodies must be Mozambican
2. The organization must demonstrate a clear separation of governance and executive functions. Satisfactory results of external organizational assessment will be determined by CAP Mozambique or a third party.	Organigram and list of governing body and staff members provided by the organization. Minutes of governing body meetings Reports of Participatory Organizational Assessment Process (POAP) Notes from graduation meeting discussing feedback from other donors, local authorities, and others consulted
3. The organization must not have any pending disciplinary or legal action against them from another funder or government agency.	Updated EPLM database search Updated Terrorism database search Signature on certification of non-involvement in legal cases.
<b>Programmatic Capacity Criteria</b>	
4. The organization must have experience implementing programs for more than 2 years;	CAP grant agreement Report of site visit conducted during selection process for CAP award, which includes notes from conversations with other donors and/ or review of existing grant agreements
5. The organization must have satisfactory results of external programmatic assessment conducted by CAP Mozambique or a third party.	Results of appropriate external technical assessments conducted by CAP staff (Social and Behavioral Change Communications (SBCC) to evaluate prevention technical capacity, Orphans and Vulnerable Children (OVC) technical, sub-grant management) Results of report-writing assessments Comparison of results achieved vs. targets

	<p>CAP tracker on submission of deliverables  Reports of data verification visits  Field visit reports of CAP staff and their commentary in the graduation assessment meeting document with notes.  Quarterly reports submitted by partners</p>
<b>Financial &amp; Administrative Management Capacity Criteria</b>	
<p>6. The organization must have a successful record of managing funds from multiple sources, with an annual organizational budget of at least \$150,000.</p>	<p>Report of site visit conducted during selection process  Notes from conversations with other donors  CAP tracker on financial performance</p>
<p>7. The organization must have well-established accountability, financial management structures in place including clearly documented financial management, personnel, procurement, travel, and asset-management policies.</p>	<p>Financial Health Check assessment  Reports of prior audits where provided  CAP tracker on submission of deliverables  Review of policies and procedures manuals  Review of HR and finance files  Pre-award site visit notes (Management Questionnaire)  Negotiation memorandum notes  Written feedback from CAP staff on financial reports  Timesheets  Inventory</p>

At the conclusion of this process, a committee convened to decide which organizations should be recommended for advancement. Once the decisions were made, CAP Mozambique conducted feedback meetings with the leadership of each organization to share the findings with the organization. This created a valuable learning opportunity for each organization, allowing it to hear holistic feedback about their organization’s performance and reflect on future improvements.

### III. FINDINGS

After careful review of the evidence and feedback, CAP Mozambique has determined the following:

Niiwanane has come a very long way since CAP began working with them in 2010. They are excellent implementers and a model CBO in many ways. They have successfully implemented both HIV prevention and OVC programming and have demonstrated their ability to adapt to change. They are very sincere in their commitment to serving the community effectively and actively seek beneficiary input at all stages of implementation. Their implementation capacity has increased significantly, yet they still require CAP assistance with strategy. They successfully managed an executive director transition, which is rare in Mozambique. However, Niiwanane is still vulnerable, and internal governance is still weak. The administrative and financial systems function for an organization of its small scale, but will not stand up to growth. Their internal governance systems need to mature.

Niiwanane has recently undergone a leadership change in its board that may require them to revisit their identity and purpose. The organization has a few excellent staff, but will need to recruit and/ or develop others if it is to manage any kind of growth. CAP Mozambique does not recommend Niiwanane for a transition award.

NAFEZA has also matured in many ways over the past four years. NAFEZA has expanded its team and implementation is now strong and effective; they are strong advocates for the communities they support and engage them effectively in implementation. NAFEZA has capable, dedicated personnel, especially in key positions in both the program and finance areas. NAFEZA's team has been responsive to capacity building and flexible in adapting to programmatic and procedural changes. Their financial reporting is solid and consistent and they have experience successfully managing multiple donors including UNFPA and CIDA CANADA, among others. Internal governance processes have improved and they have a good basis. The key challenge that NAFEZA needs to address is financial risk. To reduce their risk, CAP has recommended that NAFEZA expand its finance team with capable personnel to be commensurate with the scope of the organization. While NAFEZA can work on improving its internal governance processes, and has expressed an interest in shifting to a network model, these matters would not prevent CAP from recommending them. CAP has also recommended that NAFEZA address certain other key internal control and financial management systems that are lacking and resulted in a score of medium risk on the financial health check. CAP Mozambique does not recommend NAFEZA for a transition award at this time.

Both organizations were very interested in the feedback provided in the follow-up meetings and immediately started to make plans to address the weaknesses identified. CAP Mozambique will reconsider NAFEZA again in August and hopes to be able to recommend NAFEZA at that time. Niiwanane will require more time. Further details on each organization, the assessments and recommendations are included in Annexes 2 and 3.

#### **IV. CONSIDERATIONS**

Any organization can experience dramatic organizational changes, or a change in environment that affect its ability to meet commitments. Should any of these conditions change, CAP Mozambique's recommendation may change as well. The organizations described above are evaluated in their management of a standard grant under the conditions of CAP Mozambique administration, which include reviews of monthly financial reports and feedback, TA in preparing the monitoring and evaluation plan, TA in finalizing the workplan, data quality checks and TA to improve, TA in analyzing data for use in decision making, intensive support in project design, key personnel approval and substantial involvement clauses regarding sensitive or complex procurements. CAP Mozambique strives to instill a sense of self-management and responsibility in partners.

**Name of Organization:** \_\_\_\_\_

**Dates of Evaluation:** \_\_\_\_\_

**DS = Desk Study, SV = Site Visit, IM = Internal Meeting**

**Criterion #1:** The organization must be not-for-profit, registered under Mozambican law, and headquartered in Mozambique with an operational office in the targeted province. The organization must be managed by a governing body, the majority of whom are citizens or lawful permanent residents of Mozambique, and the organization must not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of Mozambique.

Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
Existence of BR	DS - CAP files	Grant Team		

**Criterion #2:** Clear separation of board and executive functions. Satisfactory results of external organizational assessment conducted by CAP or a third party.

Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
Separation of roles of Executive and Board	DS- Checking certidao de Conservatoria and Actas to compare names	Grant/OD Team		
Organizational Development – Overlap in responsibilities affects the board’s ability to hold staff accountable. Regular meetings are first step towards board playing its role. GOVERNANCE - Clear separation of board and executive functions, board meets regularly, executive director reports to board.	SV - follow-up on Conservatoria and Actas for separation of roles if necessary, Partner self-reports on board meetings, presence of ED in board meetings and role.	OD Team		
	IM- Discuss findings of site visits, results from PAOP process	ALL		
External relations – linkages with community served? Do they consult with the community in the design phase and in evaluation?	IM - Discuss linkages with stakeholders, efforts made in these areas.	ALL		

**Criterion #3:** The organization must not have any pending disciplinary or legal action against them from a funder or government agency.

Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
No Pending Legal Action	DS - Certification on file, Terrorism and Debarement searches on file	Grant Team		
<b>Criterion #4:</b> The organization must have experience implementing programs for more than 2 years.				
Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
Have to have been registered.	DS - Original Proposal/Eligibility Actas/Site Visit Notes	Grant Team		
Implementing activities that are donor funded. *	IM - confirm results of site visit and our experience with them, that actually implementing and have other funding as well	All		

<b>Criterion #5:</b> Satisfactory results of external programmatic assessment.				
Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
Programmatic <ul style="list-style-type: none"> <li>• technical capacity to implement activities in technical area,</li> <li>• meeting of project targets,</li> <li>• following the implementation plan,</li> <li>• qualified personnel in key roles,</li> <li>• appropriate application of tools (i.e. CSI, monitoring tools),</li> <li>• feeding community consultations/formative research into</li> </ul>	DS - Project Design Assessment – organizational capacity, use of data, community consultation, strategy. Minimum score.	Grant/M&E Team		
	DS - Grant Tracker - checking progress on results	Grant/M&E Team		
	DS - Grant Management Assessment - minimum score on most recent assessment	Grant Team		
	DS - OVC/Prevention Assessments: Minimum score on most recent technical assessment	Grant/M&E Team		

<p>project design/revisions,</p> <ul style="list-style-type: none"> <li>• adherence to quality criteria developed (i.e. criteria for counting, following plans)</li> <li>• satisfactory results of monitoring visits (program and M&amp;E).</li> <li>• The organization must have well-established program implementation structures in place: adequate LOE, monitoring system in place, supervisory structure.</li> </ul>	<p>IM - Discuss: results of monitoring visits, quality of programmatic observations, quality of staff implementing project, following of implementation plan, meeting of targets, appropriate application of tools, community consultation process, adherence to quality criteria developed (<b>Preparation: Review most recent Year 2 Plan/budget, monitoring reports, results achieved, most recent quarterly reports, technical assessments</b>)</p>	<p>ALL</p>		
--	---	------------	--	--

**Criterion #6:** Successful record of managing funds from multiple sources, with at least one multi-year grant and an annual organizational budget of \$250,000.

Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
Successful record of managing funds	SV - (Reference Check) Verify satisfactory record of managing funds with at least one other donor, develop a list of all current funding – average out for the \$150,000.	OD Team		

**Criterion #7:** The organization must have well-established accountability, financial management structures in place including clearly documented financial management, personnel, procurement, travel, and asset management policies.

Components Evaluated	Method of Evaluating	Responsible	Comments	Evidence
	DS - Grant Tracker (punctuality with deliverables)	Grant Team		
	DS - Report Assessment - calculate average	Grant Team		
	DS - Budget Assessment - minimum score	Grant Team		

<p>Accountability – existence of internal controls, clear description of roles/responsibilities for board, executive director, senior finance staff, senior program staff.</p> <p>Regular and timely programmatic and financial reporting.</p>	<p>SV - Check on HR files to see that things are filed and in order, check on confidentiality of files, Existence of and staff knowledge of procedures</p>	OD Team		
	<p>IM - Confirm that organization is accountable -- separation of roles, clear description of responsibilities, existence of internal controls</p> <p><b>(Preparation: review org chart, notes from MQ meeting, site visit report, MQ, job descriptions submitted with proposal, policies and procedures manuals)</b></p>	ALL		
<p>Financial Management (based on 22 CFR 226.21) – Use an accounting software, have written HR, procurement, travel, asset policies, have internal controls (timekeeping procedures for personnel, tracking of inventories, accounting system that tracks expenditures), have a filing system that archives supporting documents for every expenditure, and ability to store these documents for a period of time.</p>	<p>DS - Health Check - Minimum score of “Low Risk” on all 6 of the evaluation categories</p>	Grant Team		
	<p>SV - Check on accounting software, policies, internal controls (timesheets, inventory), and filing system.</p>	Luis		
	<p>IM - Are Finance Team comments being applied - is the organization improving in systems and reporting? Do they consistently apply USG procurement/cost principles? Results of site visit looking at acct software, decisions based on software, filing practices, internal controls <b>(Preparation: Review comments sent on financial reports, audit reports)</b></p>	ALL		
<p>Consistently apply USG procurement procedures (includes free/fair competitions).</p>	<p>IM - discuss procurement history, grant competition history, policies (board approved?), past budgets</p>			

Board approved policies	submitted. (Preparation: review financial reports/documents, review policy manuals, review past budgets)	ALL		
Can prepare a coherent budget and budget notes.				

\* Exceptions may be made if organization has satisfactory past performance, or experienced and proven key personnel, but is recently registered.

## Niiwanane Graduation Assessment Report

Associação NIIWANANE Wamphula of People Living with HIV & SIDA and Supporters was established in 2002 and legally registered in 2005. It was initiated by one individual after realizing that people living with HIV & AIDS (PLWHA) were victims of discrimination and stigmatization in hospitals, in the communities, place of work and households. He then joined other PLWHA and founded NIIWANANE Wamphula, which means “Let’s come together Nampula” in macua local language.

NIIWANANE’s objectives are to: (1) reduce and alleviate the impact of HIV & AIDS; (2) contribute in the fight against absolute poverty; (3) participate in activities aimed at raising awareness on gender and women issues; and (4) collaborate with other similar entities.

Since 2007, Niiwanane worked with two major donors, which are FHI 360 and CARE INTERNATIONAL, which financed largely HIV prevention in terms of strengthening activities for PLWHA, and prevention. They also received funding from Action Aid. The average of funds received from 2008 to 2011 was about 1,849,194 MTN equivalent to about USD \$ 66,043.

### Details of CAP Mozambique award

**Award Ceiling:** 12,565,677 MT (\$418,856)

**Period of Performance:** December 1, 2011 – April 30, 2016

**Geographic Reach:** Napipine and Natiqir neighborhoods, Nampula City/Province

**PEPFAR Focus:** OVC

**Project Description:** Niiwanane contributes to the improvement of school-based education and reduce the impact of trauma in orphans and vulnerable children aged 6-12 years in Nampula City. Niiwanane is also adding voluntary savings and loan groups and HIV prevention education to its activities.

**Expended in calendar year 2013:** approximately \$79,000

### Key Personnel

Executive Director – Régio Domingos

Program Manager – Eulália Intato

Finance Manager – Carmelita Diwa

### Organizational Capacity

1. *The organization must be not-for-profit and registered under Mozambican law, headquartered in Mozambique with an operational office in the targeted province. The organization must be managed by a governing body, the majority of whom are citizens or lawful permanent residents of Mozambique, and the organization must not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of Mozambique.*
  - Niiwanane has 27 active members, all of whom are Mozambican. The organization is legally constituted and registered in Nampula, but their registration has not yet been formally published in the *Boletim de Republica*.
2. *Clear separation of governing bodies and executive functions. Satisfactory results of external organizational assessment conducted by CAP Mozambique or a third party.*

- Separation of functions: There is a clear separation of roles and responsibilities. The organizational chart shows no duplication of names.
  - Analysis of internal governance system: Statutes are up to date and appropriate to the mission of the organization. New social organs were recently elected following due process in a properly organized General Assembly. The new leadership is experienced and capable of contributing to the organization. As they are newly elected, the board members are still learning their roles and maturing. The fiscal council, however, has not been active. Niiwanane made progress on their strategic plan, but the process has been stalled for a year. The organization needs to clarify its identity vis a vis its history as an association of people living with HIV and its role as a community service provider; this will allow them to determine their strategic focus and maintain the heart and roots that are the basis of strength for Niiwanane.
  - Leadership transition: Niiwanane is one of the few organizations that has had a successful leadership transition. Two year ago Niiwanane's executive director resigned from her position for health reasons. The accountant, who had been trained by the ED over a long period, was named the new ED, and he has been doing an excellent job. The former ED continues on the board and is as active as possible.
  - External Relations: Niiwanane has very strong relations with the government at district and provincial levels. DPMAS has provided them office space and the Marrere Health Unit has requested a partnership with Niiwanane to support implementation of treatment adherence activities. The organization consistently consults with beneficiaries in project design and to seek feedback on implementation and the quality of services.
3. *The organization must not have any pending disciplinary or legal action against them from another funder or government agency.*
- The certifications are on file at CAP. An updated search of the OFAC, EPLS and Al Qaeda Sanctions databases was conducted and nothing was found.

### **Programmatic Capacity**

4. *The organization must have experience implementing programs for more than two years.*
- Niiwanane has been implementing activities since 2005. They have worked with Action AID and CARE in the past. The organization is working with CAP since 2010. They currently have a small grant with NCPS.
5. *Satisfactory results of external programmatic assessment conducted by CAP or a third party.*
- Performance: Niiwanane has been a consistently strong performer, both under the former Prevention grant they had with CAP, and with the OVC program.

- Progress on targets scores and comments: Niiwanane is reaching its targets for OVC reached. They have also trained 164 people, but only 32 were registered due to a misunderstanding of what should be registered. They had some problems with reporting data accurately when they began the OVC program, but have responded well to TA and now have one of the strongest OVC databases amongst CAP Partners.

**Table 1. Targets reached by Niiwanane**

Time Period	Target	Reached
COVs	540	1080
Training	246	32

- Technical assessment scores: Niiwanane has shown strong improvement in all areas of the OVC technical assessment, as shown in the table below.

#### **Niiwanane OVC Technical assessment scores**

Date	OVC Project Design	Availability of skilled personnel	Availability of appropriate processes	Processes used to determine client satisfaction	Data management use	Total
FY 2012	4	2	3	2	3	14/78
FY 2013	18	15	24	6	7	70/78

- Capacity to prevent and respond to problems: Niiwanane has responded rapidly to change and new ideas, as demonstrated with their ready inclusion of economic strengthening and adherence activities in the extension of the project. The staff identify implementation challenges themselves and actively seek solutions; they still do require assistance in analyzing the potential solutions and choosing the most effective ones, but are learning quickly.
- Qualifications of staffing: Field staff and activists are qualified and capably implementing the activities in the plan. The executive director and program manager are both very strong and active in implementation, supervising activities and actually leading some.
- Other points: Niiwanane's first project with CAP was Prevention, but they applied for na OVC grant in the second round as this was a primary interest of their members, PLWHIV. Niiwanane has some difficulties with the new activities in the beginning, but has adapted very well and is one of the strongest OVC partners CAP has. They have repeatedly demonstrated their commitment to the work and improving the lives of the children they support.
- Programmatic reports: Niiwanane generally presents quality programmatic reports. CAP has noticed however that when the executive director is not present, the quality is weaker and the database has some errors. While it is good that the director ensures quality control, the organization should have other people capable of performing these functions.

#### **Financial and Administrative Management capacity**

6. *Successful record of managing funds from multiple sources, with an annual organizational budget of at least \$150,000.*
  - The organization has managed funds from various donors such as:

Donor	Theme	Period	Amount
Provincial Nucleo for the Fight Against AIDs (NCPS)	Income generation	2005 (one year)	17 million Mts
Action Aid	Distribution of food kits for PLWHIV and OVC	2007 (6 months)	530,000 Mts
Care	Treatment adherence and Prevention of vertical transmission	2008 (6 months)	162,000 Mts
John Hopkins/SNV	Prevention and integration of girls in schools	2009-10 (6 months)	250,000 Mts
CAP Moçambique	HIV promotion	2010 a 2011	1,300,000 Mts
CAP Moçambique	Care for OVC	2012 a 2016	12,565,677 Mts

7. *The organization must have well-established accountability, financial management structures in place including clearly documented financial management, personnel, procurement, travel, and asset management policies.*

In the Financial Health Check, Niiwanane received a “Medium risk” score. Their score increased 55 points or 36% from the baseline. The baseline did not include planning and budgeting. The current total score is 233, still medium risk.

**Table 1. Niiwanane’s Disaggregated Results of Financial Health Check**

Assess #	Dates	Planning & budgeting	Basic Accounting systems	Financial reporting	Internal controls	Grant management	Staffing	TOTAL	Change
1	May 2010	n/a	31 Medium risk	17 High risk	56 Medium risk	25 Medium risk	24 Medium risk	153 Medium risk	55
2	Feb 2014	25 High risk	50 Medium risk	24 Medium risk	61 Low risk	35 Low risk	38 Low risk	208 Medium risk	

- Financial reports: Niiwanane continues to have small errors in their reports. The quality of their reports has not improved or worsened, but for the level of transactions they have, their reports should be better. Their reports are on time.
- Finance team qualifications and distribution of responsibilities: The finance team has the required qualifications, however the accountant is slow and the executive director must get involved for processes to move forward. The accountant does not have the ability to manage higher volumes of funds than the level Niiwanane is currently managing.
- Accounting software/ chart of accounts, etc: they use a cash accounting system, with excel. It was designed expressly for reporting on CAP funds. They don’t yet have petty cas or a safe. Inventory is done for projects purchased with CAP funds, but not for other items.

- Files (HR and finance): They don't have HR files and their administrative files are not well organized either.
- Internal controls: there is sufficient separation of duties involving the director and president of the board. Given that the Niiwanane team is quite small, this is a reasonable solution.
- Policies and Procedures Manuals: Administrative and financial policies were drafted and reviewed by the board. They can be finalized in a brief period. HR policies will be developed once the Admin/ Finance policies are approved..
- Other points: Niiwanane is completing timesheets daily. They have never been audited, and given the small grant they have with CAP, they will not attain the threshold for formal audit.

## **Recommendations**

This partner is not recommended for graduation. The organization is an excellent performer and has grown tremendously since they started with CAP Mozambique. However the organization is still fragile and not yet ready for the complexities and risks of direct USAID funding.

In order to improve, Niiwanane, should address the following priorities:

## **Conditions**

- Ensure the publication of their organization in the *Boletim de Republica*, so the registration process is completed.
- Reflect upon and clarify the identify of the organization. Design a strategic plan that clarifies their objectives and orientations.
- Finalize and approve all policies and procedures, including a salary scale that reflects the vision of the organization.
- Mobilize the fiscal council to fulfill its role.
- Redistribute responsibilities within the organization to reduce the burden of day to day management on the executive director and allow him to lead the organization in a more strategic manner.
- Complete the filing system
- Provide quality program reports and data, as they used to .

## **Observations**

- The implementation capacity of Niiwanane is very high and Niiwanane is a model in many areas. However, the administrative and financial areas, and governance are still weak. These weaknesses jeopardize the stability of the organization as a whole.
- Improving data quality can help to improve service quality also.
- Niiwanane is interested in diversifying funds; this should take place after the strategic plan has been completed.
- The organization's accountant should be more active and present so that she can respond to the requirements of her position in a timely manner.

## NAFEZA Graduation Assessment Report

NAFEZA (Núcleo das Associações Femininas da Zambézia), was founded in 1997 as an initiative from three women associations (AMUDEZA, ACTIVA, ADDOM), who were at that time members of FONGZA. Its creation was guided by the vision to *“form a strong intervening network, representing Civil Society in the Province of Zambézia that ensures women empowerment through information and training interventions, using mechanisms that pressure the Government to create policies and programs to benefit women”*.

This organization has as its mission to *“coordinate member organizations’ interventions and implement activities to promote women, gender equity and women’ rights”*. Its objectives are (i) contribute to minimizing the differences between men and women and increase women’ position by coordinating and strengthening civil society interventions on behalf of women in the Province of Zambézia, especially in the areas of agriculture, education, health, women’s rights, the fight against poverty, violence against women and HIV/AIDS; (ii) promote access to information, training and education of women; pressure the Government to adapt and implement policies that creates gender equity and women empowerment, in politics and programs, and introduce positive changes to gender relations as well as contributing to building the capacity of its members.

NAFEZA is made up of 53 member associations located in the 17 districts of the Zambézia province, with the exception of 3 (Inhassunge, Chinde e Lugela). NAFEZA has regular meetings with its members to discuss and elaborate policies, projects and the implementation of activities that integrate women’ issues, violence against women, and the fight against HIV/AIDS in two specific areas: - Institutional capacity building and Advocacy.

### Details of CAP Mozambique award

**Award Ceiling:** 13,455,334 MTN (\$448,511)

**Period of Performance:** May 1, 2012 – December 31, 2014

**Geographic Targets:** Zambézia Province, District of Inhansunge (Localities of Mucopia, Mussangane end Abreu), District of Nicoadala (Localities of Bilila, Nanthide end Mutchessane)

**PEPFAR Focus:** Prevention, GBV, counseling and testing and increasing demand for services

**Project Description:** NAFEZA aims to contribute to the reduction of the risk of HIV infection among adolescents, young people and couples in communities identified in the districts of Nicoadala and Inhassunge. Target groups include pre-adolescents aged 10 to 14 years old, teens aged 15 to 17 years, youth aged 18 to 25 years, and married people over 18 years old.

**Expended in calendar year 2013:** approximately \$170,000.

### Key Personnel

Executive Director – Candida Quintano

Coordinator – Mefina Samajo

Finance Manager – Paulina Bo

### Organizational Capacity

1. *The organization must be not-for-profit and registered under Mozambican law, headquartered in Mozambique with an operational office in the targeted province. The organization must be managed by a governing body, the majority of whom are citizens or lawful permanent residents*

of Mozambique, and the organization must not be controlled by a foreign entity or by an individual or individuals who are not citizens or permanent residents of Mozambique.

- The *Bulletim de Republica* confirms NAFEZA’s official registration.
  - NAFEZA was created in 1997, recognized by the government of Zambezia in 2004, and registered in 2004. Publication in the *Boletim de Republica* took place in BR 12 January 2005, series no. 2 2005. All members of the governing body are Mozambican.
2. *Clear separation of governing bodies and executive functions. Satisfactory results of external organizational assessment conducted by CAP Mozambique or a third party.*
- Separation of functions: There is no duplication of names between in the executive and governance functions in the organizational chart. Based on available information, NAFEZA has a clear distribution of roles and responsibilities.
  - Analysis of internal governance system: The board (*conselho de direcção*) has regular, documented meetings. The Fiscal Council is becoming for active and organized. The most recent general assembly was organized according to statues and best practices; all members were invited with sufficient notice; information and documents were shared ahead of time, allowing time for review. NAFEZA needs to clarify the policy on the role o men in leadership positions.
  - External Relations: NAFEZA is well known within the provincial government and has excellent relationships; NAFEZA implements projects in collaboration with several governmental institutions, such as the police, services to assist victims of violence, social action,etc. The next step in the evolution of these relationships would be to formalize these agreements with MOUs. NAFEZA always consults with the community when designing new projects. Often, the executive director is directly involved in these consultations to ensure that NAFEZA is responding to eh community.
3. *The organization must not have any pending disciplinary or legal action against them from another funder or government agency.*
- The certifications are updated and on file at CAP. An updated search of the OFAC, EPLS and Al Qaeda Sanctions databases was conducted and nothing was found.

**Programmatic Capacity**

4. *The organization must have experience implementing programs for more than two years.*
- NAFEZA has been implementing activities since 1997. Available data indicates that NAFEZA has managed funds from the following donors: UNFPA, OXFAM, Fórum Mulher, FHI 360, and others. Most of their activities have been in the following areas: gender, gender based violence, women in politics, HIV prevention and cultural initiatives.
5. *Satisfactory results of external programmatic assessment conducted by CAP or a third party.*
- Performance: NAFEZA has exceeded its planned targets in the first phase of the project and are proposing even higher targets for GBV in the next phase.

**Table 1. Targets reached by NAFEZA**

Time Period	Target	Reached
Prevention	3960	4951
Training	52	42

- Progress on targets scores and comments: NAFEZA negotiated with the target group to organize two sessions per week to allow them to recover from a slow start. This allowed them to exceed their targets. The beneficiaries wanted to continue with two sessions per week, which is allowing NAFEZA to increase its targets in subsequent phases.
- SBCC Prevention Assessment: Nafeza showed improved results, particularly in the category of implementation.

COMPONENTE	<u>Base 2011</u>	<u>Follow Up 2013</u>
Planning	1.99	2.19
Implementation	2.18	2.71
Monitoring and Supervision	2.18	2.25
<b><u>TOTAL Score</u></b>	<b><u>2.12</u></b>	<b><u>2.38</u></b>

- Responsiveness and adaptability to change or other relevant points: NAFEZA responded rapidly to the opportunity to refer beneficiaries to testing and counseling and mobilized CT services. Also, when asked about their interest in doing GBV screening, NAFEZA quickly gathered information on available services and is mobilizing to conduct this activity.
- Qualifications of staffing: NAFEZA has a capable team, appropriate for the needs of the project. The staff are responsible and committed. Many stayed even when there was a gap in funding. NAFEZA recently hired a program coordinator to reduce the burden on the executive director. They chose a capable person that has contributed to NAFEZA's performance.
- Other points: the quality of supervision of field activities has increased significantly in the past two years. The executive director has a new appreciation for how monitoring and evaluation is a tool for management and has requested assistance in designing an M and E system that captures all of the organization's activities.
- Programmatic reports: reports have showed improvement vis a vis CAP requirements. Their reports are detailed enough to allow the reader to easily perceive how activities are progressing.

### **Financial and Administrative Management capacity**

6. *Successful record of managing funds from multiple sources, with an annual organizational budget of at least \$150,000.*

Donor	Theme of the project	Time period	Total Amount
UNFPA	Empowerment and gender equity	2003-2011	15 million MT
The Embassy of Holland and OXFAM Novib	Project against violence against women	2009-2014	27 million MT

Diakonia	Intitutional development	2003-10	7.7 million MT
Forum Mulher/Ibis	Women and political participation	2009-13	
CIDA Canada	HIV Prevention and treatment	2007-8	1.8 million MT
CNCS		2004-9	4.8 million MT
CAP	HIV Prevention	2012-14	13.5 million MT
Fundo Global atraves do Forum Mulher			

- Feedback from donors was positive in programmatic as well as financial management.
- In 2011, there was na audit of UNFPA funds. Some irregularities in the use of administrative (indirect) funds were identified; however UNFPA accepted responsibility for having providing erroneous instructions to NAFEZA . No other findings were identified in other audits.

7. *The organization must have well-established accountability, financial management structures in place including clearly documented financial management, personnel, procurement, travel, and asset management policies.*

In the Financial Health Check, Nafeza received a medium risk score of 239. The limit for low risk is a score of 241.

**Table 1. Nafeza's Disaggregated Results of Financial Health Check**

Assess #	Dates	Planning & budgeting	Basic Accounting systems	Financia l reportin g	Internal control s	Grant manage- ment	Staffin g	TOTAL	Change
#1	Junho 12	31 Risco medio	39 Risco Risco	15 Risco elevado	57 Risco Risco	27 Risco baixo	26 Risco Risco	195 Risco medio	44
#2	Julho 13	Risco elevado	42 Risco medio	30 Risco medio	74 Risco baixo	34 Risco baixo	37 Risco baixo	239 risco medio	

- Financial reports: NAFEZA has performed very well in terms of timeliness of financial reports.
- Finance team qualifications and distribution of responsibilities: the segregation of functions is weak as the finance team is very small. The accountant handles reporting and transactions for all projects. She manages well, but overdependence on one person creates risks. The policies and procedures manual outlines a segregation that discourages dishonest practices. NAFEZA should expand the finance team to involve more people. This may require negotiation with other donors as the perception is that donors will not support such costs.
- Accounting software/ chart of accounts, etc.: They are using a very general chart of accounts, but should have one that is specific for the organization.

- Files (HR and finance): Archives exist, but they need to be better organized and labeled. They need to file supporting documentation appropriately, complete the HR files to be consistent with their policies.
- Internal controls: As mentioned above, segregation of functions is weak; and they need to designate other staff to perform certain functions or higher additional staff to strengthen internal controls. They still don't have petty cash. Budgets and cash-flow are well managed.
- Policies and Procedures Manuals: NAFEZA is one of the CAP Partners whose administrative, financial, and human resources policies and procedures have been approved by the board. They need to update to include USAID policies such as a policy on shared costs and a policy on disallowed costs.

### **Recommendation**

This partner is not recommended for graduation at this time.

In order to be considered, NAFEZA, should address the following points:

- Expand the finance and administrative team and redistribute responsibilities to reduce risk. If necessary, negotiate with other donors.
- Address the weaknesses described in the Financial Health Check so as to reduce risks.
- The new fiscal council should demonstrate its capacity to execute its responsibilities.
- Utilize the accounting package they have and prepare an organizational chart of accounts.
- Develop the necessary USAID specific policies and procedures (cost allocation, disallowed costs, time reporting)
- Apply the performance evaluation system they have developed.
- Improve the organization of its files.

NAFEZA's progress on these points will be evaluated in six months.

### **Observations**

- Nafeza is a network. They are interested in pursuing this role more actively and gradually reducing their implementation activities. This may have both programmatic and structural implications for NAFEZA in the future. The evaluation here was of NAFEZA as an implementer.
- For reporting data, NAFEZA should designate at least one additional person, besides the M and E officer, to review the data to improve accuracy and reduce errors in reporting.

**Annex 4a. ANDA – Partner Integrated Capacity Building Plan**

Partner	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Time	Internal review comments
				Training	TA			Dec 13; Febr 14
<b>ANDA</b>  <b>POAP :</b> Jul 12  <b>Health Check:</b> Jul 12 Jun 13  <b>Tech ass Prev:</b> Jul 12 Jun 13  <b>Tech Ass OVC:</b> Jul 13  <b>Graduation meet:</b> Aug 13  <b>USAID Compl:</b> Dec 13	<b>BE</b>							
	1	Governance and leadership (POAP)	Improve skills of newly elected members of governing body	GML	<ul style="list-style-type: none"> <li>• TA based on activity plan emanating from training</li> <li>• TA to review statues.</li> </ul>	OD	FY13	Training done, statues revised
					TA to development of Internal Regulations	OD	FY14	
	2	POAP (CAP)	Assess organizational growth		Training and TA based on POAP priorities	OD	Mar 14	
	3	Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	Feb 14	
	4	Specialized Financial Management (Graduation prep)	Ensure compliance with USAID requirements		Conduct USAID compliance assessment and provide training and TA based on findings	DCOP	Nov 14	Assessment done, TA on-going
	5	Growth management (CAP)	Improve performance of ED and CD oversight		Mentoring program	COP	FY14	
	6	Internal control systems (POAP, Health check)	Improve internal control systems: <ul style="list-style-type: none"> <li>• management of assets allocation/use, physical check and tags/stickers use and update of inventory report</li> <li>• improve HR filing</li> </ul>	ICS	TA	OD	Dec 13	Training done; TA on-going: filing and asset management
					TA	Fin	Dec 13	
				Mango	OD	Dec, April, August	Training done; TA on-going	
				OD	FY13/14	TA in Sept, follow-up 12 Dec		

	7	Role of the Fiscal Council (FC) (POAP)	Improve understanding and execution of CF roles and responsibility	FC	Conduct thrice yearly TA (meetings of 2-3 hours) with CF and Executive; Support one internal CF auditing activity	OD	Dec, April, August	Training done TA on-going	
	8	Functioning of Associations (POAP)	Improve selection of members of governing bodies with appropriate skills and motivation		Provide profile of governing body members; Ta on <i>associa-tivismo</i> to members prior to GA	OD	FY13	Done	
	9	Policies and Procedures (POAP, graduation)	Finalize HR policy: • include salaries and travel policies in HR policies		TA to drafting of policies	Fin	June 14		
			• develop performance assessment tool and review HR policy • improve HR management systems		TA to HR PP revision; TA to ED on HR management	HR	FY13/14	PER and HR policy system done	
			Finalize Admin and Fin policies: • introduce code of ethics • design policy for use, management and disposal of assets (POAP) • include unallowable cost and cost allocation policy		TA to drafting of policies – share samples, provide comments	OD	June 14	Sent Code of ethics, add to HR, samples sent, sample of unallowable cost sent	
			Review final draft of Admin and Fin PP			Fin	Aug 14		
	10	Information technology (POAP)	Apply information technology, including to back up archives and creating a website	IT service provider			TBD		
	<b>DO</b>								
	11	Demand Creation and referrals (CAP)	Improve capacity to create demand for and refer to HIV, SRH and GBV services: • plan, conduct and report on debate sessions with OVC beneficiaries, leaders and <i>activistas</i>		TA to develop JD and support selection process of debate session facilitator	OVC	Jan 14		
					TA to determine contents and develop manuals for debate sessions	OVC	Feb 14		
			• expand referral networks and respond to demand, by referral	QPM	• TA to apply FHI 360 referral form • On-going TA	OVC	FY13/14		

	12	HES (CAP, needs assessment)	<p>Improve capacity to implement HES activities:</p> <ul style="list-style-type: none"> <li>Establish, train and support ASCAS in beneficiary communities</li> <li>ensure participation of OVC project target groups</li> </ul>	Training <i>activistas</i> (tbd)	<p>TA to develop JD and support selection process</p> <p>Ongoing TA</p>	OVC	<p>Feb 14</p> <p>FY14</p>		
	13	OVC beneficiary needs assessments (CAP)	<p>Improve capacity to apply CSI, develop care plans, provide and refer to services</p>	CSI	On-going TA	OVC	FY13/14	Training done, TA on-going	
			<p>Improve quality of needs assessment:</p> <ul style="list-style-type: none"> <li>conduct analysis of 1<sup>st</sup> CSI results</li> <li>prepare and implement refresher training for <i>activistas</i> on 2<sup>nd</sup> application of CSI</li> <li>improve CSI application and care plans</li> </ul>	Training of Supervisors	<ul style="list-style-type: none"> <li>TA to materials for reapplication training</li> <li>TA for one <i>activistas</i> reapplication training</li> </ul> <p>Ongoing TA</p>	OVC	May 14		
	14	Psycho-social support (CAP)	Improve knowledge and skills to provide psycho-social support	REPSSI		OVC	Nov 13	Training of staff done	
					Ongoing TA (DSF and CAP)		FY14	1 <sup>st</sup> visit DSF done	
	15	Collect, use and communicate results (Tech assessment – 3, (CAP)	<p>Improve capacity to:</p> <ul style="list-style-type: none"> <li>use data for decision making</li> <li>verify quality of data collected by providers</li> </ul>	QPM	<ul style="list-style-type: none"> <li>TA to adaptation of supervision tools</li> </ul>	OVC	Nov 13	QPM done, TA on-going	
					<ul style="list-style-type: none"> <li>TA during quarterly visits</li> </ul>		FY13/14		
					<ul style="list-style-type: none"> <li>TA during data verification exercise</li> </ul>	M&E	FY13/14		
	<b>RELATE</b>								
	16	Advocacy (POAP)	Develop advocacy strategy, including PR strategy	Program technical team				TBD	
17	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy	QPM	<ul style="list-style-type: none"> <li>TA to develop fact sheet</li> <li>Create opportunity to interact with donors</li> </ul>	OD	FY13	Three QPM done		
			Alliance	Ta to develop and implement RM strategy	OD	TBD			

**Annex 4b. CCM-Sofala – Partner Integrated Capacity Building Plan**

	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Time	Internal week
				Training	TA			Dec 13; Febr 14
<b>CCM-S</b>  <b>POAP:</b> Mar 12 Aug 13  <b>Tech Assess:</b> Apr 12 Jun 13  <b>Health Check:</b> Oct 11 Mar 12 Jun 13  <b>Graduation process</b> Nov '12 Aug 13  <b>USAID Compliance:</b> June 13	<b>BE</b>							
	1	Governance and Leadership (POAP)	Clarify the roles and responsibilities of Provincial and national governing bodies	GML	<ul style="list-style-type: none"> <li>Depending on the action plan resulting from the training</li> <li>Revision of statutes to include CF provincial structure</li> </ul>	OD	FY13	Training done; CCM obtained approval from CCM Sede for revisions, TA on-going
	2	PAOP (CAP)	Assess organizational growth		Training and TA based on POAP priorities	OD	July 14	
	3	Financial Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	June 14	
	4	Growth management (CAP AWP)	Improve performance of ED and oversight by CD		Mentoring program	COP	FY14	
5	Fiscal Council (POAP)	Improve understanding and execution of CF roles and responsibility	FC	Conduct thrice yearly TA (meetings of 2-3 hours) with CF and Executive; Support one internal CF auditing activity	OD	Dec, April, August	Training done, TA on-going. CCM does not have CF but <i>comite</i> .	

6	Internal Control Systems (POAP, Health check, USAID compliance, OCIA, field visit feed-back)	<ul style="list-style-type: none"> <li>Improve ICS systems by: <ul style="list-style-type: none"> <li>• synchronize allocation of time between salaries and timesheets</li> <li>• improve account system to track expenditures by donor</li> <li>• purchase order system</li> <li>• ensure signatures on procurement processes</li> <li>• segregation of duties for cash deposits</li> </ul> </li> </ul>	ICS; Cost allocation	TA	Fin	July 14	Sample of chart of account and code of ethics sent, TA provided on time sheets, cost allocation policies, chart of accounts, salary scale, travel policy. Awaiting draft.
		<ul style="list-style-type: none"> <li>• management of assets allocation/use, physical check and tags/stickers use and update of inventory report</li> <li>• chart of accounts</li> <li>• staff signing Code of ethic</li> <li>• improve archives of classifications and personal filing system</li> </ul>		TA	OD		
		<ul style="list-style-type: none"> <li>Revision of HR policy to: <ul style="list-style-type: none"> <li>• update HR to be consistent with law</li> <li>• change salary scale and travel policy. Obtained approval from Sede.</li> </ul> </li> </ul>					CCM-s was advised by CAP HR to revise and be consistent with law. Approval from Sede. CAP provided TA. March will present to central CCM.
		Consistent application of PER system		TA	HR	Jul 14	Obtained permission from Sede to do PER changes. HR TA provided. However, PER not doen for this year – awaiting Sede PP approval.
		Improve capacity of leaders to read/analyze financial reports and take informed decisions	MANGO	Conduct thrice yearly TA following CF follow-up schedule	OD	Dec, April, August	Training done, TA on-going Follow-up visit in Dec 2013 Chart of accounts – see above.

	7	Policy and Procedures (USAID compliance, OCIA, Graduation prep)	Finalize Admin and Fin policy: <ul style="list-style-type: none"> <li>cost allocation policy</li> <li>unallowable costs policy</li> </ul>		Share sample and provide TA to policy review and adaptation	OD	July 14	OD sent cost-allocation sample etc. CCM obtained approval from Sede to change. TA provided on changes.	
			<ul style="list-style-type: none"> <li>final review PP</li> </ul>			Fin		TA provided in January 2014	
	<b>DO</b>								
	8	Work plan development (CAP)	Develop and approve work plan, budgets and targets for Jan – Mar 15		<ul style="list-style-type: none"> <li>TA to finalize draft (Oct 13)</li> <li>TA to respond to comments (Out /Nov 13)</li> </ul>	Prev	Dec 13	Done - Jan 2014	
	9	Technical Assessment (CAP)	Measure change and identify capacity needs			Prev	July 14		
	10	Social mobilization (CAP)	Improve capacity to mobilize communities for GBV prevention and mitigation, Advocacy, HIV, ATS, referrals, etc.	SocMob	TA to work with leaders	Prev	FY14	TA on-going	
					TA to recruit Social Mobilization Focal Point	Prev	Feb 14		
11	Strengthening capacity to plan and develop SBCC (tech assessment – 1)	<ul style="list-style-type: none"> <li>increase knowledge of SBCC theory</li> <li>improve capacity to write proposals incorporating SBCC methodologies</li> </ul>	SBCC theory	TA to apply SBCC theory to define better alignment of partner activities to AFG	Prev	FY14	Replaced by training and TA on SBCC theory , TA to conduct rapid formative research in prep of Nweti work		
		<ul style="list-style-type: none"> <li>improve capacity to determine objectives of SBC of target group</li> <li>improve capacity to select appropriate methodology to address SBC</li> </ul>		TA during quarterly visits	Prev	FY13			
12	Strength advocacy capacity (CAP)	Improve capacity to: <ul style="list-style-type: none"> <li>identify advocacy issues</li> <li>create partnerships for advocacy</li> <li>present evidence based issues and dialogue with relevant authorities</li> </ul>	TBD	TA	Prev	TBD			

	13	Facilitation techniques (POAP and Tech assessment – 2.2)	Improve staff capacity to coach facilitators and improve quality of sessions	Facilitation	<ul style="list-style-type: none"> <li>• TA during quarterly visits to review and analyze supervisory forms</li> <li>• Field observations</li> </ul>	Prev	FY13/14	Training done; Supervisory tools applied; TA ongoing
	14	Use and communicate results (Tech assessment – 3.3)	Improve capacity to use data for programmatic decision making and communicating results	QPM	TA during quarterly visit to analyze data collection	Prev	FY13/14	QPM done TA ongoing
	15	Expand Technical Areas of intervention (CAP)	Increase capacity of partners to engage targets groups on: importance of testing and treatment, SRH, VMMC, GBV (indicator 4 – Male Engagement)		<ul style="list-style-type: none"> <li>• TA to revise training materials to reflect new topics</li> </ul>	Prev	Feb 14	
					<ul style="list-style-type: none"> <li>• Ta to ensure quality of training on new topics</li> </ul>		Mar 14	
	16	Referral Systems (CAP)	<ul style="list-style-type: none"> <li>• Improve capacity of partner to create partnerships with other services, particularly ATS</li> <li>• Strengthen capacity of partners to collect and report data on referrals</li> </ul>		TA during quarterly visits	Prev	FY13/14	Meeting with CHASS – Nov 2013; TA on-going
			<ul style="list-style-type: none"> <li>• Pilot with CHASS-SMT to remove barriers to access treatment and care</li> </ul>		TA to conduct HIV treatment defaulter tracing	Prev	FY14	
	17	Monitoring and evaluation (POAP)	Improve capacity to develop: <ul style="list-style-type: none"> <li>• develop targets and indicators</li> <li>• data collection tools</li> <li>• Improve documentation of lessons learned</li> </ul>	QPM	TA during data verification exercise	M&E	FY13/14	Two QPMs done; TA on-going
					TA during quarterly visits TA on recording and reporting defaulter tracing	Prev		
	<b>RELATE</b>							
18	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy		QPM May, Sept 13	<ul style="list-style-type: none"> <li>• TA to develop fact sheet</li> <li>• Create opportunity to interact with donors</li> </ul>	OD	FY13/14	Three QPMs
				Alliance	Ta to development and implementation of RM strategy	OD	TBD	

**Annex 4c. HACI – Partner Integrated Capacity Building Plan**

Partner	#	Capacity building priority (source)	Detailed description	Follow-up		Team	Time	Internal review comments
				Training	TA			Oct 13; Febr 14
<b>HACI</b>  <b>POAP:</b> Mar 10 Mar 12  <b>Grants Management:</b> Aug 12  <b>Health Check:</b> Mar 12 Jun 13  <b>Techn Assess:</b> Aug 11 Mar 13  <b>USAID Compliance:</b> Jun 13  <b>Graduation:</b> Aug 13	<b>BE</b>							
	1	Governance and Leadership (POAP)	1. Clarify the roles and responsibilities of members of governing bodies 2. Reach a common understanding of shared leadership	GLM - abbreviated	TA based on action plan resulting from training	OD	FY13	Training done; comments on revised Statutes due
	2	Growth management (CAP)	Improve performance of ED and oversight by CD		Mentoring program	COP	FY14	
	3	POAP (CAP)	Assess organizational growth		Training and TA based on POAP priorities	OD	Mar 14	
	4	Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	Feb 14	
	5	Internal control systems (POAP, health check, OCIA, USAID compliance visit, graduation)	Improve internal control systems: <ul style="list-style-type: none"> <li>physical check of assets and tags/stickers use and update of inventory report</li> <li>improve segregation of financial duties</li> <li>complete personnel files, incl. terrorism search for all staff</li> <li>define chart of accounts</li> </ul>	ICS	TA	OD	FY14	
			<ul style="list-style-type: none"> <li>purchase order system</li> <li>synchronize allocation of time between salaries and timesheets</li> <li>proper documentation and signature on procurement processes</li> </ul>		TA			
			Improve understanding and execution of CF roles and responsibility	FC	Conduct thrice yearly TA (meetings of 2-3 hours) with CF and Executive; Support one internal CF auditing activity		Nov, March July	On-going
Improve capacity of senior staff to : <ol style="list-style-type: none"> <li>develop reserve budget</li> <li>read/analyze financial reports and take informed decisions</li> </ol>			Mango	Conduct thrice yearly TA following CF follow-up schedule		Nov, March July	Training done; TA on-going	

6	Specialized Financial Management (prep graduation)	Assess USAID compliance		Training and TA based on findings	DCOP		Done
7	Strategic planning (POAP)	Design new strategic plan	SP	TA through visits	OD	TBD	Training done; Consultant recruited
8	Policies and Procedures (POAP, OCIA, USAID compliance assessment, graduation)	Finalize HR policy: • include salaries and travel policies in HR policies		TA	Fin	Mar 14	Comments provided, awaiting final version
		Develop performance assessment tool and review HR policy		TA	HR	FY14	Done
		Finalize Admin and Fin policies: • introduce code of ethics • include unallowable cost and cost allocation policy • IT policy		TA to drafting of policies – share samples, provide comments	OD	FY15	
		Review final draft of Admin and Fin PP			Fin	FY15	
<b>DO</b>							
9	Management of umbrella Grants (Grants Assessm)	Improve ability to manage grants: • improve fin management of sub-partners • develop a grant manual • develop/ consistently use tracking systems	BFM	Ta to develop grants manual and manage grants	Grant	FY 13	On-going
10	Target groups identification (Tech Assessm '12)	Improve ability to assist sub-partners to identify target group	Comm. Consult	TA during monitoring visits	OVC	FY 13	Done
11	OVC beneficiary needs assessments (CAP, Tech Assessm '12)	Improve HACI's ability to build capacity of sub -partners to apply CSI, develop care plans, provide and refer to services	Training QPM		OVC	Feb13	
				TA to HACI to monitor sub-partner implementation	OVC	Nov 13	Training and QPM done; TA on-going
		Improve HACI's capacity to assist partners to: • conduct analysis of 1 <sup>st</sup> CSI results • prepare and implement refresher training for <i>activistas</i> on 2 <sup>nd</sup> application of CSI • improve CSI application and care plans		• TA to HACI to review materials for re-application training • TA for implementation of first training with HACI sub	OVC	Feb 14	
		TA during monitoring visits		FY14			

	12	Psycho-social support (CAP)	Improve knowledge and skills of HACI to train and support sub-partners in provide psycho-social support	REPSI	TA to HACI during 1 <sup>st</sup> replication training with sub TA during monitoring visits	OVC	FY14	5 done, 4 to be done	
							FY14	1 <sup>st</sup> visit by DSF done for 6 org	
	13	Data management and reporting (Tech Assessm '12; Tech Assessm '13 )	Improve HACI's capacity to assist partners: <ul style="list-style-type: none"> <li>collect and report data</li> <li>verify quality of sub-partner data</li> <li>analyse and report</li> </ul>	QPM	TA during monitoring visits	OVC M&E	FY13	QPM done; TA on-going; Re-allocation of responsibilities in Nov, Dec report better	
	14	HES (CAP, needs assessment)	Improve HACI sub-partner capacity to implement HES activities: <ul style="list-style-type: none"> <li>establish, train and support ASCAS in beneficiary communities</li> <li>ensure participation of OVC project target groups</li> </ul>	HES Training	TA during monitoring visits	OVC	FY14		
	15	Service delivery capacity of sub-partners (Tech Assessm '13)	Improve HACI's capacity to: <ul style="list-style-type: none"> <li>conduct technical assessment with sub-partners</li> <li>track TA provision to sub-partners</li> <li>guide subs to create and utilize referral networks for OVC support</li> </ul>		TA to develop and apply OVC technical assessment tool	OVC	FY13	Done	
					TA during monitoring visits	OVC	FY14		
					TA to HACI to introduce and use FHI 360 referral format	OVC	FY13/ 14		
	<b>RELATE</b>								
	16	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy	QPM	<ul style="list-style-type: none"> <li>TA to develop fact sheet</li> <li>Create opportunity to interact with donors</li> </ul>	OD	FY13	Three QPM done	
				Alliance	Ta to develop and implement RM strategy	OD	TBD		
	17	Lobby and advocacy (POAP)	Define advocacy strategy and improve HACI's capacity to influence government policies				TBD		

**Annex 4d. IBFAN – Partner Integrated Capacity Building Plan**

	Capacity building priority (Source)	Detailed description	Follow-up		Team	Time	Internal week	
			Training	TA			Oct 13 Febr 14	
<b>IBFAN</b>  <b>POAP:</b> Oct 10 Apr 12  <b>Health check</b> Mar 13 Dec 12	<b>BE</b>							
	1	Governance and Leadership (POAP)	<ul style="list-style-type: none"> <li>clarify the roles and responsibilities of members of governing bodies</li> <li>reach common understanding of the role of members</li> </ul>	GLM	Facilitate a reflection prior to the GA Clarify roles and responsibilities after elections	OD	Oct 13	Training done; TA to prepare GA
	2	Internal control systems (POAP)	Improving functioning of the Fiscal Council (FC)	CF	Quarterly meetings of 2-3 hours with CF and Executive	OD	FY13/14	Training done, TA on-going
			Improve internal control systems (ICS), including segregation of duties among levels of authority	ICS	<ul style="list-style-type: none"> <li>TA based on activity plan emanating from training</li> <li>Further TA depending on approval of PP</li> </ul>	OD	FY13/14	Training done, TA on-going
	3	Budgeting (POAP)	See activity 6					
	4	Policies and Procedures (POAP)	<ul style="list-style-type: none"> <li>Develop HR policies</li> <li>Develop travel policies and salary scale</li> </ul>		TA	Fin	FY13/14	HR draft reviewed, comments provided, Training in March on PER
			Develop performance evaluation system		TA	HR		
	5	Strategic planning (POAP)	Assist with dissemination of vision, mission and values		To be scheduled depending on the outcome of the GA	OD	FY14	Done in Dec 13
			Develop strategic plan			Consultant	TBD	
	6	Financial systems (Anticipated graduation)	Introduce Financial accounting package/ software	Service provider		IBFAN	FY13	
Develop fin and admin policies – depending on GA decision on independence				<ul style="list-style-type: none"> <li>Health check</li> <li>TA to become independent from AMODEFA</li> </ul>	OD	FY13/14	FHC – Dec 2013 Independence plan commented on, new version expected mid Febr 2014	
Improve capacity of senior staff to : <ul style="list-style-type: none"> <li>make institutional budget</li> <li>read/analyze financial reports and take informed decisions</li> </ul>			MANGO	Conduct thrice yearly TA following CF follow-up schedule	OD Fin	FY13/14	Training done	
Improve USAID compliance				Conduct assessment and TA to address gaps	OD	TBD		

<b>DO</b>							
7	M&E (POAP, CAP)	Improve capacity to: <ul style="list-style-type: none"> <li>• correctly use tools</li> <li>• analyze and use data</li> <li>• report on referrals to STI, family planning, and maternal and child health services</li> </ul>	QPM	<ul style="list-style-type: none"> <li>• Follow-up QPM action plan</li> <li>• TA during monitoring visits</li> <li>• Introduce FHI referrals form</li> </ul>	M&E OVC	FY13/14	Two QPM done, TA on-going, referral form used, data base re-instated
9	Project cycle management (POAP)	Improve ability to plan project activities		TA during annual planning and budgeting	OVC	FY14	
10	Facilitation techniques (POAP)	<ul style="list-style-type: none"> <li>• improve skills to coach staff and network members to improve facilitation skills</li> </ul>	Facilitati on coaching training	TA during monitoring visits	OVC	FY 13	Training done, TA on-going
11.	Prevention and Mitigation of Gender Based Violence (CAP)	<ul style="list-style-type: none"> <li>• include sessions on GBV 1 and 4</li> <li>• enable train staff to conduct sessions with targeted beneficiaries</li> </ul>	GBV training	<ul style="list-style-type: none"> <li>• TA to adapt session manuals</li> <li>• TA during monitoring visits</li> </ul>	OVC	FY14	
<b>RELATE</b>							
12	Advocacy strategy (POAP)	Develop advocacy and public relations strategy				TBD	
13	Resource mobilization (CAP)	Develop capacity to plan and implement long-term RM strategy	QPM	<ul style="list-style-type: none"> <li>• TA to develop fact sheet</li> <li>• Create opportunity to interact with donors</li> </ul>	OD	FY13	Three QPM done
			Alliance	Ta to develop and implement RM strategy	OD	TBD	
14	Networks strategy Building a functional network (POAP)	Improve members' understanding of IBFAN's network mandate and advocate for support		TA while piloting framework -		FY13	Postponed

**Annex 4e. Kubatsirana - Partner Integrated Capacity Building Plan**

Partner	#	Capacity building priority (source)	Detailed description	Follow-up		Team	Time	Internal review Comments
				Training	TA			Dec 13; Febr 14
<b>Kubatsirana</b>  <b>POAP:</b> Jan 13  <b>Health Check:</b> Jan 13  <b>Technical Ass:</b> Nov 12	<b>BE</b>							
	1	POAP (CAP)	Assess organizational growth		Training and TA based on POAP priorities	OD	July 14	
	2	Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	June 14	
	3	Organizational budget (POAP)	Build capacity to: a. develop reserve budget b. read/analyze financial reports and take informed decisions	MANGO	<ul style="list-style-type: none"> <li>TA to develop a reserve budget</li> <li>Conduct thrice yearly TA (meetings of 2-3 hours) with CF and Executive.</li> </ul>	OD	Nov, March, July	Re-do Mango May
	4	GLM (POAP)	Strengthen Governance of newly elected board	GLM	Training and TA based on action plan	OD	Dec 13	Done - Oct 13
	5	Internal control systems (POAP, Health Check)	Improve understanding and execution of CF roles and responsibility (President FC not new)	FC	Conduct thrice yearly TA (meetings of 2-3 hours) with CF and Executive; Support one internal CF auditing activity	OD	FY14	Training done Dec 13 only CD, no CF, repeat maybe necessary
Improve consistent applications of internal control systems, in particular: <ul style="list-style-type: none"> <li>segregation of duties</li> <li>management of assets allocation/use; physical check and tags/stickers use and update of inventory report</li> <li>chart of accounts</li> <li>improve archives, personnel files and backup systems</li> </ul>			ICS	TA	Training done, TA on-going Repeat maybe necessary			
proper documentation and signature on procurement processes				TA	Fin			FY14

	6	Policies and Procedures (POAP, but no prioritized)	Finalize Admin and Fin policies		Share samples of policies; TA to review draft based on check list	OD	FY14/15	Samples given, Fin PP draft sent to CAP, needs extensive TA	
			Review of final draft			Fin			
			Finalize HR policies: • develop PER system and apply consistently • review HR policies		TA	HR		Samples given, HR PP draft sent to CAP, needs extensive TA	
			• salary and travel policies		TA	Fin			
	<b>DO</b>								
	9	Project cycle management (POAP)	Improve capacity to manage projects by: • documenting Kubatsirana's project cycle		TA to review project cycle document	OD	TBD		
			• improving tools to conduct situation analysis for project design		TA to tool development	M&E			
	10	Staff recruitment (Tech. assessment)	Improve capacity to recruit best qualified staff		TA to develop JD and support selection process	OVC	FY 13	TA on-going	
	11	Selection of beneficiaries and community engagement in OVC care (CAP, Technical assessment)	Improve capacity to: • consult communities in beneficiary selection • conduct family assessment to confirm selection criteria are applied correctly	Training comm. Consult.	TA to develop and apply tools for community consultation	OVC	FY 13	Done	
	12	OVC beneficiary needs assessments (CAP)	Improve capacity to apply CSI, develop care plans, provide and refer to services	CSI MMAS QPM	<ul style="list-style-type: none"> <li>TA to review <i>activistas</i> training materials and support training</li> <li>TA during CSI application</li> <li>On-going TA</li> </ul>	OVC	FY 13/14	Done: trainings staff, QPM; TA on-going; revision of training materials not done	
			Improve quality of needs assessment: • conduct analysis of 1 <sup>st</sup> CSI results • prepare and implement refresher training for <i>activistas</i> on 2 <sup>nd</sup> CSI application • improve CSI application and care plans	Training of Supervisors	<ul style="list-style-type: none"> <li>TA to materials for CSI reapplication training</li> <li>TA for one <i>activistas</i> reapplication training</li> </ul>	OVC	May 14		
					Ongoing TA	OVC M&E	FY14		

	13	Psychosocial Support (CAP)	Improve knowledge and skills to provide psycho-social support	REPSSI	Replications	OVC	Nov 13	Done
					Ongoing TA (DSF and CAP)	OVC	FY14	1 <sup>st</sup> round done
	14	Collect, use and communicate results (POAP, CAP)	Improve capacity to: <ul style="list-style-type: none"> <li>• collect, record and report data accurately</li> <li>• use data for decision making</li> </ul>	QPM	TA to create and use data base	M&E	FY14	QPM done
					<ul style="list-style-type: none"> <li>• TA to adaptation of supervision tools</li> <li>• TA during quarterly visits</li> </ul>	OVC	FY14	
		<ul style="list-style-type: none"> <li>• verify quality of data</li> </ul>		TA during data verification exercise	M&E	FY14		
	<b>RELATE</b>							
15	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy	QPM	<ul style="list-style-type: none"> <li>• TA to develop fact sheet</li> <li>• Create opportunity to interact with donors</li> </ul>	OD	FY13	Three QPM done	
			Alliance	Ta to develop and implement RM strategy	OD	TBD		

**Annex 4f. KUKUMBI - Partner Integrated Capacity Building Plan**

	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Time	Internal review comments
				Training	TA			Oct 13; Febr 14
<b>KUKUMBI</b>  <b>POAP:</b> June12 July 13  <b>Health check:</b> :June 12 July 13  <b>Tech assess:</b> May 12 July 13  <b>Graduation:</b> Aug 13  <b>USAID Compliance:</b> Nov 13	<b>BE</b>							
	1	Governance and leadership (POAP)	Improve skills of newly elected members of governing body	GML	<ul style="list-style-type: none"> <li>Revision of statutes</li> <li>Other TA based on activity plan emanating from training</li> </ul>	OD	FY13/14	Statute revision done and approved by AG
			Develop internal regulations		Provide comments on draft	OD	FY14	Done; approved by AG
	2	POAP (CAP)	Assess organizational growth		Training and TA based on POAP priorities	OD	FY15	
	3	Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	FY15	
	4	Internal control systems (ICS) (POAP) (health check)	Improve understanding and execution of CF roles and responsibility	CF	Conduct thrice yearly TA (meetings of 2-3 hours) with CF and Executive.	OD	Dec, April, Aug	Training done, TA on-going
			Strengthening internal control systems, in particular: <ul style="list-style-type: none"> <li>management of assets allocation/use; physical check and tags/stickers use and update of inventory report</li> <li>develop chart of accounts for effective use of software</li> </ul>	ICS	TA	OD	Dec 13	Training done; TA on-going Chart of accounts reviewed, CAP waiting for new version
			<ul style="list-style-type: none"> <li>proper documentation and signature of procurement processes</li> <li>synchronize allocation of time between salaries and timesheets</li> <li>purchase order system</li> </ul>					
			Improve capacity of leaders to read/analyse financial reports and take informed decisions	MANGO	Conduct thrice yearly TA following CF follow-up schedule	OD	Dec, April, Aug	Training done; TA on-going
			Migrate to accruals accounting system			Fin	Dec 13	TA provided, difficult to change but can be done if Kukumbi decides

	5	Specialized Financial Management (Graduation prep)	Ensure compliance with USAID requirements		Conduct USAID compliance assessment and provide training and TA based on findings	DCOP	Nov 13	Assessment done; Already included in fin/admin PPs, TA on-going to finalize	
	6	Policies and Procedures (POAP, Graduation, OCIA, pre-USAID compliance assessment)	Finalize HR policy:		TA	Fin	Jan 14	PER and review of HR policy done; TA on salary scale done, draft for review submitted, CAP to comment	
			• include salaries and travel policies in HR policies						
			• develop performance assessment tool and review HR policy		TA to PER and HR PP revision	HR	Feb 14	Done	
			Finalize Admin and Fin policy:		TA to drafting of policies – share samples, provide comments	OD	Feb 14	Final draft send to Luis for review	
	• introduce code of ethics – all staff to sign								
	• include unallowable cost and cost allocation policy								
	• IT back-up policy								
	• Review final draft of Admin and Fin PP		Review final draft	Fin	Feb 14				
	<b>DO</b>								
	7	Work plan Development (CAP)	Develop and approve work plan, budgets and targets for Jan – Dec 14		• TA to finalize draft (Oct 13) • TA to respond to comments (Out /Nov 13)	Prev	Dec 13	Final draft submitted 1 <sup>st</sup> week Nov	
8	Technical Assessment (CAP)	Measure change and identify capacity needs			Prev	July 14			
9	Social Mobilization (CAP)	Improve capacity to mobilize communities for GBV prevention and mitigation, Advocacy, HIV, ATS, referrals, etc.	SocMob	TA to work with leaders	Prev	FY14	TA on-going		
				TA to recruit Social Mobilization Focal Point	Prev	Feb 14	JD sent for CAP review		
10	Strengthening capacity to plan and develop SBCC (tech assessment – 1)	• increase knowledge of SBCC theory • improve capacity to write proposals incorporating SBCC methodologies	SBCC theory	TA to apply SBCC theory to define better alignment of partner activities to AFG	Prev	FY14	TA to conduct rapid formative research in prep of Nweti work		
11	Strength advocacy capacity (CAP)	• Identify advocacy issues • Create partnerships for advocacy • Present evidence based issues and dialogue with relevant authorities	TBD	TA	Prev	TBD			

12	Use research to measure impact (Tech assessment – 3.2)	Improve staff capacity of collect and analyze quantitative and qualitative data	QPM	TA during quarterly visits		FY13	QPM done TA ongoing
13	Expand Technical Areas of intervention (CAP)	Increase capacity of partner to: <ul style="list-style-type: none"> <li>engage targets groups on: importance of testing and treatment, SRH, VMMC, GBV (indicator 4 – Male Engagement)</li> </ul>		<ul style="list-style-type: none"> <li>TA to revise training materials to reflect new topics</li> <li>Ta to ensure quality of training on new topics</li> </ul>	Prev	Feb 14	
		<ul style="list-style-type: none"> <li>Conduct GBV screening in communities</li> </ul>		<ul style="list-style-type: none"> <li>TA to define new role</li> <li>TA to training of activists</li> <li>TA during quarterly visits to monitor progress</li> </ul>	Prev	Jun 14	
14	Referral Systems (CAP)	<ul style="list-style-type: none"> <li>Improve capacity of partner to create partnerships with other services, particularly ATS</li> <li>Strengthen capacity of partners to collect and report data on referrals</li> </ul>		TA during quarterly visits	Prev	FY13/14	Coordination meeting in Nov Indiv meetings as well
	Facilitation techniques (POAP and Tech assessment – 2.2)	Improve staff capacity to coach facilitators and improve quality of sessions	Facilitation	<ul style="list-style-type: none"> <li>TA during quarterly visits to review and analyze supervisory forms</li> <li>Field observations</li> </ul>	Prev	FY13/14	Training done; Supervisory tools applied; TA ongoing
15	Monitoring and evaluation (POAP)	Improve capacity to develop: <ul style="list-style-type: none"> <li>develop targets and indicators</li> <li>data collection tools</li> <li>Improve documentation of lessons learned</li> </ul>	QPM	TA during data verification exercise	M&E	FY13/14	TA ongoing
				TA during quarterly visits	Prev		
<b>RELATE</b>							
16	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy	QPM May, Sept 13	<ul style="list-style-type: none"> <li>TA to develop fact sheet</li> <li>Create opportunity to interact with donors</li> </ul>	OD	FY13/14	Two QPMs
			Alliance	Ta to development and implementation of RM strategy	OD	TBD	

**Annex 4g. LDC – Partner Integrated Capacity Building Plan**

Partner	#	Capacity building priority (source)	Detailed description	Follow up		Team	Time	Internal review comments
				Training	Technical Assistance			Oct 13; Febr 14
<b>LDC</b>  <b>POAP:</b> Feb 13  <b>Health check:</b> Feb 13 Mar 14  <b>Technical assess:</b> Oct 12 Feb 14	<b>Be</b>							
	1	Strategic Plan (PAOP)	Develop and budget strategic plan	Supported by Diakonia				
	2	POAP (CAP)	Assess organizational growth		Training and TA based on POAP priorities	OD	Aug 14	May 2014
	3	Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	July 14	Mar 2014
	4	Improve governance and leadership (POAP, GLM action Plan)	<ul style="list-style-type: none"> <li>• revision and dissemination of statutes</li> <li>• finalize revision and approve of Internal Regulations</li> <li>• conduct GA</li> <li>• formalize and register LDC as an association rather than a league</li> </ul>		<ul style="list-style-type: none"> <li>• TA for statute revision, conducting GA and registration ;</li> <li>• TA on dissemination methodologies</li> </ul>	OD	Dec 13 June 14	Statues and internal regulations commented on and approved in Nov GA
Clarify roles and responsibilities of governing bodies and Executive			GLM	TA based on action plans developed during trainings Follow-up TA: <ul style="list-style-type: none"> <li>• <i>Associativismo</i> prior to GA</li> <li>• Internal regulations (<i>see above</i>)</li> <li>• Resource mobilization strategy</li> </ul>	OD	Dec 13	GLM done Oct 13 <i>Associativismo</i> done	

5	Internal control systems (PAOP, field visits, CAP)	Improve internal control systems (ICS), including: • management of assets allocation/use; physical check and tags/stickers use and update of inventory report	ICS	TA	OD	FY14	Training done; Roles of ICS unclear, TA Delsa for asset management
		• Improve the archives		TA	OD		TA provided, Archives un-organized
		• proper documentation and signature of procurement processes		TA	Fin		TA by Delsa/Helden - Weakness
		Improve understanding and execution of CF roles and responsibility (not identified as priority by partner)	CF	Conduct thrice yearly TA (meetings of 2-3 hours) with CF and Executive; Support one internal CF auditing activity	OD	Nov, March, July	Training done, TA on-going
		Improve capacity of senior staff to read/analyze financial reports and take informed decisions	Mango	Conduct thrice yearly TA following CF follow-up schedule	OD	Nov, March, July	Training done, TA on-going
6	Policy and Procedures (POAP)	Finalize HR policy: • include salaries and travel policies in HR policies		TA	Fin	FY14/15	Received first draft, Eduardo to comment and TA on PER and PP in Febr 14
		• develop performance assessment tool and review HR policy		TA to HR PP revision	HR		
		Review and finalize Admin and Fin policies		TA to drafting of policies – share samples, provide comments	OD	FY14/15	First draft sent, CAP will provide follow-up after HR
		Review final draft of Admin and Fin PP			Fin	FY14/15	
<b>Do</b>							
7	Demand Creation and referrals (CAP)	Improve capacity to create demand for and refer to HIV, SRH and GBV services: • plan, conduct and report on debate sessions with OVC beneficiaries, leaders and <i>activistas</i>	√	TA to develop JD and support selection process of debate session facilitator	OVC	Jan 14	
		• expand referral networks and respond to demand, by referral		QPM	• TA to apply FHI 360 referral form • On-going TA	OVC	FY13/14

	8	HES (CAP, needs assessment)	<p>Improve capacity to implement HES activities:</p> <ul style="list-style-type: none"> <li>• establish, train and support ASCAS in beneficiary communities</li> <li>• ensure participation of OVC project target groups</li> </ul>	Training <i>activistas</i> (tbd)	<p>TA to develop JD and support selection process</p> <p>Ongoing TA</p>	OVC	Feb 14		
	9	Staff recruitment (Tech. assessment)	Improve capacity to recruit best qualified staff		TA to develop JD and support selection process	OVC	FY 13	Done, TA on-going	
	10	Selection of beneficiaries and community engagement in OVC care (CAP, Technical assessment)	<p>Improve capacity to:</p> <ul style="list-style-type: none"> <li>• consult communities in beneficiary selection</li> <li>• conduct family assessment to confirm selection criteria are applied correctly</li> </ul>	Training comm. Consult.	TA to develop and apply tools for community consultation	OVC	FY 13	Training done	
	11	OVC beneficiary needs assessments (CAP)	Improve capacity to apply CSI, develop care plans, provide and refer to services	CSI MMAS QPM	<ul style="list-style-type: none"> <li>• Exchange visit</li> <li>• On-going TA</li> </ul>	OVC	FY 13/14	Done: trainings, QPM, TA on-going	
			<p>Improve quality of needs assessment:</p> <ul style="list-style-type: none"> <li>• conduct analysis of 1<sup>st</sup> CSI results</li> <li>• prepare and implement refresher training for <i>activistas</i> on 2<sup>nd</sup> CSI application</li> <li>• improve CSI application and care plans</li> </ul>	Training of Supervisors	<ul style="list-style-type: none"> <li>• TA to materials for CSI reapplication training</li> <li>• TA for one <i>activistas</i> reapplication training</li> </ul>	OVC	Nov 13		
					Ongoing TA	OVC M&E	FY14		
	12	Psycho-social support (CAP)	Improve knowledge and skills to provide psycho-social support	REPSSI		OVC	Nov 13	Replica training done.	
					Ongoing TA (DSF and CAP)	OVC	FY14	1 <sup>st</sup> round done	
		Collect, use and communicate results (Tech assessment – 3, (CAP)	<p>Improve capacity to:</p> <ul style="list-style-type: none"> <li>• record and report data accurately</li> <li>• use data for decision making</li> </ul>	QPM	<p>TA to create and use data base</p> <p>TA during quarterly visits</p>	M&E	FY13/14	Data base done, TA on-going	
					TA during data verification exercise	M&E			Jul 14
	<b>Relate</b>								
	13	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy	QPM	<ul style="list-style-type: none"> <li>• TA to develop fact sheet</li> <li>• Create opportunity to interact with donors</li> </ul>	OD	FY13	QPM done	
				Alliance	TA to develop and implement RM strategy	OD	TBD		

**Annex 4h. NAFEZA – Partner Integrated Capacity Building Plan**

	#	Capacity building Priority (Source)	Detailed description	Follow-up		Team	Time	Internal review comments	
				Training	TA			Oct 13; Febr 14	
<b>NAFEZ A</b>  <b>POAP:</b> Jul 12 Jul 13  <b>Health check:</b> June 12 July 13  <b>Tech ass:</b> May 12 June 13  <b>USAID Compliance:</b> Jun 13  <b>Graduation:</b> Feb 14	<b>BE</b>								
	1	Governance and leadership (POAP)	Improve distinction between roles and responsibilities of governing body and executive		<ul style="list-style-type: none"> <li>Share profiles of governing body members in preparation for GA;</li> <li>Provide sample of procedures for GA including electoral regulation and act of swearing of board members</li> </ul>	OD	Dec 13	GLM training done in Dec 2013	
					Roles and responsibilities of newly elected members				
				Improve understanding and execution of CF roles and responsibility	CF (1) CF (2)	<ul style="list-style-type: none"> <li>Conduct thrice yearly TA (meetings of 2-3 hours) with CF and Executive</li> <li>Need to re-do CF training for new members</li> </ul>	OD	Dec, April, Aug	CF (1) Training done, TA on-going
				<ul style="list-style-type: none"> <li>Strengthening internal control systems, in particular:</li> <li>management of assets allocation/use; physical check and tags/stickers use and update of inventory report</li> <li>develop chart of accounts for effective use of software</li> </ul>	ICS	Quarterly TA visits	OD	FY 14	Training done; TA on-going; Chart of accounts: Helden to send to LS for review
				<ul style="list-style-type: none"> <li>proper documentation and signature of procurement processes</li> <li>synchronize allocation of time between salaries and timesheets</li> <li>purchase order system</li> </ul>			Fin	Dec 13	Planned for end March
				Improve capacity of leaders to read/analyse financial reports and take informed decisions	MANGO		OD	Dec, April, Aug	Training done, TA on-going
				Assess USAID compliance		TA to include cost-allocation, shared cost		Mar 14	TA already provided
	3	Performance evaluation (POAP)	Develop performance assessment tool	PER	TA through visits Repeat of PER training for all staff	OD	FY13	PER training done in Febr	

4	Mission, vision and values (POAP)	Disseminate revised , mission, vision and values		<ul style="list-style-type: none"> <li>• TA through visits</li> <li>• TA to include recommendations of members in strategic plan</li> </ul>	OD	FY14	TA on-going
5	POAP (CAP)	Assess organizational growth		Training and TA based on POAP priorities	OD	FY15	
6	Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	FY15	
DO							
7	Work plan Development (CAP)	Develop and approve work plan, budgets and targets for Jan – Abr 15		<ul style="list-style-type: none"> <li>• TA to finalize draft (Oct 13)</li> <li>• TA to respond to comments (Out /Nov 13)</li> </ul>	Prev	Dec 13	First draft submitted
8	Social Mobilization (CAP)	Improve capacity to mobilize communities for GBV prevention and mitigation, Advocacy, HIV, ATS, referrals, etc.	SocMob	TA to work with leaders	Prev	FY14	TA on-going
				TA to recruit Social Mobilization Focal Point	Prev	Feb 14	Recruitment cancel due to insufficient funds
9	Strengthening capacity to plan and develop SBCC (tech assessment – 1)	<ul style="list-style-type: none"> <li>• increase knowledge of SBCC theory</li> <li>• improve capacity to write proposals incorporating SBCC methodologies</li> </ul>	SBCC theory	TA to apply SBCC theory to define better alignment of partner activities to AFG	Prev	FY14	TA to conduct rapid formative research in prep of Nweti work
10	Use research to measure impact (Tech assessment – 3.2)	Improve staff capacity of collect and analyze quantitative and qualitative data	QPM	TA during quarterly visits		FY13	QPM done TA on-going
11	Expand Technical Areas of intervention (CAP)	Increase capacity of partner to: <ul style="list-style-type: none"> <li>• engage targets groups on: importance of testing and treatment, SRH, VMMC, GBV (indicator 4 – Male Engagement)</li> </ul>		<ul style="list-style-type: none"> <li>• TA to revise training materials to reflect new topics</li> </ul>	Prev	Feb 14	
				<ul style="list-style-type: none"> <li>• Ta to ensure quality of training on new topics</li> </ul>		Mar 14	
		<ul style="list-style-type: none"> <li>• Conduct GBV screening in communities</li> </ul>		<ul style="list-style-type: none"> <li>• TA to define new role</li> <li>• TA to training of activistas</li> <li>• TA during quarterly visits to monitor progress</li> </ul>	Prev	Jun 14	

	12	Referral Systems (CAP)	<ul style="list-style-type: none"> <li>• Improve capacity of partner to create partnerships with other services, particularly ATS</li> <li>• Strengthen capacity of partners to collect and report data on referrals</li> </ul>		TA during quarterly visits	Prev	FY13/14	TA on-going	
	13	Facilitation techniques (POAP and Tech assessment – 2.2)	Improve staff capacity to coach facilitators and improve quality of sessions	Facilitation	<ul style="list-style-type: none"> <li>• TA during quarterly visits to review and analyze supervisory forms</li> <li>• Field observations</li> </ul>	Prev	FY13/14	Training done; Supervisory tools applied; TA on-going	
	14	Monitoring and evaluation (POAP)	Improve capacity to develop: <ul style="list-style-type: none"> <li>• develop targets and indicators</li> <li>• data collection tools</li> <li>• Improve documentation of lessons learned</li> </ul>	QPM	TA during data verification exercise	M&E	FY13/14	Two QPMs done, TA on-going	
					TA during quarterly visits				
	RELATE								
	15	Role of a network (POAP)	Clarify mandate of NAFEZA (network, umbrella or direct implementer) and educate members	TBD	<ul style="list-style-type: none"> <li>• TA while piloting framework (to be developed in FY13) – <i>discontinued</i></li> <li>• Facilitate reflection with members on future direction</li> <li>• Training on structure and role of network = boards, executive, members</li> </ul>	OD	FY 14	Reflection done, Orlando is assessing what they did in follow-up Training in March 14	
16	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy	QPM	<ul style="list-style-type: none"> <li>• TA to develop fact sheet</li> <li>• Create opportunity to interact with donors</li> </ul>	OD	FY13	QPM done		
			Alliance	Ta to develop and implement RM strategy	OD	TBD			

**Annex 4j. Ophavela – Partner Integrated Capacity Building Plan**

	#	Capacity building priority (source)	Detailed description	Follow-up		Team	Time	Comments Comments internal review
				Training	TA			
<b>Ophavela</b>  <b>PAOP:</b> Feb 13  <b>Health check:</b> Feb 13 Feb 14  <b>Techn Assessm:</b> Jun 12 Mar 14	<b>BE</b>							<b>30 Oct, Febr 14</b>
	1	Governance and Leadership (POAP)	Clarify the roles and responsibilities of members of governing bodies		<ul style="list-style-type: none"> <li>Share samples of profiles</li> <li>Facilitate ½ day on <i>Associativismo</i></li> <li>TA to revision/formulation of Internal Regulations</li> </ul>	OD	FY13/14	Shared samples, <i>Associativismo</i> training done; TA to revise Internal Regulations. Approval expected next AG in May
	2	POAP (CAP)	Assess organizational growth		Training and TA based on POAP priorities	OD	Jul 14	
	3	Health Check (CAP)	Assess financial management capacity		Training and TA based on findings	OD	Jan 14 FY15	
	4	Fiscal Council (CAP)	Improve understanding and execution of CF roles and responsibility	CF	Conduct thrice yearly TA (meetings 2-3 hrs) with CF and Executive.	OD	Jan, May, Sept	Training conducted, TA on-going
			Build capacity to conduct spot checks	Spot check		Fin	April 14	
	5	Specialized Financial Management (CAP, prep for graduation)	Ensure compliance with USAID requirements		Training and TA based on findings	DCOP	Nov 13	Already included in fin PP revision, compliance assessment done
	6	Internal control systems (POAP, OCIA, prep USAID compliance assessment)	Improve internal control systems: <ul style="list-style-type: none"> <li>management of assets allocation/use, physical check and tags/stickers use and update of inventory report</li> <li>introduce Code of Ethics, signed by all staff</li> </ul>	ICS		OD	Dec 13	TA on-going, archives weak Training scheduled for May 2014
			<ul style="list-style-type: none"> <li>proper documentation and signature of procurement processes</li> </ul>			TA during quarterly visits	OD	
			Improve capacity of leaders to read/analyse financial reports and take informed decisions	MANGO	Conduct thrice yearly TA following CF follow-up schedule	OD	Fin	
								Training done, TA on-going

	7	HR, Admin and Finance policy (POAP, prep graduation)	Improve staff performance assessment system, including CB needs assessment		TA – review existing tools	HR	FY13	Done	
			Finalize HR policies		TA to HR PP revision – based on CARE	HR	Mar 14	Final draft PP HR reviewed by CAP and returned to Ophavela	
					TA to salary and travel policy	Fin		Ophavela sent salary scale, Luis Suarez is commenting.	
			Finalize draft admin and Fin policies: • Design policy for use, management and disposal of assets (POAP) • Include unallowable cost and allocation cost policy		TA to drafting policies – share samples, provide comments. Current policies based on CARE PPs.	OD	FY 14	CAP OD team conducted first review. Currently with Luis Suarez.	
			Review final draft of admin and fin policy			Fin	FY 14		
	8	Strategic planning (POAP)	Revise Vision, Mission and Values and disseminate		Ta to review draft presented by Ophavela	OD	FY 13/14	On-going – revision of vision and mission	
	<b>DO</b>								
	9	Work plan development	Develop and approve work plan, budget and target Jan-Dec 14		• TA to finalize draft (Oct 13) • TA to respond to comments (Out /Nov 13)	Prev	Dec 13	Submitted for approval in Oct 2013, Mod signed	
	10	Technical assessment (CAP)	Measure change and identify capacity needs			Prev	Jan 14	Done	
	11	Social mobilization	Improve capacity to mobilize communities for GBV prevention and mitigation, Advocacy, HIV, ATS, referrals, etc.	SocMob	TA to work with leaders	Prev	FY14	TA ongoing	
TA to recruit Social Mobilization Focal Point					Prev	Feb 14	JD developed, announced		
12	Strengthening capacity to plan and develop SBCC (tech assess – 1)	• increase knowledge of SBCC theory • improve capacity to write proposals incorporating SBCC methodologies	SBCC theory	TA to apply SBCC theory to define better alignment of partner activities to AFG	Prev	FY14	TA to conduct rapid formative research in prep of Nweti work		
13	Facilitation techniques (POAP and Tech assessment – 2.2)	Improve staff capacity to coach facilitators and improve quality of sessions	Facilitation	• TA during quarterly visits to review and analyze supervisory forms • Field observations	Prev	Mar 14	Supervisory tools provided and applied, TA ongoing		

	14	Use and communicate results (Tech assessment – 3.3)	Improve capacity to use data for programmatic decision making and communicating results	QPM	TA during quarterly visit to analyze data collection	Prev	FY13/14	Two QPMs done TA ongoing	
	15	Strength advocacy capacity	<ul style="list-style-type: none"> <li>Identify advocacy issues</li> <li>Create partnerships for advocacy</li> <li>Present evidence based issues and dialogue with relevant authorities</li> </ul>	TBD	TA	Prev	TBD		
	16	Expand Technical Areas of intervention (CAP)	Increase capacity of partners to engage targets groups on: importance of testing and treatment, SRH, VMMC, GBV (indicator 4 – Male Engagement)		<ul style="list-style-type: none"> <li>TA to revise training materials to reflect new topics</li> </ul>	Prev	May 14		
					<ul style="list-style-type: none"> <li>TA to ensure quality of training on new topics</li> </ul>		June 14		
	17	Referral systems(CAP)	<ul style="list-style-type: none"> <li>Improve capacity of partner to create partnerships with other services, particularly ATS</li> <li>Strengthen capacity of partners to collect and report data on referrals</li> </ul>		TA during quarterly visits	Prev	FY13/14	Contact with SCIP established, TA ongoing	
	18	Monitoring and evaluation (POAP)	Improve capacity to develop: <ul style="list-style-type: none"> <li>develop targets and indicators</li> <li>data collection tools</li> <li>Improve documentation of lessons learned</li> </ul>	QPM	TA during data verification exercise	M&E	FY13/14	QPM done; TA on-going	
					TA during quarterly visits	Prev			
	<b>RELATE</b>								
	19	Resource mobilization (POAP)	Develop capacity to plan and implement long-term RM strategy	QPM May, Sept 13	<ul style="list-style-type: none"> <li>TA to develop fact sheet</li> <li>Create opportunity to interact with donors</li> </ul>	OD	FY13/14	Two QPMs done	
Alliance				Ta to development and implementation of RM strategy	OD	TBD			

**Annex 5a. Acideco – OD Client Integrated Capacity Building Plan**

	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Time	Comments	
				Training	TA				
<b>Acideco</b>  <b>PAOP:</b> Feb 14  <b>Health Check:</b> Dec 13	BE								
	1	PAOP II (CAP)	Assess organizational growth		Training and TA based on POAP priorities	CAP	April 15		
	2	Financial Health Check II (CAP)	Assess financial management capacity		Training and TA based on findings	CAP	Mar 15		
	3	Graduation and Compliance assessment (CAP AWP)	<ul style="list-style-type: none"> <li>evaluate organizational readiness to transition to USAID</li> <li>check compliance with USAID requirements</li> </ul>		<ul style="list-style-type: none"> <li>Conduct evaluation and compliance check</li> <li>Modify ICBP to respond to capacity gaps identified</li> </ul>	CAP	June 2015		
	4	Institutional Capacity building plan (POAP)	<ul style="list-style-type: none"> <li>conduct a capacity building (CB) needs assessment</li> <li>draft a CB plan considering all sectors needs</li> </ul>		<ul style="list-style-type: none"> <li>TA to design assessment tools, process and analysis data</li> <li>Comment on the final CBP draft</li> </ul>	TBD	TBD		
	5	Strategic Planning (POAP)	Reformulate Vision, Mission and values, (VMV) approve and disseminate		Comment on final draft and provide TA for dissemination of approved VMV	CAP	Dec 14		
	6	Governance, leadership and management (Follow up Phase I, POAP)	<ul style="list-style-type: none"> <li>disseminate Statutes among board bodies (MAG, CD, CF)</li> <li>improve understanding of roles and responsibilities of newly elected board members</li> <li>clarify board members' expectations about rights and duties, and increase commitment to fulfill duties</li> <li>Establish a system to share reports with governing bodies</li> </ul>		<ul style="list-style-type: none"> <li>TA for dissemination of Statutes</li> <li>Provide TA and tools for CD and CF performance monitoring</li> <li>Facilitate reflection meetings on rights and duties</li> <li>TA for General Assembly</li> </ul>	CAP	Dec 14		
7	Fiscal Council (Health check, POAP)	Improve understanding and execution of CF roles and responsibility, including oversight of organizational functioning and internal audits	FC	TA based on action plan resulting from training	CAP	Aug 14	On-going		
				<ul style="list-style-type: none"> <li>Conduct thrice yearly TA (meetings of 2-3 hours) with CF and Executive</li> <li>Support one internal CF audit</li> </ul>					

8	Internal Control Systems (Health check, CAP AWP)	<p>Improve ICS systems by:</p> <ul style="list-style-type: none"> <li>• synchronize allocation of time between salaries and timesheets</li> <li>• proper management of procurement process</li> <li>• financial reporting</li> </ul>			PCC	Dec 14	
		<p>Improve ICS systems by:</p> <ul style="list-style-type: none"> <li>• proper management of procurement process</li> <li>• proper management of contracts and tax calculation</li> <li>• proper management of all assets allocation/use, physical check and tags/stickers use and update of inventory report</li> <li>• segregation of duties for financial management (cheques, approvals, etc)</li> <li>• developing archiving and personnel filling system</li> </ul>		Quarterly site visits	CAP	On-going	
		<p>Build capacity of board and senior staff to:</p> <ul style="list-style-type: none"> <li>• understand financial planning</li> <li>• read reports</li> <li>• issue recommendations for corrective measures</li> <li>• improve account system to track expenditures by donor</li> <li>• develop an organizational budget</li> </ul>	MANGO		CAP	May 14	
	Quarterly site visits Conduct thrice yearly TA following CF follow-up schedule		On-going				

	9	Policy and Procedures (Follow-up Phase I, POAP, Health Check)	Improve and finalize admin and fin policy, including IT and assets disposal polices		<ul style="list-style-type: none"> <li>• TA on revision of PP</li> <li>• Review and provide comments on draft policies (maximum 2 times)</li> </ul>	CAP	Dec 14	
			Improve and finalize admin and fin with USAID specific clauses: <ul style="list-style-type: none"> <li>• unallowable costs policy</li> <li>• cost allocation policy</li> </ul>		TA Details depending on compliance check findings: <ul style="list-style-type: none"> <li>• Share samples of USAID specific policies</li> <li>• TA to review and provide comments on policies (maximum 2 times)</li> </ul>			Jul 15
			Improve and finalize HR policy, including: <ul style="list-style-type: none"> <li>• recruitment policy</li> <li>• performance evaluations system and JDs</li> <li>• salary and travel policies</li> </ul>	PER	Provide samples of tools and carry out a pilot exercise	CAP	June 14	
					TA to review and provide comments on policies (2 times maximum)			Sept 14
			DO					
To be completed by PCC								
RELATE								
To be completed by PCC								

**Annex 5b. Centro Aberto de Barue – OD Client Integrated Capacity Building Plan**

Partner	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Timing	Comments
				Training	TA			
<b>CA Bárue</b>  <b>POAP:</b> March 2014  <b>Health Check:</b> Feb 2014	BE							
	1	POAP II (CAP AWP)	Assess organizational growth		Training and TA based on POAP priorities	CAP	Mar 15	
	2	Financial Health Check II (CAP AWP)	Assess financial management capacity		Training and TA based on findings	CAP	Feb 15	
	3	Graduation and Compliance assessment (CAP AWP)	<ul style="list-style-type: none"> <li>evaluate organizational readiness to transition to USAID</li> <li>check compliance with USAID requirements</li> </ul>		<ul style="list-style-type: none"> <li>conduct evaluation and compliance check</li> <li>modify ICBP to respond to capacity gaps identified</li> </ul>	CAP	Jun 15	
	4	Strategic plan (POAP)	<ul style="list-style-type: none"> <li>carry out a mid-term evaluation of the Strategic plan</li> <li>discuss the new context and its implications for CAB</li> <li>analyze the SWOT</li> <li>improve redaction of Vision, Mission and values</li> <li>define pillars and their strategies</li> <li>draft the New SP and submit for GA approval</li> </ul>		Provide samples of strategic plans  <ul style="list-style-type: none"> <li>TA to define process</li> <li>provide comment on final draft</li> </ul>	CAP  Africare	Dec 14	
5	Capacity building plan (POAP)	<ul style="list-style-type: none"> <li>conduct a capacity building (CB) needs assessment of staff and governing bodies</li> <li>draft a CB plan that relates to the strategic plan</li> </ul>		<ul style="list-style-type: none"> <li>TA to design assessment tools, process and analysis data</li> <li>Comment on the final CBP draft</li> </ul>	CAP			

	6	Internal control systems (Health check, CAP AWP)	Improve ICS by: <ul style="list-style-type: none"> <li>improving management of assets allocation/use; physical check and tags/stickers use and update of inventory report;</li> <li>improving petty cash management and control</li> </ul>		TA thru quarterly visits	CAP	FY 14	
			Improve financial management and train leaders to read/analyze financial reports and take informed decisions	Mango		CAP	May 14	
					Conduct thrice yearly TA and coordinated on the same schedule as CF follow-up	CAP	Jan 15	
			Develop, approve and operationalize a chart of accounts, including cost centers		TA on accounts, cost centers definition and financial support documents classification	CAP	Mar 15	
	7	Role of the Fiscal Council (FC) (POAP, Health check)	<ul style="list-style-type: none"> <li>Develop and negotiate annual work plan for the FC</li> <li>Strengthen FC capacity to prepare Internal audit TORs, plan, negotiate and report findings</li> <li>Strengthen FC capacity to issue opinions on reports and other docs</li> </ul>	FC training		CAP	Jul 14	
					<ul style="list-style-type: none"> <li>TA to facilitate three meetings of 2-3 hours with CF and Executive</li> </ul>		FY 14	
					<ul style="list-style-type: none"> <li>support one internal audit</li> </ul>		FY 15	
	8	Policies and Procedures (POAP, Health check)	Finalize HR PP, including: <ul style="list-style-type: none"> <li>Develop performance assessment tool</li> <li>Carry programmed Performance evaluation reviews and</li> <li>Use the reports for taking HR decisions</li> <li>Code of ethics</li> <li>Salaries and travel policies</li> </ul>		<ul style="list-style-type: none"> <li>provide samples of policies</li> <li>TA to adapt PPs</li> <li>TA to develop and pilot tools</li> <li>TA to review and provide comments on policies (maximum 2 times)</li> </ul>	CAP	FY14/15	
			Finalize Admin/Fin PP, including: <ul style="list-style-type: none"> <li>Unallowable cost and allocation policy</li> <li>Use and disposal of assets policy</li> <li>Procurement policy</li> </ul>		<ul style="list-style-type: none"> <li>provide samples of policies</li> <li>TA to review and provide comments on policies (maximum 2 times)</li> </ul>			

	9	Archives (POAP)	<ul style="list-style-type: none"> <li>• improve alignment between physical and electronic archives</li> <li>• ensure backup system</li> <li>• establish archive system following best practices (classification, coding, storing)</li> </ul>		TA on back-up options	IT provider CA Barue			
					Provide TA to finance and program staff on general archives	CAP	FY 14		
	<b>DO</b>								
	10	M&E (POAP)	Improve staff M&E capacity, including: <ul style="list-style-type: none"> <li>• comprehension of basic M&amp;E principles;</li> <li>• abilities to design data collection tools</li> <li>• ability to analyse data for decision making</li> </ul>		<ul style="list-style-type: none"> <li>• prepare a TA plan</li> <li>• conduct refreshment training</li> <li>• On-going follow-up TA</li> </ul>	PCC/ Africare	2014		
	<b>RELATE</b>								
	To be completed by PCC/Africare								

**Annex 5c. HOPEM – OD Client Integrated Capacity Building Plan**

Partner	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Timing	Comments	
				Training	TA/follow-up action				
<b>HOPEM</b>  <b>POAP:</b> Febr 2014  <b>Health Check:</b> Febr 2014	<b>BE</b>								
	1	Membership management (POAP)	Update knowledge on membership regularly and membership contributions		Update members data-bank	HOPEM			
	2	POAP (CAP AWP)	Facilitate PAOP to assess organizational growth		Training and TA based on POAP priorities	OD CAP	March 2015		
	3	Health Check (CAP AWP)	Assess financial management Growth		Training and TA based on findings	OD CAP	Feb 20 15		
	4	Graduation and Compliance assessment (CAP AWP)	Ensure PPs comply with USAID requirements		TA according to findings of the USAID compliance check	OD CAP	June 2015		
	5	Capacity building for staff (POAP)	Identify and respond to professional development needs of staff		carry out a staff trainings needs survey	HOPEM	TBD		
	6	Internal control systems (Health check)	Improve internal control systems (CAP AWP):	ICS	On-going TA	OD CAP	FY 14		
			<ul style="list-style-type: none"> <li>management of assets allocation/use;</li> <li>physical check and tags/stickers use; and</li> <li>update of inventory report</li> </ul>						
		Train leaders to Read/analyze financial reports and take informed decisions (CAP AWP)	Mango FM1 April 14	Conduct thrice yearly TA and coordinated on the same schedule as CF follow-up	OD CAP	Oct 14 Jan 15			
7	Role of the Fiscal Council (FC) (POAP, Health check)	Improve functioning and performance of the Fiscal Council	FC training	Conduct thrice yearly TA (meetings of 2-3 hours) with CF and Executive; Support one internal CF auditing activity	OD CAP	FY 14 FY 15			

	8	Policies and Procedures (POAP, Health check)	Finalize HR policy: <ul style="list-style-type: none"> <li>include salaries and travel policies in HR policies</li> </ul>		TA to drafting of policies	Fin CAP	June 14		
			<ul style="list-style-type: none"> <li>review HR PP</li> <li>develop and pilot performance assessment tool</li> <li>improve HR management systems</li> <li>Include code of ethics</li> </ul>		Review HR PP TA to ED on HR management	HR CAP	FY14		
			Finalize Admin and Finance Policies and Procedures, including: <ul style="list-style-type: none"> <li>unallowable cost and allocation policy</li> <li>use and disposal of assets policy</li> <li>procurement policy</li> </ul>		<ul style="list-style-type: none"> <li>Share samples of policy components</li> <li>Review drafts</li> </ul>	OD/Fin CAP	FY14/15		
	9	Archives (POAP)	Install an electronic archive and its back up system	IT service provider				TBD	
					TA on personal files filling	OD CAP	FY 14		
	<b>DO</b>								
	10	M&E (POAP)	Design of tools for data collection, analysis and decision making				TBD	TBD	
	11	Project cycle management (POAP)	Train members on project implementation	Project cycle management			TBD	TBD	
	<b>RELATE</b>								
	12	Communication strategy (POAP)	Develop a communication strategy				TBD	TBD	

**Annex 5d. Kugarissica – OD Client Integrated Capacity Building Plan**

	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Time	Comments
				Training	TA			
<b>Kugarissica</b>  <b>POAP:</b> Febr 14  <b>Health Check:</b> Febr 14	BE							
	1	PAOP II (CAP)	Assess organizational growth		Training and TA based on POAP priorities	CAP	April 15	
	2	Financial Health Check II (CAP)	Assess financial management capacity		Training and TA based on findings	CAP	Mar 15	
	3	Graduation and Compliance assessment (CAP AWP)	<ul style="list-style-type: none"> <li>evaluate organizational readiness to transition to USAID</li> <li>check compliance with USAID requirements</li> </ul>		<ul style="list-style-type: none"> <li>conduct evaluation and compliance check</li> <li>modify ICBP to respond to capacity gaps identified</li> </ul>	CAP	June 2015	
	4	Strategic Planning (POAP)	Reformulate Vision, Mission and Values		Comment on final draft	CAP	Dec 14	
	5	Governance, leadership and management (Follow up Phase I)	Conduct refresher for board members and senior staff on roles and responsibilities – oversight, meetings, minutes, terms of office, issuing opinions, etc.		Provide TA and tools for CD and CF performance monitoring	CAP	Dec 14	
	6	Fiscal Council (Follow-up Phase I, POAP)	<p>Improve understanding and execution of CF roles and responsibility, including capacity of leaders to read/analyze financial reports and take informed decisions</p> <p>Develop organizational budget</p>	FC	<ul style="list-style-type: none"> <li>TA based on action plan resulting from training</li> <li>conduct thrice yearly TA (meetings of 2-3 hours) with CF and Executive;</li> <li>support one internal CF audit</li> </ul>	CAP	FY 14	On-going
					Kugarissica	May 14		

	7	Internal Control Systems (Follow-up Phase I, Health check, )	<p>Improve ICS systems by:</p> <ul style="list-style-type: none"> <li>• synchronize allocation of time between salaries and timesheets</li> <li>• proper management of procurement process</li> <li>• financial reporting</li> </ul>			PCC				
			<p>Improve ICS systems by:</p> <ul style="list-style-type: none"> <li>• proper management of procurement process</li> <li>• proper management of contracts and tax calculation</li> <li>• proper management of all assets allocation/use, physical check and tags/stickers use and update of inventory report</li> <li>• segregation of duties for financial management (cheques, approvals, etc)</li> <li>• developing electronic archiving and personnel filling system aligned with physical archive</li> <li>• improving account system to track expenditures by donor</li> <li>• developing an organizational budget</li> </ul>	MANGO		CAP	May 14			
				Conduct thrice yearly TA (meetings of 2-3 hours) with CF and Executive;			On-going			
	8	Policy and Procedures (Follow-up Phase I, POAP-1 <sup>st</sup> and 2 <sup>nd</sup> priority, FHC)	<p>Improve and finalize admin and fin with USAID specific clauses:</p> <ul style="list-style-type: none"> <li>• unallowable costs policy</li> <li>• cost allocation policy</li> </ul>		TA Details depending on compliance check findings: <ul style="list-style-type: none"> <li>• share samples of USAID specific policies</li> <li>• TA to review and provide comments on policies (2 times)</li> </ul>	CAP	Jul 15			
			<p>Improve and finalize HR policy, including:</p> <ul style="list-style-type: none"> <li>• performance evaluations system and JDs</li> <li>• salary and travel policies</li> </ul>	PER	Provide samples of tools and carry out a pilot exercise	CAP	Sept 14			
				TA to review and provide comments on policies (2 times)			Sept 14			
	DO									
	9	Project development (POAP )	<p>Expand capacity to more staff members to:</p> <ul style="list-style-type: none"> <li>• conduct needs assessment in the community</li> <li>• develop project proposals</li> <li>• develop M&amp;E tools</li> </ul>	Project cycle management	TA on designing an actual project	TBD	TBD			
	RELATE									
	10	Communication strategy (POAP)	<p>Design the communication and marketing strategy</p> <ul style="list-style-type: none"> <li>- define the objectives, contents and responsibilities for strategy operationalization</li> <li>- indicate a writing committee</li> </ul>			Kugarissica	TBD			

**Annex 5e. Rubatano – OD Client Integrated Capacity Building Plan**

Partner	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Timing	Comment
				Training	TA			
<b>Rubatano</b>  <b>POAP:</b> Mar 14  <b>Health Check:</b> Feb 14	<b>BE</b>							
	1	PAOP II (CAP)	Assess organizational growth		Training and TA based on POAP priorities	CAP	Mar 15	
	2	Financial Health Check II (CAP)	Assess financial management capacity		Training and TA based on findings	CAP	Feb 15	
	3	Graduation and Compliance assessment (CAP AWP)	<ul style="list-style-type: none"> <li>evaluate organizational readiness to transition to USAID</li> <li>check compliance with USAID requirements</li> </ul>		<ul style="list-style-type: none"> <li>conduct evaluation and compliance check</li> <li>modify ICBP to respond to capacity gaps identified</li> </ul>	CAP	Jun 15	
	4	Strategic Plan (POAP)	Design a Strategic Plan: <ul style="list-style-type: none"> <li>define process (analysis of context, SWOT, National development policies)</li> <li>improve the formulation of Vision, Mission and Values</li> <li>define the pillars, strategies and M&amp;A plan</li> </ul>		Provide samples of strategic plans <ul style="list-style-type: none"> <li>TA to define process</li> <li>facilitate drafting process</li> <li>provide comment on final draft</li> </ul>	CAP	Dec 14	
					Drafting of SP	Rubatano		
5	Governance, Leadership and Management (POAP)	<ul style="list-style-type: none"> <li>improve flow of narrative and financial report between governing bodies and executive</li> <li>enforce Statutes</li> <li>include governing bodies (CD, CF) activities in Rubatano's annual plan and budget</li> <li>analyze CD and CF performance using tools provided</li> </ul>		<ul style="list-style-type: none"> <li>TA visits participation in trice yearly provincial meetings</li> <li>provide TA and tools for CD and CF performance monitoring</li> </ul>	CAP	FY14/15		

	6	Internal control systems (Health check, CAP AWP, POAP)	Improve internal control systems:		Quarterly TA visits and provision of templates	CAP	FY 14		
			<ul style="list-style-type: none"> <li>Enforcement of policy of private use and disposal of assets</li> <li>Management of assets allocation/use; physical check and tags/stickers use and update of inventory report;</li> <li>Petty cash management and control</li> <li>enforcement of levels of authority</li> </ul>						
			Strengthen capacity of CD, CF and Executive to budget	Mango		CAP	May 14		
			<ul style="list-style-type: none"> <li>conduct thrice yearly TA and coordinated on the same schedule as CF follow-up;</li> <li>TA issues based on training</li> </ul>	On-going					
	7	Role of the Fiscal Council (FC) (POAP, Health check)	<ul style="list-style-type: none"> <li>Strengthen oversight capacity of FC, including to conduct internal auditing of financial, programmatic and HR areas;</li> <li>Strengthen capacity of FC to prepare Internal audit TORs, plan, negotiate and report findings</li> <li>Strengthen capacity of FC to issue opinion on reports and proposals to the GA</li> </ul>	FC training		CAP	July 14		
					<ul style="list-style-type: none"> <li>TA thru facilitation of thrice yearly meetings of 2-3 hours with CF and Executive</li> <li>support one internal audit</li> </ul>	CAP	On-going		
	8	Policies and Procedures (Health check)	<ul style="list-style-type: none"> <li>Finalize HR and Admin/Fin Policies and procedures, approve by the board and submit the HR PP to the labor authority</li> <li>Disseminate and enforce the PP</li> </ul>		<ul style="list-style-type: none"> <li>comments on final draft policies</li> <li>TA on dissemination and enforcement</li> </ul>	CAP	FY14/15		
			<ul style="list-style-type: none"> <li>Develop performance assessment tool</li> <li>Use performance assessment as HR management tool</li> </ul>		TA for developing and piloting tools	CAP	FY14		
	<b>DO</b>								
	9	Staff Technical competencies (POAP)	<ul style="list-style-type: none"> <li>Refresh technical knowledge of activists for effective response to the target group needs in</li> <li>References for Women in Pre-post partum,</li> <li>Psycho-social support</li> <li>Community mobilization</li> </ul>		<ul style="list-style-type: none"> <li>Ta to define training agenda and contents based on needs</li> <li>conduct refresher</li> </ul>	Africare	Dec 14		
<b>RELATE</b>									
	To be completed by PCC/Africare								

**Annex 5f. Shinguirirai – OD Client Integrated Capacity Building Plan**

Partner	#	Capacity building priority (Source)	Detailed description	Follow-up		Team	Timing	Comments	
				Training	TA				
<b>Shinguirirai</b>  <b>POAP:</b> March 2014  <b>Health Check:</b> Feb 2014	<b>BE</b>								
	1	PAOP II (CAP)	Assess organizational growth		Training and TA based on POAP priorities	CAP	Mar 15		
	2	Financial Health Check II (CAP)	Assess financial management capacity		Training and TA based on findings	CAP	Feb 15		
	3	Graduation and Compliance assessment (CAP AWP)	<ul style="list-style-type: none"> <li>• evaluate organizational readiness to transition to USAID</li> <li>• check compliance with USAID requirements</li> </ul>		<ul style="list-style-type: none"> <li>• conduct evaluation and compliance check</li> <li>• Modify ICBP to respond to capacity gaps identified</li> </ul>	CAP	Jun 15		
	4	Strategic Plan (POAP)	Design a Strategic Plan: <ul style="list-style-type: none"> <li>• introduce the concept and define roadmap</li> <li>• facilitate the discussions with members</li> <li>• create a steering group for analysis of context</li> <li>• revision of Vision, Mission and Values</li> <li>• define areas of intervention and strategies</li> <li>• discuss the draft with a larger group of members</li> <li>• submit to the GA for approval</li> </ul>		Provide samples of strategic plans	CAP	Dec 14		
					<ul style="list-style-type: none"> <li>• facilitate development of road map</li> <li>• facilitate discussion with members and definition of areas of intervention</li> <li>• review draft SP</li> </ul>	Africare			
	5	Governance and Leadership (POAP)	<ul style="list-style-type: none"> <li>• Strengthen computer literacy skills of Board members to improve communication (emails), including sharing reports and meeting of minutes</li> <li>• allocate computer for board members</li> </ul>	Use of computer			Shinguirirai	Sept 14	
6	Internal control systems (PAOP, Health check CAP AWP)	Improve internal control systems: <ul style="list-style-type: none"> <li>• enforce policy on private use and disposal of assets</li> <li>• proper management of assets allocation/use; physical check and tags/stickers use and update of inventory report;</li> <li>• proper petty cash management and control</li> </ul>		TA thru quarterly visits	CAP	FY 14			
			Strengthen the board capacity for financial planning (POAP) and capacity for reading and analyzing reports	Mango	<ul style="list-style-type: none"> <li>• conduct thrice yearly TA and coordinated on the same schedule as CF follow-up</li> <li>• TA based on action plan</li> </ul>	CAP	May 14	On-going	

	7	Role of the Fiscal Council (FC) (POAP, Health check)	Capacitate the Fiscal Council to: <ul style="list-style-type: none"> <li>• prepare annual plan of activities and negotiate with other bodies</li> <li>• perform internal audits ( Draft ToR, conduct and report audit results)</li> <li>• issue opinions on reports and other documents</li> </ul>	FC training		CAP	Jul 14		
					<ul style="list-style-type: none"> <li>• TA thru facilitation of thrice yearly meetings of 2-3 hours with CF and Executive</li> <li>• support one internal audit</li> </ul>		FY 15		
	8	Policies and Procedures (Health check)	Finalize, approve, disseminate and enforce Admin/Fin Policies and procedures, including USAID specific policy requirements		<ul style="list-style-type: none"> <li>• Provide comments on the final draft (maximum 2 times)</li> <li>• TA for dissemination</li> </ul>	CAP	FY14		
			Finalize, approve, disseminate and enforce HR policies, including <ul style="list-style-type: none"> <li>• develop performance assessment tool</li> <li>• carry out annual performance assessments and</li> <li>• use the reports for HR management decisions</li> <li>• obtain approval from labor office</li> </ul>		<ul style="list-style-type: none"> <li>• TA for developing and piloting tools</li> <li>• Provide comments on the final draft and TA for dissemination (maximum 2 times)</li> </ul>	CAP	FY14		
	<b>DO</b>								
	9	Staff Technical competencies (POAP)	Strengthen staff capacity to effectively respond to target group needs: <ul style="list-style-type: none"> <li>• References for Women in Pre-post partum,</li> <li>• Psychosocial support</li> <li>• Community mobilization</li> </ul>			<ul style="list-style-type: none"> <li>• TA to develop training TORs</li> <li>• conduct refreshment trainings</li> </ul>	Africare	Dec 14	
	10	M&E (POAP)	Improve staff M&E capacity, including: <ul style="list-style-type: none"> <li>• comprehension of basic M&amp;E principles;</li> <li>• practical abilities to design tools for data collection</li> <li>• ability to analyse data for decision making</li> </ul>			<ul style="list-style-type: none"> <li>• prepare a TA plan</li> <li>• conduct refreshment training</li> <li>• On-going follow-up TA</li> </ul>	Africare	Dec 14	
	<b>RELATE</b>								
		To be completed by PCC/Africare							





**Annex 7a. Leadership and Mentoring Initiative  
Description of Mentor and Client Roles and Responsibilities  
(English)**

**Leadership and Mentoring Initiative - Mozambique  
FHI-360 CAP in collaboration with the Health Policy Project (HPP)**

**Overview for Mentors**

**Background**

Over the life of the Capable Partners Program (CAP), FHI-360 has undertaken a wide variety of capacity-strengthening strategies focused on individual and institutional capacity. Since July of 2011, the Health Policy Project has partnered with CAP to focus on capacity-strengthening for partners working on the prevention of and response to gender-based violence (GBV).

At this juncture, CAP has identified the need to provide tailored capacity development for Executive Directors (EDs) or Coordinators of select partners in recognition of the unique challenges of their role. Up to this point, CAP’s capacity-building support has been more directed to key program and finance staff, and social organs, in addition to organizational processes and practices.

EDs play a pivotal role in their organizations’ success – as strategic decision-makers, managers of staff and volunteers, as a liaison with the governing board and as the organization’s spokesperson with donors, collaborators and others and... as leaders. They also face unique challenges and complex pressures. CAP leadership views this as an opportune moment to focus on the role, capacity and performance of Executive Directors. While CAP staff continue support these Executive Directors, dialogue with other Directors and leaders cannot be replaced and is vital to their professional development and the success of their organizations.

With technical assistance from HPP, CAP is launching a Leadership and Mentoring Initiative (LMI) to support the professional development and on-going performance of Executive Directors.

The Leadership and Mentoring Initiative consists of the following elements:

- An initial survey of participating EDs to detect the performance challenges they currently face that are unique to their role;
- A 2.5-day skills-building and planning workshop that will guide EDs to identify their own leadership strengths and weaknesses, strengthen their ability to respond to organizational challenges and set individual performance goals;
- The launch of a six-month mentoring relationship with an experienced ED mentor who will provide support, advice and on-going strategizing with the client ED. Mentors and clients will be equipped with a session guide to structure the monthly sessions and provide continuity.

### **Mentor profile**

In recruiting candidates to serve as mentors for participating Executive Directors, CAP is reaching out to individuals who bring:

- Substantial experience in the Executive Director role;
- A degree of overlapping experience with the Executive Director client, whether based on sector, region, organizational structure or particular challenges;
- A commitment to mentoring others for professional growth and success;
- Strong interpersonal communication skills and the ability to focus on a client's needs;
- Willingness to take initiative, responsibility and follow through (seguimento) over the course of the 6-month mentorship.

### **Expectations of mentors**

CAP requests the following commitment of participating mentors:

- Availability to attend a half-day orientation session with CAP/HPP staff on Monday, March 31 (timing to be confirmed);
- Availability to attend a first mentoring session with his/her client (on Wednesday, April 2
- Maintaining confidentiality throughout the mentor-client relationship;
- Taking responsibility to schedule, conduct and document results of one mentoring session per month with his/her client through October 2014.

Mentors will receive an honorarium to recognize the time and expertise devoted to the mentoring relationship. CAP is also happy to document the mentor's service at the end of the pilot.

For further information, please contact Hayley Bryant, [hbryant@fhi360.org](mailto:hbryant@fhi360.org) or Orlando Jalane, [ojalane@fhi360.org](mailto:ojalane@fhi360.org).

**Iniciativa de *Mentoring* e Liderança - Moçambique**  
**FHI-360 CAP em colaboração com a Health Policy Project (HPP)**

**Breve descrição para Directores Executivos/Coordenadores**

**Antecedentes**

Ao longo da sua existência o Projecto de Parceiros Competentes (CAP), da FHI-360 tem levado a cabo uma diversidade de estratégias de fortalecimento de capacidade, com foco para a capacidade individual e Institucional. Por sua vez a Health Policy Project (HPP) tem uma parceria com o CAP desde Julho de 2011, que visa fundamentalmente ao fortalecimento de capacidade dos parceiros que trabalham na prevenção e na resposta à Violência Baseada no Género (VBG).

Neste sentido, o CAP sentiu a necessidade de providenciar uma capacitação adequada às necessidades dos Directores Executivos (DE) /Coordenadores dos parceiros seleccionados, em reconhecimento dos desafios específico que estes cargos apresentam. Até ao presente momento, o apoio à capacitação prestado pelo CAP tem sido mais direccionado aos colaboradores dos programas-chave, pessoal financeiro, titulares dos órgãos sociais, além dos sistemas e práticas organizacionais.

Os Directores Executivos (DE) desempenham um papel fundamental para o sucesso das suas organizações - como tomadores de decisões estratégicas, gestores de pessoal e voluntários, que actuam como elo de ligação com o Conselho de Administração e como porta-vozes da organização junto dos doadores, colaboradores entre outros, e como líderes, eles também enfrentam desafios inerentes e pressões complexas.

A liderança do CAP considera este momento deveras oportuno para se concentrar no papel, na capacidade e no desempenho dos Directores Executivos. Ademais, enquanto a equipa do CAP continuar a apoiar estes Directores Executivos, o diálogo com outros directores e líderes não pode ser substituído, pois, é vital para o seu desenvolvimento profissional e para o sucesso das suas organizações.

**Meta e Estrutura**

Com a assistência técnica da HPP, CAP está a lançar uma Iniciativa de *Mentoring* e Liderança (IML) para apoiar no desenvolvimento profissional e garantir um desempenho contínuo aos Directores Executivos.

A Iniciativa de *Mentoring* e Liderança (IML) consiste nos seguintes elementos:



- Um levantamento inicial dos DE participantes para detectar os desafios de desempenho que actualmente enfrentam e que são exclusivos para o seu cargo;
- Um workshop de capacitação e planeamento durante 2.5 dias que irá orientar os DE na identificação dos seus próprios pontos fortes e fracos de liderança, reforçar a sua capacidade de resposta aos desafios organizacionais e definir metas individuais de desempenho;
- O lançamento de uma relação de *mentoria* de seis meses com um Director Executivo *mentor*, experiente que irá partilhar apoio, aconselhamento e elaboração contínua de estratégias juntamente com o DE do cliente. Os *mentors* e clientes serão equipados com um guia de sessão para estruturar as sessões mensais e garantir a continuidade.

### Elementos de *Mentoring*

O CAP e HPP estão a pilotar um novo elemento para o apoio à capacitação baseado em experiências bem-sucedidas do passado com programas de formação e orientação. A experiência tem mostrado que os directores executivos encontram-se numa posição particular e por vezes solitária, muitas vezes a lidar com desafios confidenciais ou sensíveis. Muitas vezes o Director Executivo cria uma ponte entre o Conselho de Direcção e os funcionários, mas não tem uma placa de som confidencial para o apoiar na prática da gestão.

Sob a IML, você será emparelhado com um *mentor* que irá servir como um guia e apoio para o seu próprio desenvolvimento profissional ao longo dos próximos seis meses. Ao recrutar mentores, o CAP pretende encontrar directores executivos experientes, que estão comprometidos em fornecer apoio confidencial a outros Directores Executivos. Espera-se que o cliente e seu mentor se reúnam uma vez por mês para avaliarem as vossas metas e o progresso profissional. Como participante deste programa, terá uma sessão preliminar com o seu mentor no final do workshop dos Directores Executivos.

Para mais informacao, Orlando Jalane ([ojalane@fhi360.org](mailto:ojalane@fhi360.org)) 21-485-745

**Annex 8. Network Workshop Agenda**

**Capacitação sobre o Papel, Estrutura e Funcionamento de Redes de OSCs**

**Objectivo Geral:**

Até ao fim da formação, os participantes terão melhor entendimento sobre a estrutura e o funcionamento de uma organização em Rede, e terão definido acções concretas para o fortalecimento institucional da sua rede.

1º DIA	Temas	Objectivos	Metodologias	Facilitadores
10:30 – 11:30	Sessão de Abertura	<ul style="list-style-type: none"> <li>• Boas vindas e apresentação dos participantes</li> <li>• Expectativas dos participantes</li> <li>• Apresentação dos objectivos da formação</li> </ul>	Apresentação dos participantes através de uma dinâmica	
	Visão geral sobre Redes de OSCs	<i>Entender o conceito e os tipos de Redes de organizações de sociedade civil.</i>	<p>TRABALHO EM GRUPOS</p> <p>Os participantes organizados em grupos reflectirão sobre as seguintes questões:</p> <ul style="list-style-type: none"> <li>• O que entendem por Rede de organizações de Sociedade Civil?</li> <li>• Que tipos de Redes de organizações de sociedade civil conhecem?</li> <li>• Quais são os tipos de Redes que se aproximam a esta organização em concreto?</li> </ul> <p><b>Resumo e sistematização</b></p>	
		<i>Diferenças entre uma organização de tipo rede com uma umbrela e uma associação implementadora</i>	Exposição e discussão em plenário	

11:30 - 12:30	Princípios que norteiam o funcionamento de uma organização em Rede	<p><b>Refletir sobre os princípios que norteiam o funcionamento de uma organização em Rede.</b></p> <ul style="list-style-type: none"> <li>● <i>Participação voluntária</i></li> <li>● <i>Autonomia</i></li> <li>● <i>Horizontalidade</i></li> <li>● <i>Pacto entre autónomos</i></li> <li>● <i>Descentralização</i></li> <li>● <i>Cooperação entre os integrantes da Rede</i></li> <li>● <i>Empoderamento</i></li> <li>● <i>Multilideranças</i></li> </ul>	<p>“MATCHING”</p> <ul style="list-style-type: none"> <li>● O facilitador colocará as características de cada princípio nas paredes, seguido de distribuição dos respectivos princípios aos grupos.</li> <li>● Cada grupo identificará as características correspondentes aos princípios em seu poder e explicar por quê acha que está no lugar certo.</li> <li>● Quais são os princípios que o Nafeza aplica actualmente?</li> </ul> <p>➤ <b>Resumo e sistematização</b></p>	
12: 30 - 13:30	<b>INTERVALO PARA O ALMOÇO</b>			
13:30 - 17:00	O papel e o funcionamento do Nafeza.	<p><b>Analisar o funcionamento do Nafeza, clarificando o seu papel e do secretariado executivo.</b></p>	<p>1ª Parte: <b>TRABALHO EM GRUPOS</b> Em grupos os participantes irão preencher uma matriz, indicando quem faz o quê entre os membros, secretariado executivo e órgãos sociais</p> <p>2ª Parte: “<b>ROLE PLAY</b>” Os participantes organizados em três grupos:</p> <p>1º Grupo formado por Membros, o qual irá descrever as <b>TAREFAS</b> do Secretariado Executivo</p> <p>2º Grupo formado pelo Secretariado Executivo, o qual irá descrever as <b>TAREFAS</b> dos Membros (REDE).</p> <p>3º Grupo formado por órgãos sociais os quais irão desempenhar a função de <b>JURI</b>.</p> <ul style="list-style-type: none"> <li>● Apresentação e discussão em plenária do trabalho dos dois grupos.</li> <li>● Depois das apresentações do trabalho em grupos o <b>JURI</b> irá fazer questionamento em torno dos resultados apresentados pelos grupos.</li> </ul>	

2º DIA	Temas	Objectivos	Metodologias	Facilitador
8:30 - 10:30	Síntese do dia anterior	Avaliar o grau de compreensão dos conteúdos discutidos no dia anterior	Alguns participantes farão a síntese do dia Anterior, seguido do resumo do facilitador	
	Desafios que o Nafeza enfrenta no seu funcionamento	<i>Identificar os principais desafios que o Nafeza enfrenta no seu funcionamento.</i>	Os participantes divididos em grupos irão responder a seguinte questão:  Quais são os principais desafios que o Nafeza enfrenta no seu funcionamento?	
<b>10:30 - 10:50</b>	<b>INTERVALO PARA CAFÉ</b>			
10:50 - 11:30	Continuação da sessão anterior	Continuação do objectivo anterior	➤ <b>Resumo e sistematização</b>	
11:30-12-30	Definição de estratégias para superar os desafios identificados	<i>Definir as estratégias para superar os desafios que o Nafeza enfrenta no seu funcionamento.</i>	A partir do exercício anterior, os participantes em grupos irão responder á seguinte questão:  Que estratégias poderão ser adoptadas para superar os desafios que a rede enfrenta no seu funcionamento?	
<b>12: 13:30</b>	<b>INTERVALO PARA O ALMOÇO</b>			
<b>13:30- 14:30</b>	Vantagens do trabalho em Redes	<i>Explorar as vantagens do trabalho em Redes.</i>  [Resumo da formação sobre Redes de OSCs]	Em plenária, os participantes irão reflectir sobre as vantagens do trabalho em Redes de OSCs.  ➤ <b>Resumo e sistematização</b>	
<b>14:30-15:30</b>	Fim da sessão de formação	<i>Planificação de acções de seguimento da formação</i>	Em plenária, os participantes irão identificar as acções de seguimento da formação	

## Annex 9. Tools for Network Workshop

### Capacitação sobre o Papel, Estrutura e Funcionamento de Redes de OSCs

#### Exercício em grupo: Quem faz o quê?

Assinale com **X** na coluna correspondente, se a tarefa é dos Membros, Secretariado Executivo ou Órgãos sociais. Quanto mais correcta e honesta for a sua resposta para cada uma das tarefas, mais útil será este exercício para sua organização.

Indique igualmente o nível de participação – Responsável (R), Envolvido (E), Consultado (C) ou Informado (I)

Áreas de intervenção do Nafeza	Membros	Secretariado Executivo	Órgãos sociais		Observações
			CD	CF	
Comunicação interna					
Comunicação externa					
Capacitação institucional					
Lobby e Advocacia					
Elaboração de propostas de projectos					
Implementação de Projectos					
Monitoria programática e financeira					
Negociação de parcerias					
Quem, quando e como é feita tomada de posição no Nafeza					
Encontros de reflexão sobre assuntos de interesse comum					

## Capacitação sobre o Papel, Estrutura e Funcionamento de Redes de OSCs

### Encenação (Role Play)

Imagine que o seu grupo acaba de ser indicado para ser o **Executivo desta Rede**.

1- Enumere pelo menos duas tarefas que poderia realizar, no respeitante ao seguinte:

- I- Gestão diária do escritório
- II- Elaboração e actualização de políticas e procedimentos
- III- Elaboração/actualização de código de ética e de conduta
- IV- Comunicação interna
- V- Comunicação externa
- VI- Capacitação institucional
- VII- Lobby e Advocacia
- VIII- Elaboração de propostas de projectos
- IX- Implementação de Projectos
  - i. Gestão programática
  - ii. Gestão financeira
- X- Monitoria programática e financeira
- XI- Negociação de parcerias
- XII- Tomada de posições do Nafeza
- XIII- Encontros de reflexão sobre assuntos de interesse comum

2- Apresente as suas tarefas ao plenário e responda às perguntas que forem colocadas.  
Capacitação sobre o Papel, Estrutura e Funcionamento de Redes de OSCs

## Capacitação sobre o Papel, Estrutura e Funcionamento de Redes de OSCs

### Encenação (Role Play)

Imagine que o seu grupo acaba de ser indicado como **Membros da Rede Nafeza**.

3- Enumere pelo menos duas tarefas que poderia realizar, no respeitante a cada um dos seguintes aspectos:

- XIV- Elaboração e actualização de Estatutos e Regulamento Interno
- XV- Definição de estrutura orgânica
- XVI- Elaboração/actualização de código de ética e de conduta
- XVII- Comunicação interna
- XVIII- Comunicação externa
- XIX- Capacitação institucional
- XX- Lobby e Advocacia
- XXI- Elaboração de propostas de projectos
- XXII- Implementação de Projectos
  - i. Gestão programática
  - ii. Gestão financeira
- XXIII- Monitoria programática e financeira
- XXIV- Negociação de parcerias
- XXV- Tomada de posições do Nafeza
- XXVI- Encontros de reflexão sobre assuntos de interesse comum

4- Apresente os seus papéis e responsabilidades ao plenário e responda às perguntas que forem colocadas.

**Programa de Parceiros Competentes (CAP)  
Reforço de Organizações e Redes Líderes Moçambicanas**

**CAPACITAÇÃO EM MOBILIZAÇÃO DE RECURSOS**

FORMULÁRIO DE MANIFESTAÇÃO DE INTERESSE  
MARÇO 2014



## **I. Introdução**

O Programa de Parceiros Competentes (CAP), implementado pela FHI360 e financiado pela USAID/PEPFAR, tem o objectivo de fortalecer as organizações da sociedade civil para aumentar a qualidade e o alcance dos serviços prestados na área de HIV/SIDA, oferecendo capacitação institucional intensiva e prática, que resultem na melhoria da qualidade das suas intervenções e sustentabilidade de organização.

Um dos grandes problemas das organizações da sociedade civil é a sua fraca capacidade de mobilização de recursos num ambiente em que estes são cada vez mais escassos. A mobilização de recursos requiere conhecimentos e técnicas apropriadas de modo a convencer os doadores e garantir que os fundos serão aplicados numa causa justa e geridos de forma transparente e com o máximo de impacto possível nas circunstâncias concretas.

O CAP dedicou dois encontros trimestrais de parceiros em 2013 e um encontro semestral em 2014 para o tema de mobilização de recursos, onde foram vistos os conceitos básicos e algumas ferramentas foram providenciadas e os parceiros apresentaram a sua experiencia. Os parceiros tiveram oportunidade de interagir com agências doadoras.

O CAP pretende dar uma capacitação mais intensiva e dirigida aos seus parceiros em mobilização de recursos, mas por insuficiência de recursos em 2014 só pode capacitar três organizações. A demanda de capacitação nesta matéria supera a capacidade de resposta do CAP, pelo que a selecção das três organizações vai ser via concurso, de modo identificar as que têm maior potencial para progredir mais rapidamente com o apoio do CAP. Assim, o CAP aceita manifestações de interesse de qualquer dos seus parceiros, através do preenchimento da matriz constante deste documento.

## **II. Objectivos e Resultados esperados de iniciativa**

A capacitação em mobilização de recursos visa apoiar organizações que estejam prontas a investir no seu próprio crescimento para terem um sistema de mobilização de recursos, incluindo capacidade de:

- Desenho e gestão de estratégia de mobilização de recursos
- Análise sistemática e regular do contexto de financiamentos e aproveitamento das oportunidades de financiamento
- Análise de necessidades e de cabimento de recursos para a sustentabilidade da organização e para cumprir as necessidades da comunidade
- Preparação das fundamentações e apresentações para potenciais parceiros
- Negociação com potenciais parceiros (agencias doadoras, sector privado, sector público)

## **III. Fases desta iniciativa**

O processo desta iniciativa para organizações parceiras do CAP vai obedecer aos seguintes passos:

### **1. Manifestação de interesse**

O CAP envia este documento e o formulário de manifestação de interesse a todos os seus parceiros, explica o processo e responde a todas as dúvidas. A organização interessada em receber a capacitação em mobilização de recursos envia ao CAP o formulário preenchido de manifestação de interesse.

## **2. Selecção e encontro de arranque da Assistência técnica**

A selecção será feita com base na informação providenciada pelos parceiros através do formulário de manifestação de interesse, com base na alista de critérios em anexo. As organizações serão informadas se foram seleccionadas para fazer parte desta iniciativa e se necessário serão dados esclarecimentos adicionais.

## **3. Workshop sobre Mobilização de recursos**

As três organizações participam num workshop para elaborarem as suas estratégias de mobilização de recursos.

Deste Workshop, esperam-se para cada organização parceira os seguintes resultados:

- Uma estratégia de mobilização de recursos a curto e médio prazo
- Níveis claros de responsabilidades para a sua implementação
- Uma política de fundos de reserva

## **4. Plano Integrado e acções de Capacitação**

Com cada parceiro será acordado um plano de seguimento e assistência técnica para concluir e operacionalizar a estratégia de mobilização de recursos. Este plano será agregado ao plano integrado de capacitação que cada parceiro assinou em Setembro de 2013.

## **V. Elegibilidade**

Para ser elegível a esta iniciativa basta ser parceiro do CAP, preencher e enviar o formulário de manifestação de interesse.

## **VI. Critérios de selecção**

A selecção final será baseada na avaliação do CAP sobre o potencial das organizações candidatas de progredirem rapidamente no processo de criação de um sistema de mobilização de recursos. Factores a considerar serão os seguintes (veja detalhes no anexo):

- a. ter sistemas de controlo interno funcionais
- b. ter plano estratégico aprovado
- c. capacidade de relacionar mobilização de recursos com a visão e missão expressas no plano estratégico
- d. ter feito esforços na área de mobilização de recursos após os encontros trimestrais de parceiros de Maio e Setembro de 2013
- e. disponibilidade de investir recursos internos para esta iniciativa

## **VII. Processo de manifestação de interesse**

A organização interessada deve preencher o formulário de manifestação de interesse, em anexo, submetê-lo ao CAP, através do email [emorich@fhi360.org](mailto:emorich@fhi360.org), até o fim do dia 18 Abril de 2014.

Favor de ler atentamente os critérios de selecção (em anexo) para poder responder correctamente ao questionário do formulário da manifestação de interesse para aumentar a possibilidade de ser seleccionado.

**VII. Perguntas e respostas**

O CAP Moçambique está disponível para prestar qualquer esclarecimento sobre o preenchimento do formulário ou outro assunto desta iniciativa, através do email [omangeira@fhi360.org](mailto:omangeira@fhi360.org), ou dos telefones 21485745/47, 823034816, 823104960.

**Formulário de Manifestação de Interesse**

<b>1) Dados da organização</b> Nome da organização:  Endereços:  Telefone:  Fax :  E-mail:	<b>2) Pessoa de contacto e título:</b>
	<b>3) Nome da Pessoa autorizada a assinar contratos e título:</b>

**4- Capacitações em Mobilização de Recursos que recebeu nos últimos três anos de outras agências**

Capacitador	Doador	Área de Capacitação	Objectivos	Duração do apoio	Observações

1. Tem plano estratégico? \_\_\_\_\_ (Caso sim, anexe-o a este formulário e indique quando e por quem foi aprovado)
2. Favor de explicar para quê precisaria de mobilizar recursos? (*Mínimo 400 palavras*)
3. Favor de alistar os recursos que a sua organização conhece que apoiam nas áreas relevantes para a sua organização. Favor de incluir novos recursos/oportunidades que a sua organização explorou no ano passado.

Tipo de recurso*	Quando a sua organização beneficiou deste recurso?	Para quê usou o recurso?	Se for um doador, o que sabe sobre que tipo, para quê, para onde e como providencia apoio?	O que aprendeu desta experiência que seja útil para futuras mobilizações de recursos?

\* (e.g. empresa, ONG internacional, fundação, Embaixada, Agencia Internacional, voluntário, receita de imóvel, actividades, quotas, etc.)

4. Se perdeu financiamento, o que aprendeu? O que faz diferentemente como resultado desta experiência?
5. A elaboração de um plano de Mobilização de Recursos requiere um grande investimento em tempo por parte da organização.
  - a. Identifique a pessoa que será responsável por parte da sua organização
  - b. Identifique os outros que também estarão envolvidos
6. No próximo Encontro Semestral de Parceiros (Julho 2014) terá a oportunidade de dialogar com doadores. Favor de alistar 10 (dez questões que gostaria de lhes colocar).
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_
  - g. \_\_\_\_\_
  - h. \_\_\_\_\_
  - i. \_\_\_\_\_
  - j. \_\_\_\_\_

**Nome, título e assinatura da pessoa autorizada a assumir compromissos em nome da organização**

Certifico que esta informação está correcta, completa e verdadeira

Nome completo:

Título:

Assinatura e carimbo:

Local e data:

### **Declaração de interesse**

Para os devidos efeitos, declara-se que a (nome da organização) está interessada em participar no programa de capacitação em mobilização de recursos que é providenciado pelo CAP Moçambique.

Se a nossa organização for seleccionada, nós garantimos o cometimento das pessoas apropriadas (incluindo titulares dos Órgãos Sociais e Pessoal) nas actividades de capacitação institucional organizadas pelo CAP Moçambique as quais podem incluir:

1. Levantamentos sobre o contexto de financiamentos e elaboração de estratégias.
2. Capacitação técnica e organizacional do pessoal e órgãos sociais.
3. Trocas de experiências e intercâmbio com outras organizações.
4. Outras actividades concordadas e inclusas no plano integrado de capacitação.

Por ser verdade e nos ter sido solicitado, emitimos a presente declaração, a qual vai assinada e autenticada com o carimbo desta associação.

Local e data:

Nome, posto e Assinatura

**Análise de manifestações de interesse para a capacitação em Mobilização de Recursos**

Critério	Como será medido
1. Tem sistemas de control interno funcionais	<ul style="list-style-type: none"> <li>• Resultados da avaliação “health check” mais recente</li> </ul>
2. Manuais de Políticas e procedimentos de Recursos Humanos e de Administração e Finanças aprovados pelos Órgãos Sociais	<ul style="list-style-type: none"> <li>• Vai ser dada prioridade às organizações que satisfazem este critério</li> </ul>
3. Tem submetido atempadamente e com qualidade relatórios financeiros e de progresso, desde o início da parceira com o CAP	<ul style="list-style-type: none"> <li>• Registos de submissão de relatórios narrativos e financeiros</li> </ul>
4. Deve ter Órgãos Sociais funcionais	<ul style="list-style-type: none"> <li>• Assembleias Gerias de acordo com os Estatutos</li> <li>• Encontros regulares do Conselho de Direcção</li> <li>• Titulares dos Órgãos Sociais entendem o seu papel e responsabilidades</li> <li>• Titulares dos Órgãos Sociais desempenham o seu papel</li> </ul>
5. Tem Plano Estratégico, de preferência aprovado pela Assembleia Geral	<ul style="list-style-type: none"> <li>• Validade do Plano estratégico</li> <li>• Processo de elaboração/renovação</li> <li>• Nível de envolvimento dos Órgãos Sociais e trabalhadores na planificação, elaboração e aprovação</li> <li>• Competências de quem aprovou</li> <li>• Formulação de objectivos</li> <li>• Alinhamento dos objectivos com as necessidades do grupo alvo</li> </ul>
6. Fundamentação das razões para mobilização de recursos	<ul style="list-style-type: none"> <li>• Objectivos de mobilização de recursos alinhados com objectivos estratégicos</li> <li>• Objectivos de mobilização de recursos respondem aos problemas principais encontrados na comunidade</li> <li>• Objectivos de mobilização de recursos consideram as forças da organização</li> <li>• Objectivos de mobilização de recursos sustentam o desenvolvimento organizacional</li> </ul>
7. Esforço feito por sua iniciativa para diversificar a sua base de financiamento. Uso de outras estratégias, para além de respostas a anúncios de concursos, especialmente depois de o CAP ter abordado o assunto nos encontros trimestrais	<ul style="list-style-type: none"> <li>• Conhecimento dos doadores, com base na análise de doadores</li> <li>• Existência e listagem dos esforços anteriores da Mobilização de recursos</li> <li>• Análise de lições aprendidas de esforços anteriores de Mobilização de recursos</li> </ul>
8. Nível de prontidão para investir recursos internos na elaboração de estratégia de mobilização de recursos	<ul style="list-style-type: none"> <li>• Viabilidade do plano de elaboração da estratégia de mobilização de recursos</li> <li>• Nível de adequação e claridade da alocação dos recursos (humanos) para a elaboração da estratégia de mobilização de recursos</li> </ul>

**Annex 11. Overview of Status CAP Mozambique Partner Strategic Plans**

**AP Mozambique Partners' Status of Strategic Plans**

In preparation of Resource Mobilization intervention

27 February 2014

<b>Partner</b>	<b>Strategic plan (Y/N)</b>	<b>Period of strategic plan</b>	<b>Supported by:</b>
HACI	N	Planned, for 2014-18	CAP; procurement dossier approved
IBFAN	N	Planned	CAP; included in the present obligation
NAFEZA	Y	2014-18	Oxfam Novib, Strategic Plan (SP) not yet approved by General Assembly
Kukumbi	Y	2010-14	Oxfam Novib
LDC	N	In progress	Diakonia; OD/CAP intervened for clarification of procedural misunderstanding
Ophavela	Y	2012-16	Oxfam Novib/Embaixada da Holanda
Niiwanane	N	In progress	Supported by Solidariedade Zambézia; First draft to be released mid-March 2014. CAP Mozambique has doubts about quality of SP
ANDA	Y	2012-16	Canadian Hunger Fund
Kubatsirana	Y	2011-2013	Tear fund will provide technical support to update SP; Kubatsirana intends to negotiate CAP involvement
CCM-S	Y	2012-17 (national)	

## Annex 12. Spot Check Guide

### SPOT CHECKING SYSTEM

Designed to prevent misuse of funds and maintain the financial integrity of our grants, a Spot Checking System refers to a systematic way of checking the authenticity of receipts included in the monthly imprest. Verification of the authenticity of receipts is applicable to all standard and simplified grants. Spot checking of Fixed Obligation Grants can only be related to programmatic milestones. The Spot Checking system should cover annually at least 10% of each program's grantees.

- Programs with 100 grantees and above: spot check 10% per year
- Programs with 50-100 grantees: spot check 10 grantees per year
- Program with less than 50 grantees: spot check 4 grantees per year

The Spot Checking System is in addition to the regular desk audit or on-site inspection of each grantees' accounting, financial and administrative systems that should occur at least once during the life of the grant.

#### Spot Checking Procedures:

1. For current grantees, send a notification letter to inform grantees about AED's Spot Checking System (See pp. 1 and 2). Our current grant agreement has language in it that authorizes AED to conduct Spot Checks. For new grantees, a new sentence will be inserted in the grant cover letters (See p. 3).
2. Identify field office personnel to regularly do the spot checks. The COP/Grants Manager is responsible for nominating the field staff involved in the spot checks from among the Grants Manager, Grants Coordinators, Project Officers, COP, Program Associates, and other field office staff.

**Note:** To avoid conflict of interest, finance staff should not be involved in these spot checks.

3. Using the Spot Checking Tracking Sheet (pp. 4 – 9), the Field Office will develop a schedule with the days of the months when the spot checks will be executed and make sure that they get implemented.
4. According to your grants program size, randomly select the grantees to be spot checked per quarter. Once the Spot Checking plan has been developed and is recorded on the Spot Checking Tracking Sheet, the COP will forward the Tracking Sheet to the Project Director and Finance Manager in AED/Washington.

5. Suggested steps for spot checking receipts:
  - a. Select the receipts to be checked. You can randomly select them or look at the ones that have higher values (Please make sure that you check at least 5 receipts and no more than 10).
  - b. Ways to spot check:
    - I. Long distance:
      - Call local business to check veracity of receipts
      - Call consultants and ask same questions
    - II. Field trip: same action but visiting in person
  - c. Once the spot check has taken place, the personnel involved must fill out the reporting spot checking form. See Page 10 for the Spot Checking Reporting Form cover sheet, which should be accompanied by a more detailed narrative report describing the spot checking process. (See pp. 11 -13)
6. Submit the reporting forms for each individual grantee that was spot checked, plus an updated Spot Check Tracking Sheet to the home office with each imprest by March 30, June 30, Sept 30 and December 30. For those of you who have small grants programs, you should submit one report per each quarter.

Attachment A

Dear Mrs/Ms.....

This is to notify you that the Academy for Educational Development's Center for Civil Society and Governance is implementing a Spot Checking System to ensure the veracity of receipts. Your organization may be randomly selected to undergo this procedure.

If you have any questions regarding this process, please do not hesitate to contact me at tel....or e-mail.....

Thank you.

Warm regards,

COP's signature

## Attachment B

### **Spot Checking System Clause**

(To be inserted in the Grants Temp. Agreement, Special Provision Section)

1. AED may perform a spot check once a year in order to prevent the misuse of funds and maintain the financial integrity of all grants under the grant program. The Spot Checking System refers to a systematic way of checking the authenticity of receipts included in the monthly imprest. The system is applicable to all standard and simplified grants. At the sole discretion of the designated AED representative, your organization may undergo a random spot check of receipts included in monthly imprest. The grantee will provide all documentation and/or open its facilities to a spot check in a timely manner.
2. In the event that irregularities are found, AED retains the right to a refund and potentially close the grant.

Attachment C

**REPORTING FORM**

Auditor's Name: \_\_\_\_\_

Name of Grantee Audited: \_\_\_\_\_

Location: \_\_\_\_\_

\_\_\_\_\_

Date of Audit: \_\_\_\_\_

Means of checking receipts (check all that apply):

\_\_\_\_\_ call local vendors (businesses, stores, etc.)

\_\_\_\_\_ call consultants

\_\_\_\_\_ visit local vendors (businesses, stores, etc.)

\_\_\_\_\_ visit/contact consultants

Number of receipts checked: \_\_\_\_\_

Irregularities found: No \_\_\_\_\_

Yes \_\_\_\_\_

If yes, Number of irregularities found \_\_\_\_\_

Receipt number \_\_\_\_\_

Receipt date \_\_\_\_\_

Describe irregularities \_\_\_\_\_

\_\_\_\_\_

**Annex 13. General Assembly Support Package**

Foto

**ANEXO I  
FICHA DE INSCRIÇÃO DE MEMBRO**

Nome: \_\_\_\_\_

Data de nascimento: \_\_\_/\_\_\_/\_\_\_ Sexo: \_\_\_\_\_

Naturalidade: \_\_\_\_\_ Nacionalidade: \_\_\_\_\_

Filiação: \_\_\_\_\_ e: \_\_\_\_\_

Estado Civil: \_\_\_\_\_

Morada: Av./ Rua \_\_\_\_\_

Localidade: \_\_\_\_\_ Província: \_\_\_\_\_

Telefone: \_\_\_\_\_ Celular: \_\_\_\_\_ Correio electrónico: \_\_\_\_\_

Tipo de Documento: B.I./Cédula/Passaporte Nº \_\_\_\_\_

Entidade Emissora: \_\_\_\_\_ Validade: \_\_\_/\_\_\_/\_\_\_

Título Académico: \_\_\_\_\_

Profissão/ Ocupação: \_\_\_\_\_

Entidade Patronal: \_\_\_\_\_

Endereço: \_\_\_\_\_

Outras informações relevantes: \_\_\_\_\_

**ANEXO II**  
**CONVOCATÓRIA DA ASSEMBLEIA GERAL ORDINÁRIA**

**ELEITORAL**

De harmonia com o disposto nos Estatutos e no exercício da competência consignada no artigo \_\_\_\_\_, Convoco a Assembleia Geral Eleitoral da Associação \_\_\_\_\_ para o dia \_\_\_\_\_ de \_\_\_\_\_ De 20\_\_\_\_\_ com a seguinte ordem de trabalhos:

1. Eleição dos titulares dos órgãos sociais da Associação;
2. Tomada de Posse

A Assembleia Geral Eleitoral decorrerá no dia indicado as \_\_\_\_\_ h \_\_\_ e \_\_\_\_\_ h \_\_\_\_\_, sendo o horário da abertura e encerramento da Mesa de Voto, localizada na sede da Associação, sita na Rua \_\_\_\_\_ em \_\_\_\_\_.

A apresentação das listas de candidatos decorre até as \_\_\_\_\_ horas do dia \_\_\_\_\_ de \_\_\_\_\_ 20\_\_\_\_\_. Os associados poderão consultar o Regulamento Interno e Eleitoral na sede

Local, \_\_\_\_\_ De \_\_\_\_\_ 20\_\_\_\_\_

O Presidente da Mesa da Assembleia Geral

\_\_\_\_\_

**ANEXO III**  
**CONVOCATÓRI DA ASSEMBLEIA GERAL ORDINÁRIA**

**BALANÇO**

Em conformidade com as disposições legais aplicáveis e os Estatutos da Associação, artigo \_\_\_\_\_, convoco todos os associados da Associação \_\_\_\_\_ para a reunião da Assembleia Geral Ordinária, que terá lugar na sede da Associação, sita na Rua \_\_\_\_\_, em \_\_\_\_\_, Pelas \_\_\_\_\_ h \_\_\_\_\_ do dia \_\_\_\_\_ de 20\_\_\_\_\_, com a seguinte

Ordem de Trabalhos:

- ✓ Informação do Conselho de Direcção
- ✓ Apresentação, discussão e deliberação sobre o Relatório de Actividades e Contas e respectivo parecer do Conselho Fiscal relativos ao ano de 20\_\_\_\_\_;
- ✓ Outros assuntos de interesse dos associados.

Nota: Se a hora não houver a presença da maioria absoluta dos associados efectivos, a Assembleia funcionará em segunda convocatória, meia hora depois com qualquer número de membros presentes, mesma Ordem dos Trabalhos e no mesmo local.

Local, \_\_\_\_\_ de 20\_\_\_\_\_

O Presidente da Mesa Assembleia Geral

---

**ANEXO IV  
PROCURAÇÃO**

**Ao Sr. Presidente da Mesa**

---

Eu, \_\_\_\_\_, maior, Estado civil \_\_\_\_\_  
Portador (a) do B.I/Passaporte nº \_\_\_\_\_ emitido aos \_\_\_\_/\_\_\_\_/\_\_\_\_,  
Pelo Arquivo de Identificação de \_\_\_\_\_, validade \_\_\_\_/\_\_\_\_/\_\_\_\_,  
Residente no Bairro \_\_\_\_\_; Quarteirão \_\_\_\_\_; Célula \_\_\_\_\_ Rua/Av.\_\_\_\_,  
Nº \_\_\_\_\_, nomeio e constituo meu bastante procurador, o Senhor. \_\_\_\_\_,  
Maior, estado civil \_\_\_\_\_, Portador de BI/Passaporte Nº \_\_\_\_\_,  
Residente no Bairro \_\_\_\_\_, Quarteirão \_\_\_\_\_, Célula \_\_\_\_\_,  
Rua/AV \_\_\_\_\_, para o fim de representar-me na sessão da  
Assembleia-geral Ordinária da Associação/Organização \_\_\_\_\_,  
No dia \_\_\_\_/\_\_\_\_/\_\_\_\_, podendo opinar, discutir, votar e aprovar em  
meu nome.

Para maior clareza e fins de direito, firmo a presente procuração.

Local, aos \_\_\_\_/\_\_\_\_/\_\_\_\_

[Nome da pessoa que fez a procuração e o cargo que ocupa na Associação]

**ANEXO V**  
**CANDIDATURA POR LISTA AOS CARGOS DOS ÓRGÃOS SOCIAIS**

**Exmo. Sr. Presidente da Mesa  
Da Assembleia Geral da Associação**

---

**Lista A/B/C**

Os Associados abaixo indicados da Associação \_\_\_\_\_,

No pleno gozo dos seus direitos estatutários e do Regulamento Eleitoral, vêm por este meio a

Apresentar a sua candidatura a eleições para os cargos dos órgãos sociais a realizar no dia

\_\_\_\_\_ de \_\_\_\_\_ 20\_\_\_\_\_, para a Mesa da Assembleia Geral, Conselho de Direcção e

Conselho Fiscal.

A lista terá a seguinte composição:

**1. MESA DA ASSEMBLEIA GERAL:**

- ✓ Nome de Candidato – cargo: Presidente
- ✓ Nome de candidato - cargo: Vice-Presidente
- ✓ Nome de candidato – cargo: Secretário

**2. CONSELHO DE DIRECÇÃO**

- ✓ Nome de candidato – cargo: Presidente
- ✓ Nome de candidato – cargo: Vice-Presidente
- ✓ Nome de candidato – cargo: Secretário
- ✓ Nome de candidato – cargo: Tesoureiro
- ✓ Nome de candidato – cargo: Vogal

**3. CONSELHO FISCAL:**

- ✓ Nome de candidato – cargo: Presidente
- ✓ Nome de candidato – cargo: Vice-Presidente
- ✓ Nome de candidato – cargo: Secretário

## ANEXO VI ROTEIRO DA ASSEMBLEIA GERAL

1. Chegada e registo de participantes – membros e convidados.
2. Entrada dos membros e convidados à sala onde vai decorrer evento.
3. No caso das organizações é que a Mesa da Assembleia geral não é permanente, deve-se criar uma comissão eleitoral, constituída por pessoas não membros da Associação, a qual deverá ter um Presidente, um Vice-Presidente e um Secretário. A função desta comissão é de ajudar a Assembleia geral a eleger os titulares da Mesa da Assembleia geral.
4. A candidatura aos cargos da Mesa da Assembleia geral poderá ser por lista ou individualmente, mas o CAP Moçambique recomenda as candidaturas individuais.
5. Serão eleitos para a Mesa da Assembleia geral: um Presidente, um Vice-Presidente e um Secretário.
6. Terminado o processo de eleição dos titulares da Mesa da Assembleia-geral, deverão tomar posse imediatamente e iniciarem com o exercício das suas funções.
7. Verificação do quórum – função do Secretário da Mesa da Assembleia geral, devendo consultar os estatutos da Associação. A maioria dos estatutos considera quórum ideal quando estiver presente no mínimo a metade dos membros no pleno gozo dos seus direitos estatutários.
8. Discurso de abertura – explicar o objectivo e a finalidade do evento pelo presidente da Mesa da Assembleia Geral ou seu substituto.
9. Leitura da Acta antecedente.
  - ✓ Apreciação, discussão e aprovação da Acta antecedente.
10. Apresentação e ratificação de novos membros.
11. Leitura de Relatórios Narrativo e de Contas Anuais do Conselho de Direcção.
  - ✓ Apreciação e discussão dos relatórios apresentados;
  - ✓ Apresentação do parecer formal do Conselho Fiscal sobre o Relatório narrativo e de Contas Anuais do Conselho de Direcção;

- ✓ Aprovação de Relatórios Narrativo e de Contas Anuais do Conselho de Direcção pela Assembleia Geral através de votação.
12. Apresentação do Plano de Actividades e Respectiva proposta do Orçamento para o ano seguinte, mediante o parecer do Conselho Fiscal.
    - ✓ Apreciação, discussão, aprovação do Plano de Actividades e do Orçamento.
  13. Leitura do Relatório de actividades fiscalizadoras do Conselho Fiscal.
    - ✓ Apreciação, discussão e aprovação do Relatório do Conselho Fiscal.
  14. Apreciação, discussão e aprovação das alterações dos seguintes instrumentos:
    - ✓ Estatutos;
    - ✓ Regulamento Interno;
    - ✓ Plano Estratégico
    - ✓ Outros documentos de funcionamento da organização.
  15. Ratificação dos Manuais de Políticas e Procedimentos Administrativos, Financeiros e Recursos Humanos. Geralmente, estes documentos são aprovados pelo Conselho de Direcção.
  16. Apresentação e discussão do Regulamento Eleitoral.
  17. Apresentação das listas dos candidatos aos cargos dos órgãos sociais, nomeadamente:  
**Conselho de Direcção**  
**Conselho Fiscal.**
  18. Lembrar que as candidaturas aos cargos de órgãos sociais podem ser por lista ou individuais.
  19. Manifesto eleitoral – cada candidato deverá defender a sua candidatura.
  20. Acto Eleitoral – uso de cartões de voto e urnas previamente preparados para o efeito.
  21. Terminado o processo eleitoral, segue a tomada de posse dos titulares dos órgãos sociais recém-eleitos, assinando o termo de posse. Os presidentes cessantes ou seus substitutos são responsáveis pela condução do processo de tomada de posse.
  22. Saudação aos titulares dos órgãos sociais recém-eleitos.

23. Intervenção dos presidentes eleitos.
24. Diversos – os assuntos diversos devem constar da ordem do dia.
25. Discurso de encerramento da sessão da Assembleia Geral pelo Presidente da Mesa.

**ANEXO VII**  
**REGULAMENTO ELEITORAL**

**CAPÍTULO I**  
**Das disposições preliminares**

**Artigo 1º**  
**(Do âmbito do regulamento)**

Em cumprimento do previsto nos Estatutos da Associação \_\_\_\_\_, o presente regulamento estabelece as regras de eleição dos titulares dos órgãos sociais.

**Artigo 2º**  
**(Da Periodicidade e convocatória)**

As eleições para os órgãos sociais da Associação \_\_\_\_\_, serão realizadas, trienalmente, preferencialmente em Janeiro e no máximo até ao fim de Março, em Assembleia Geral eleitoral, convocada nos termos dos estatutos da Associação.

**CAPÍTULO II**  
**Da gestão do processo eleitoral**

**Artigo 3º**  
**(Da Comissão Eleitoral)**

1. Para assegurar a transparência do processo eleitoral, será constituída uma Comissão Eleitoral composta por três pessoas, nomeadamente um Presidente, um Vice-Presidente e um Secretário.
2. A Comissão Eleitoral será constituída através de um simples convite a pessoas de outras organizações de sociedade civil, mas não membros da Associação em causa.

**Artigo 4º**  
**(Das atribuições da Comissão Eleitoral)**

1. São atribuições da comissão eleitoral - gerir o processo das eleições internas da Associação \_\_\_\_\_, realizando especificamente as seguintes funções:
  - a. Receber a lista das Candidaturas por órgão social e posições, procedendo à sua conferência;

- b. Assegurar a existência em quantidades suficientes de todo o material de votação (boletins de voto, urnas devidamente preparadas e com os nomes dos diferentes candidatos aos cargos dos órgãos sociais,
- c. Gerir de uma maneira ordeira e transparente todo o processo de votação, escrutínio e anúncio de resultados finais;
- d. Assegurar a assinatura de um Termo de Compromisso pelos membros eleitos para os órgãos sociais;
- e. Elaborar um relatório, resumindo a forma como decorreu o processo eleitoral e entregar ao Presidente da Mesa da Assembleia Geral recém-eleito.

### **CAPÍTULO III** **Dos órgãos sociais**

#### **Artigo 3º** **(Da Mesa da Assembleia Geral)**

- 1. Serão eleitos para a Mesa da Assembleia Geral, um Presidente, um Vice-Presidente e um Secretário.

#### **Artigo 2º** **(Do Conselho de Direcção)**

- 1. Serão eleitos para o Conselho de Direcção: um Presidente, um Vice-Presidente, um Secretario, um Tesoureiro e um Vogal.

#### **Artigo 3º** **(Do Conselho Fiscal)**

- 1. Serão eleitos para o Conselho Fiscal: um Presidente, um Vice-Presidente e um Secretário.

### **CAPÍTULO IV** **Dos candidatos aos cargos dos órgãos sociais**

**Artigo 4º**  
**(Do Perfil básico dos candidatos)**

1. Os candidatos aos cargos dos órgãos sociais deverão ter o seguinte perfil básico:
  - a. Capacidade de escutar, analisar, pensar claramente e de trabalhar em equipas multidisciplinares;
  - b. Ter disponibilidade de tempo para participar nas reuniões do conselho, fazer as perguntas certas, assumir responsabilidade e realizar cada tarefa que lhe for atribuída;
  - c. Vontade de aprender novas competências e habilidades técnicas;
  - d. Capacidade de leitura e interpretação de relatórios financeiros e programáticos;
  - e. Disponibilidade de participar no processo de mobilização de recursos para a realização da missão da organização;
  - f. Ser honesto, assertivo, sensível e tolerante a diferentes pontos de vista;
  - g. Entender a dinâmica, ética e o contexto do funcionamento das organizações de sociedade civil;
  - h. Ser íntegro, comprometido, organizado, metódico e com elevada maturidade emocional;
  - i. Ser membro efectivo da Associação;
  - j. Ser altruísta.

**Artigo 5º**  
**(Da forma de candidatura)**

1. Qualquer membro da Associação [Nome da Associação], no pleno gozo dos seus direitos estatutários (situação de quotas regularizada), pode candidatar-se ou submeter proposta de candidatura de outra pessoa nas mesmas circunstâncias para qualquer um dos órgãos sociais e o cargo a eleger.
2. A eleição dos titulares da Mesa da Assembleia Geral, do Conselho de Direcção e do Conselho Fiscal, efectua-se por apresentação de listas ou por candidaturas individuais, sendo eleitas as listas mais votadas ou aos candidatos singulares mais votados.

3. As listas ou os nomes de candidatos, acompanhados de declaração de aceitação dos candidatos propostos, serão entregues ao Presidente da Mesa da Assembleia geral, até 24 horas, antecedentes da data da Assembleia Geral eleitoral.
4. As listas, depois de verificada a conformidade e rubricadas pelo Presidente da Mesa, serão fixadas em local adequado na sede da Associação.
5. Nenhum membro poderá candidatar-se ou ser candidatado para mais do que um órgão ou mais do que um cargo em cada um dos órgãos sociais.
6. Se a candidatura for por listas, cada lista deve possuir nove candidatos, nomeadamente: três para a Mesa da Assembleia Geral, cinco candidatos para o Conselho de Direcção e três para o Conselho Fiscal, indicando o cargo que pretende ocupar no respectivo órgão social.
7. Se a candidatura for individual, recomenda-se que o número de candidatos por órgão social seja igual ou superior ao número dos cargos definidos nos Estatutos da Associação.

#### **Artigo 6º**

##### **(Da identificação e verificação das listas de candidatos)**

1. As listas recebidas serão identificadas por letras (A, B, C, ...) de acordo com a ordem de entrega dos mesmos processos ao Presidente da Mesa da Assembleia Geral.
2. Cabe ao Presidente da Mesa verificar a capacidade dos membros que integram as listas candidatas para serem eleitos para os órgãos sociais, nos termos dos Estatutos.
3. O presidente da Mesa obriga-se a afixar na sede da Associação, com pelo menos dez dias de antecedência em relação à data da eleição, todas as listas candidatas assim como o balanço de contas e relatório do Conselho de Direcção cessante.

#### **CAPÍTULO IV**

##### **Do acto eleitoral**

#### **Artigo 6º**

##### **(Do voto)**

1. Cada membro efectivo ou fundador tem direito a um voto para as eleições e este é pessoal e intransmissível.

2. O direito de votar e de ser eleito, além do definido nas normas estatutárias, apenas é permitido a quem tenha as quotas regularizadas até à data limite da entre das candidaturas.

**Artigo 7º**  
**(Da Mesa de voto)**

Será organizada, pelo menos, uma Mesa de Voto com duas ou três urnas conforme as necessidades, para os eleitores depositarem os votos relativos à eleição dos titulares dos órgãos sociais.

**Artigo 8º**  
**(Do Processo de Votação)**

1. Antes do acto eleitoral, as urnas devem ser fiscalizadas pela Mesa de Voto ou Comissão Eleitoral e fechadas. Só deverão ser abertas finda a votação.
2. No início do acto de votação será feita a contagem dos potenciais membros votantes presentes e não serão permitidas entradas, nem saídas durante o período de votação.
3. Para o acto de votação serão usados boletins de votos antecipadamente preparados, nos quais serão alistados os nomes dos candidatos, em ordem alfabética, com um quadrado em frente de cada um dos nomes no qual o votante marcará um X em frente do nome do candidato preferido.
4. A eleição dos titulares dos órgãos sociais procede-se pelo sistema de escrutínio secreto.
5. Os boletins preenchidos serão depositados numa urna previamente preparada para o efeito.
6. O direito de voto é exercido pessoalmente e presencialmente na Mesa Eleitoral.
7. Não é permitida nenhuma forma de representação ou delegação para as eleições dos titulares dos órgãos sociais.

**Artigo 9º**  
**(Do voto branco ou nulo)**

1. Considera-se voto em branco o correspondente ao boletim de voto que não tenha devidamente assinalada a escolha de qualquer das listas ou candidato.

2. Considera-se nulo o correspondente ao boletim do voto:
  - a. Que contenha inscrições fora do local destinado a assinalar a escolha ou com mais de uma lista assinalado ou candidatos escolhidos;
  - b. No qual haja dúvidas quando ao quadrado assinalado;
  - c. No qual tenha sido assinalado o local de voto correspondente a uma lista ou candidato que tenha desistido;
  - d. No qual tenha sido feito qualquer corte, desenho, rasura ou escrita qualquer palavra.
3. Não é considerado voto nulo o do boletim de voto no qual a cruz, embora não sendo perfeitamente desenhada ou excedendo os limites do local de voto, assinale inequivocamente a vontade do eleitor.

**Artigo 10º**  
**(Do Escrutínio)**

1. No fim do período da votação, as urnas serão abertas na presença dos elementos da Comissão Eleitoral e será o Presidente da Mesa da Assembleia Geral a efectuar a contagem dos votos e contará com o apoio dos demais membros do mesmo órgão.
2. A lista que obtiver a maioria absoluta dos votos escrutinados, retirados os votos brancos e nulos, emitidos de entre os membros votantes, é vencedora.
3. No caso da candidatura individual, os candidatos com maior número de votos válidos, ocuparão os cargos conforme a hierarquia do respectivo órgão social.
4. No caso de empate, realizar-se-á a segunda volta de eleições para o desempate.
5. O resultado eleitoral será anunciado pelo Presidente da Mesa da Assembleia Geral.
6. O processo eleitoral e o resultado das eleições serão consignados na Acta da Assembleia Geral Eleitoral, a qual será assinada pela Mesa.

**Artigo 11º**  
**(Da tomada de posse dos titulares dos órgãos sociais)**

1. Compete ao presidente da Mesa da Assembleia Geral cessante proceder o acto de tomada de posse dos titulares dos órgãos sociais recém-eleitos.

2. Cada titular é entregue um Termo de Posse que, depois de ler, assina e entrega ao Presidente da Mesa da Assembleia Geral.
3. Os titulares dos órgãos sociais do mandato anterior, só cessam as suas funções após a tomada de posse dos seus substitutos eleitos.
4. No caso de renúncia de algum titular dos órgãos sociais, deverá o Presidente da Mesa da Assembleia Geral convocar, logo que possível, uma Assembleia com carácter eleitoral, sendo eleitos apenas os titulares necessários ao preenchimento, até ao fim do mandato, dos lugares vagos.

## **CAPÍTULO V**

### **Das disposições transitórias**

#### **Artigo 12º**

#### **(Das dúvidas e omissões)**

Todas as dúvidas e omissões decorrentes do presente Regulamento Eleitoral, serão esclarecidos por decisão da Assembleia Geral.

## ANEXO VIII

### TERMO DE POSSE DOS TITULARES DOS ÓRGÃOS SOCIAIS

Nome \_\_\_\_\_

Data de nascimento \_\_\_\_/\_\_\_\_/\_\_\_\_ local de nascimento \_\_\_\_\_

BI/Passaporte Nº \_\_\_\_\_ local de emissão: \_\_\_\_\_

Data de emissão: \_\_\_\_/\_\_\_\_/\_\_\_\_ Data de validade \_\_\_\_/\_\_\_\_/\_\_\_\_

Local de trabalho \_\_\_\_\_, cargo que ocupa no local de trabalho \_\_\_\_\_

Declaro por minha honra, dedicar todas as minhas energias e conhecimentos cumprir fiel e

Rigorosamente com as minhas responsabilidades no cargo \_\_\_\_\_

Estabelecidas nos Estatutos da Associação \_\_\_\_\_

Para o qual me candidatei e fui eleito (a).

Assinatura do membro eleito  
Mesa

Assinatura do Presidente da

\_\_\_\_\_  
\_\_\_\_\_

Local, aos \_\_\_\_/\_\_\_\_/2014

## ANEXO IX

### EXEMPLO DE UMA ACTA DA ASSEMBLEIA GERAL

#### ACTA Nº \_\_\_\_\_

(Por extenso) Aos \_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_ pelas \_\_\_\_\_ horas, no lugar \_\_\_\_\_, Município de \_\_\_\_\_, reuniram-se em Assembleia Geral os associados da Associação \_\_\_\_\_, para eleger os seus órgãos sociais para o período compreendido entre 20 \_\_\_\_\_ a 20 \_\_\_\_\_. Apresentaram-se a sufrágio a lista A e B presididas respectivamente pelos associados \_\_\_\_\_/ \_\_\_\_\_. Aceites as listas e verificada a sua conformidade com a lei e estatutos o presidente da Mesa da Assembleia Geral deu a palavra a cada um dos candidatos a presidente do Conselho de Direcção para apresentar as suas propostas para a Associação no próximo mandato. Em seguida o Presidente da Assembleia Geral deu início à votação pelas \_\_\_\_\_ horas, encerrando a urna às \_\_\_\_\_ horas.

Encerrada a votação, procedeu-se a contagem dos votos, dando os seguintes resultados:

Lista A \_\_\_\_\_;

Lista B \_\_\_\_\_;

Tendo em conta o resultado o Presidente da Mesa Assembleia Geral anunciou o vencedor, o

Associado \_\_\_\_\_, candidato da lista \_\_\_\_\_

Seguidamente e para terminar, anunciou igualmente os restantes eleitos e os respectivos cargos que passamos a transcrever:

**MESA DA ASSEMBLEIA GERAL:**

- a. Presidente:
- b. Vice-Presidente:
- c. Secretário:

**CONSELHO DE DIRECÇÃO:**

Presidente:  
Vice-Presidente:  
Secretario:  
Tesoureiro:  
Vogal:

**CONSELHO FISCAL:**

- a. Presidente:
- b. Vice-Presidente:
- c. Secretário.

Esgotada a ordem de trabalhos, o Presidente da Mesa deu-se por encerrados os trabalhos da Assembleia-geral, quando eram \_\_\_\_\_ horas da qual foi lavrada a presente acta, depois de lida foi aprovada e assinada pelos membros da Mesa da Assembleia Geral.

Local, \_\_\_\_/\_\_\_\_/\_\_\_\_

**ANEXO X**  
**2º EXEMPLO DE UMA ACTA DA ASSEMBLEIA GERAL**

**ACTA Nº \_\_\_\_\_**

Por extenso Aos \_\_\_\_\_ dias do mês de \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_, pelas nove horas, reuniram-se na sede da Associação \_\_\_\_\_, (\_\_\_\_\_) sita no bairro do \_\_\_\_\_ Rua \_\_\_\_\_ nº \_\_\_\_, Distrito de \_\_\_\_\_, Cidade de Maputo, ao abrigo do artigo \_\_\_\_º dos Estatutos da Associação, os seus membros reuniram-se em sessão da Assembleia Geral Eleitoral.

**1ª Resolução:**

Durante o processo eleitoral, regido pelos estatutos da associação \_\_\_\_\_ pelo seu Regulamento Eleitoral, o qual contou com a participação de \_\_\_\_\_ membros com direito a voto, foi eleito como Presidente da Mesa da Assembleia Geral \_\_\_ Sr. \_\_\_\_\_ de \_\_\_\_\_ anos de idade, residente no bairro da \_\_\_\_\_ com \_\_\_\_\_ votos a favor dos \_\_\_\_\_ votos expressos nas urnas.

**2ª Resolução:**

Com \_\_\_\_\_ votos a favor, dos \_\_\_\_\_ votos expressos nas urnas, foi eleito como vice-presidente da Mesa da Assembleia-geral o Senhor \_\_\_\_\_, de \_\_\_\_\_ anos de idade e residente no bairro \_\_\_\_\_, quarteirão nº \_\_\_\_\_.

**3ª Resolução:**

Com \_\_\_\_\_ votos a favor, dos \_\_\_\_\_ votos expressos nas urnas, foi eleita como Secretária da Mesa da Assembleia Geral a Senhora \_\_\_\_\_, de \_\_\_\_\_ anos de idade e residente no bairro \_\_\_\_\_ quarteirão nº \_\_\_\_\_.

**4ª Resolução:**

Com \_\_\_\_\_ votos a favor dos \_\_\_\_\_ votos expressos nas urnas, foi eleita como Presidente do Conselho de Direcção a Senhora \_\_\_\_\_, de \_\_\_\_\_ anos de idade e residente no bairro \_\_\_\_\_, quarteirão nº \_\_\_\_\_.

**5ª Resolução:**

Com \_\_\_\_\_ votos a favor dos \_\_\_\_\_ votos expressos nas urnas, foi eleita como Vice - Presidente do Conselho de Direcção o Senhor. \_\_\_\_\_, de \_\_\_\_\_ anos de idade e residente no bairro \_\_\_\_\_, quarteirão nº \_\_\_\_\_.

**6ª Resolução:**

Com \_\_\_\_\_ votos a favor dos \_\_\_\_\_ votos expressos nas urnas, foi eleita como Secretário do Conselho de Direcção a Senhora \_\_\_\_\_, de \_\_\_\_\_ anos de idade e residente no bairro \_\_\_\_\_, quarteirão nº \_\_\_\_\_.

**7ª Resolução:**

Com \_\_\_\_\_ votos a favor dos \_\_\_\_\_ votos expressos nas urnas, foi eleita como Presidente do Conselho de Fiscal o Senhor. \_\_\_\_\_, de \_\_\_\_\_ anos de idade e residente no bairro \_\_\_\_\_, quarteirão nº \_\_\_\_\_.

**8ª Resolução:**

Com \_\_\_\_\_ votos a favor dos \_\_\_\_\_ votos expressos nas urnas, foi eleito como Vice-Presidente do Conselho Fiscal o Senhor. \_\_\_\_\_, De \_\_\_\_\_ anos de idade e residente no bairro \_\_\_\_\_, quarteirão nº \_\_\_\_\_.

**9ª Resolução:**

Com \_\_\_\_\_ votos a favor dos \_\_\_\_\_ votos expressos nas urnas, foi eleito como Secretária do Conselho Fiscal a Senhora \_\_\_\_\_, de \_\_\_\_\_ anos de idade e residente no bairro \_\_\_\_\_, quarteirão nº \_\_\_\_\_.

**10ª Resolução:**

De acordo com os mesmos estatutos, Regimento Eleitoral e Regulamento Interno da Associação \_\_\_\_\_, esta sessão foi assistida por \_\_\_\_\_ membros com direito a voto os quais assinaram a lista de presença, a qual é parte integrante desta acta.

Esgotada a ordem de trabalhos, o Presidente da Mesa deu-se por encerrados os trabalhos da Assembleia Geral, quando eram \_\_\_\_\_ horas da qual foi lavrada a presente acta, depois de lida foi aprovada e assinada pelos membros da Mesa da Assembleia Geral.

Local, aos \_\_\_\_/\_\_\_\_/\_\_\_\_

**Annex 14. Semi-Annual Partners Meeting Agenda**

**Agenda do Encontro Semestral dos Parceiros do CAP**  
**Hotel VIP-Maputo**  
Maputo, 27 e 28 de Janeiro 2014

**Tema:** Estratégias de Mobilização de Recursos

**Objectivos Específicos**

**No fim do encontro de dois dias** os Parceiros do CAP Moçambique:

- Aprenderão sobre as prioridades, e procedimentos para o estabelecimento de parcerias com o sector privado em Moçambique;
- Terão conhecimento sobre a importância, os passos, desafios e factores de sucesso a implementar para iniciar a actividade de Busca Activa nas suas áreas de implementação;
- Terão conhecimento sobre a metodologia para a criação de grupos voluntários de poupança e crédito rotativo.

Dia 1		
Horas	Temas/Sessões	Objectivos/ Actividades
08:00 - 8:30	Chegada e Registo	Participantes fazem o registo da sua presença.
08:30 - 09:00	Sessão de Abertura e Apresentação dos participantes	<ul style="list-style-type: none"> <li>Boas vindas,</li> <li>Dinâmica,</li> <li>Apresentação dos participantes,</li> <li>Apresentação da agenda e,</li> <li>Apresentação os objectivos do Encontro Semestral.</li> </ul>
09:00 - 10:45	Mobilização de recursos do sector privado	Para finalizar.
<b>10:45 - 11:15</b>	<b>Intervalo - Café</b>	
11:15 - 13:00	Mobilização de recursos do sector privado	Para finalizar.
<b>13:00 - 14:00</b>	<b>Intervalo - Almoço</b>	

	14:00 - 15:30	Troca de Experiencia entre parceiros Discussão em Grupos	<ul style="list-style-type: none"> <li>Partilhar lições aprendidas sobre testagem e aconselhamento sobre HIV e outros serviços clínicos,</li> <li>Grupo 1: Kukumbi, NAFEZA, CCM-S, Ophavela,</li> <li>Grupo 2: ANDA, LDC, IBFAN,</li> <li>Grupo 3: Niiwanane, HACI, Kubatsirana.</li> </ul> Dois temas: <ol style="list-style-type: none"> <li>Aprendizagem sobre testagem e aconselhamento sobre HIV e outros serviços clínicos,</li> <li>Como integrar indivíduos vivendo abertamente com HIV nos programas.</li> </ol>
Sessão Paralela	15:30 -17:00	Apresentação do Projecto Hope sobre Fortalecimento Económico <b>Parceiros de COVs</b>	<ul style="list-style-type: none"> <li>Apresentação sobre o fortalecimento Económico,</li> <li>Sessão P&amp;R de Esclarecimento.</li> </ul>
		<b>Parceiros de Prevenção</b>	Desenvolver ferramentas breve para a realização de consulta à comunidade em apoio ao tratamento.
<b>17:00</b>		<b>Fim do primeiro dia</b>	
<b>Dia 2</b>			
	08:30 - 09:00	Revisão do Primeiro Dia	<ul style="list-style-type: none"> <li>Dinâmica,</li> <li>Clarificação de possíveis dúvidas.</li> </ul>
	09:00 - 10:30	Importância da busca activa para a eficácia do tratamento em Mozambique CHASS – SMT Apresentação e P&R	<ul style="list-style-type: none"> <li>Compartilhar as dimensões e impacto a longo prazo da falta de aderência e retenção,</li> <li>Compreender GRM e a posição da USAID sobre a retenção,</li> <li>Melhorar a compreensão da importância da retenção e contribuição das organizações de base comunitária,</li> <li>Compreender o papel clínico do parceiro na preparação e durante a busca activa.</li> </ul>
<b>10:30 - 11:00</b>		<b>Intervalo - Café</b>	
	11:00 - 11:15	Experiencias com Busca Activa Kubatsirana Apresentação e P&R	Partilhar a sua experiência sobre Busca Activa
	11:15 - 13:00	Os sucessos e desafios sobre Busca Activa PCC Apresentação e P&R	<ul style="list-style-type: none"> <li>Partilhar lições aprendidas sobre como conduzir a busca activa,</li> <li>Evitar a duplicação de erros,</li> <li>Integrar abordagens bem-sucedidas nas intervenções dos parceiros do CAP sobre Busca Activa.</li> </ul>

<b>13:00 - 14:00</b>		<b>Intervalo - Almoço</b>	
14:00 - 15:00		Clínica	<ul style="list-style-type: none"> <li>• Sessão P&amp;R de Esclarecimento Gerais para equipa do CAP,</li> <li>• Preparação da visita de troca de experiência com a JHPIEGO,</li> <li>• Seleccionar o comité de discussão sobre as recomendações da avaliação intermédia.</li> </ul>
Sessão Paralela	15:00 - 17:00	Discussões sobre as recomendações da avaliação intermédia	Discutir e formular recomendações sobre as observações da avaliação intermédia.
		Género e VBG 2	<ul style="list-style-type: none"> <li>• Seleccionar parceiros (os darão as boas vindas dar boas vindas): Nafeza, Niiwanane, LDC e ANDA,</li> <li>• Protocolo de resposta,</li> <li>• Preparar Visita de Campo.</li> </ul>
<b>17:00</b>		<b>Encerramento do Encontro Semestral</b>	



## AMME - ASSOCIAÇÃO MOÇAMBICANA MULHER E EDUCAÇÃO – ZAMBÉZIA

Exma. Senhora:  
Hayley Bryant  
Project Director  
CAP – Moçambique

= Maputo =

N. Ref. 10 /AMME/2014

Quelimane aos 18 de Fevereiro de 2014

### Assunto: Agradecimentos

Prezada senhora Hayley Bryant

Em nome da equipa da AMME Zambézia e em meu nome pessoal, quero agradecer a toda e quipá do CAP-Moçambique pelo apoio dado por vos de forma directa e indirecta para engrandecer o desenvolvimento da nossa organização quer no apoio financeiro para implementação das actividades, apoio nas capacitações de desenvolvimento institucional. Também sentimos que o vosso papel perante a AMME foi para além daquilo que era a nossa expectativa, transmitindo-nos grandes ensinamentos que possibilitaram no fortalecimento de partilha de informação, aprendizagem de boas práticas e Historia de sucesso resultante das nossas realizações.

Pelo facto o nosso muito obrigado, gostaríamos de reiterar que a nossa relação a nível institucional e contacto pessoal não finde pelo facto de ter terminado a nossa parceria. A AMME, esta disponível para receber outras oportunidades que aparecerem “ *As portas da AMME estão sempre abertas*”.

Sem outro assunto receba com agrado os nossos melhores cumprimentos e uma boa colaboração.

A Directora Executiva

*Maria Isabel Inácio Xavier Ligonha*  
\_\_\_\_\_  
Maria Isabel Inácio A.X. Ligonha

Av. 7 de Setembro, Quelimane - Zambézia  
/Tel/Fax (258) 24217313/  
e-mail: [ammezam@tdm.co.mz](mailto:ammezam@tdm.co.mz)

**Annex 16. Technical Assessment Results - Ophavela**

<b>Ophavela</b>				
<b>Evaluation Category</b>	<b>Baseline Score</b>	<b>Midline Score</b>	<b>Change</b>	<b>TA needs</b>
<b>Component 1: Planning &amp; Design</b>				
Theory-Driven Planning & Design	1.0	1.3	30%	Improve theoretical knowledge of SBCC to be able to apply better during proposal planning and design.
Collection and Use of Data	1.0	1.5	50%	
Negotiation and Strategic Partnership	1.0	1.0	0%	
Development of Strategies	1.0	1.0	0%	
<b>Component 2: SBCC Program Implementation</b>				
Implementation of Communication Strategies	1.88	2.25	20%	Conduct Staff training needs assessment and development of individual professional development plans, particularly to improve use of existing tools.
Strengthening of Staff Competencies	1.0	1.4	40%	
Implementation Structure	3.0	3.25	8%	
Supervision of the Quality of SBCC Service Delivery	2.0	3.0	50%	
<b>Component 3: SBCC Monitoring &amp; Evaluation</b>				
Frameworks and Mechanisms	2.5	2.5	0%	<ul style="list-style-type: none"> <li>Improve organizational understanding of importance and ability to assess end beneficiary satisfaction</li> <li>Strengthen ability to conduct evaluations and feed results into program design and adjustments</li> </ul>
Use of Research to Measure Impact	1.0	1.0	0%	
Utilizing and Communicating Results	1.75	2.5	43%	
<b>TOTAL SCORE</b>	<b>1.56</b>	<b>1.88</b>	<b>21%</b>	

## **Annex 17. Report on Abbreviated Community Consultation CCM-Sofala**

### **I. Background**

In the period of 12-21 March 2014, CCM-S conducted community consultation in three districts in Sofala Province, i.e. in Chemba, Machanga and Buzi. The objective of the consultation was to explore factors that support and inhibit ART treatment adherence. CCM-S conducted 18 semi-structured interviews health workers, three focused group discussions (FGD) with a total of nine male and nine female PLHIV, three FGD with a total of nine male and nine female religious leaders, and three FGD with a total of 12 male and 12 female community leaders.

### **II. Findings**

#### Factors inhibiting access and adherence

CCM-S' community consultation suggest that most respondents have very limited understanding of ARTs. They know ART is essential to PLHIVs' health, but do not understand how it works. Most respondents do not know that ART means AntiRetroViral Treatment. They do not know if ART treats opportunist infections or limits viral replication. As a result, most respondents do not appreciate the impact of defaulting on PLHIV survival.

PLHIV and community leaders mentioned the following factors that influence adherence negatively:

#### **Individual/family reasons**

- Understanding ART treatment - many believe they can discontinue treatment as soon as they feel better. Lack of understanding about the impact of ART treatment reduces the barrier to defaulting.
- Life style - heavy alcohol consumers know that they should not consume alcohol while on treatment and opt to discontinue treatment.
- HIV affected children and youth - parents generally refrain from discussing HIV and SRH with children. As a result, they do not support their children's adherence to treatment.
- Health seeking behavior - People only access treatment in the final stages of their illness, especially men who are afraid to disclose their status to spouses and family members.

#### **General cultural reasons**

- Popular believe that HIV and associated infections are caused by witchcraft.

## **Gender Relations (cultural)**

- It is common that couples do not disclose HIV test results and treatment to each other.
- Women are culturally more restricted to openly adhere to ART, as there have been many cases of women being ousted from their homes by husbands and their families.
- Women are more accepting of their husband's HIV status when they disclose. Men are therefore more likely to adhere to treatment.

## **Environment and Structural barriers**

- ART clinics in health units are very public and patients may not return for fear of being seen and being subjected to stigma and discrimination.
- PLHIV and community leaders spoke of the ill-treatment HIV patients being badly treated by health personnel in health care facilities.
- All groups of respondents mentioned distances to health units as one of the factors that lead to defaulting.

## Factors supporting access and adherence

The consultation also attempted to understand why people adhere to treatment. PLWH and community leaders and health workers provided the following reasons:

### **Individual reasons**

- PLHIV spoke of the love for life and their families, especially when they have young children
- Having spouses, family members die because of default or no TARV at all, people prefer to stay on treatment
- Treatment literacy – understanding the effect of ART on HIV disease progression improves adherence
  - Family support – disclosure and support improves treatment adherence

### **Environment and Structural incentives**

- Support from religious leaders
- It was mentioned by PLWH and community leaders that when the communication comes from leaders it's a great incentive because people trust their leaders more than health workers
- Health workers who treat patients with care and respect have better adherence rates

## Annex 18. Data Verification Report - Niiwanane

A 28 de Março de 2014, CAP representado pela especialista de Monitoria e avaliação e a coordenadora de Nampula, realizaram mais um exercício de verificação de dados para Niiwanane. Este exercício contou com a participação do Director executivo, oficial do projecto, dois activistas chefes, técnica de prevenção e do fortalecimento económico.

**Amostra:** Todos dados de Setembro a Novembro para os bairros de Napipine e Natiquir

### Principais Constatações

Parabenizar Niiwanane pela melhoria observada na qualidade dos seus dados desde a primeira verificação de dados. Realizada a sensivelmente um ano.

### Verificação das fichas de seguimento

- Fichas apresentam 3 crianças que não aparecem na base de dados
- Uma criança com duas fichas de seguimento, mesmos serviços – no entanto o registo é único na base ou seja não há duplicação
- 6 fichas cujo o detalhe é diferente do serviço assinalado o que corresponde a cerca de 1% do total das fichas. Na primeira avaliação estes casos cobriam cerca de 5% do total das fichas – o que demonstra melhoria na qualidade de dados da Niiwanane – Parabéns
- Duas fichas sem datas no detalhe cerca de 0.40% do total das fichas, na primeira verificação esta situação variava de 3 a 5% - Melhoria

### Compilação e reportagem de dados

Há diferenças que variam de 3 a 5 crianças entre a informação da base de dados e o que as fichas de seguimento mostram ou seja tem na base de dados menos 3 a 5 crianças quando comparado com as fichas de seguimento. Comparando com os resultados da primeira avaliação eram um pouco mais que 30 crianças cujos serviços prestados não estavam reportados, o que significa que passamos de cerca de 6% de diferença para cerca de 1% - Boa melhoria

### Organização do Arquivo

Arquivo muito bem organizado. Continue assim.

## **Passos seguintes**

### **Niiwanane**

- O Régio precisa de ter mais gente a apoiar na gestão de dados para assegurar que mais gente da Niiwanane tenha esta habilidade
- Niiwanane com as novas actividades prevenção, fortalecimento económico, precisa de montar um bom esquema para a gestão de dados referentes a estas novas actividades
- Criar um mecanismo eficiente de recolha de informação das referencias realizadas pela Niiwanane

### **CAP**

- Vai prestar o apoio técnico que Niiwanane necessitar na montagem do esquema eficiente de gestão de dados para as novas acções

**Annex 19. Technical Assessment Results - Niiwanane**

<b>Niiwanane – 3<sup>rd</sup> technical assessment</b>				
<b>Evaluation Category</b>	<b>2nd Score</b>	<b>3<sup>rd</sup> score</b>	<b>Change</b>	<b>TA needs</b>
<b>Component 1: Project design</b>				
	17.0	18.0		
Ability to conduct formative research	3.0	3.0	max	
Knowledge of family centered care	3.0	3.0	max	
Knowledge of MMAS min standards of OVC care and support (MMSOVC)	3.0	3.0	max	
Use of data for project development	2.0	3.0	50%	
Assess OVC needs for project development	3.0	3.0	max	
Community leadership involvement in project development	3.0	3.0	max	
<b>Component 2: Minimum Standards of OVC care and support</b>				
<b>2.1: Qualified personnel</b>				
	14.0	15.0		
Availability and use of job descriptions for key personnel	3.0	3.0	max	Continue monitoring training needs
Availability of training materials on MMSOVC	3.0	3.0	max	
Understanding of activists roles and responsibilities	3.0	3.0	max	
Availability of supervisory tools	3.0	3.0	max	
Involvement in quarterly and annual planning	2.0	3.0	50%	
<b>2.2: Systems to support OVC</b>				
	15.0	24.0		
Availability and use of family needs assessment tools	3.0	3.0	max	Continue monitoring quality
Availability and use of child needs assessment tools	3.0	3.0	max	
Understanding of priority needs of children	2.0	3.0	50%	
Availability of systems and tools to collect and report data	2.0	3.0	50%	
Availability and use of training materials on referrals	1.0	3.0	200%	
Availability and use of internal guidance on referrals	1.0	3.0	200%	
Availability of supervisory tools	3.0	3.0	max	
Availability of internal guidance on community mobilization	0	3.0	300%	
<b>2.3: Client satisfaction</b>				
	4.0	6.0		
Monitoring of service delivery	2.0	3.0	50%	
Monitoring quality of service delivery	2.0	3.0	50%	

<b>2.4: Data management</b>	6.0	7.0		
Training on data management	2.0	3.0	50%	<ul style="list-style-type: none"> <li>• Improve recording of home visits data forms</li> <li>• Strengthen capacity of supervisor to use data base</li> <li>• Strengthen capacity of management to use data base for decision making</li> </ul>
Systematic use of data management system – recording and reporting	2.0	2.0	0%	
Reflection on lessons learned to improve program impact	2.0	2.0	0%	
<b>TOTAL SCORE</b>	55	70	27%	

**Annex 20. Technical Assessment Results - Direitos das Crianças Liga (LDC)**

<b>LDC</b>				
<b>Evaluation Category</b>	<b>Baseline Score</b>	<b>FUP score</b>	<b>Change</b>	<b>TA needs</b>
<b>Component 1: Project design</b>				
Ability to conduct formative research	0	1.0	100%	
Knowledge of family centered care	2.0	2.0	0%	
Knowledge of MMAS min standards of OVC care and support (MMSOVC)	1.0	2.0	100%	
Use of data for project development	1.0	2.0	100%	
Assess OVC needs for project development	0	2.0	200%	
Community leadership involvement in project development	0	2.0	200%	
<b>Component 2: Minimum Standards of OVC care and support</b>				
<b>2.1: Qualified personnel</b>				
Availability and use of job descriptions for key personnel	2.0	2.0	0%	
Availability of training materials on MMSOVC	0	2.0	200%	
Understanding of activistas roles and responsibilities	0	2.0	200%	
Availability of supervisory tools	0	2.0	200%	
Involvement in quarterly and annual planning	2.0	2.0	0%	
<b>2.2: Systems to support OVC</b>				
Availability and use of family needs assessment tools	0	2.0	200%	<ul style="list-style-type: none"> <li>• Assist LDC in improving its capacity to access services and expand its referral network to better respond to the needs of the beneficiaries.</li> <li>• Improving mapping of OVC services to include provincial level referral services if district level services are not available</li> <li>• Strengthen capacity to conduct annual evaluation to assess program performance against targets and project needs</li> </ul>
Availability and use of child needs assessment tools	0	2.0	200%	
Understanding of priority needs of children	0	2.0	200%	
Availability of systems and tools to collect and report data	1.0	2.0	100%	
Availability and use of training materials on referrals	0	2.0	200%	
Availability and use of internal guidance on referrals	0	1.0	100%	
Availability of supervisory tools	0	2.0	200%	
Availability of internal guidance on community mobilization	2.0	2.0	0%	
Annual evaluation to determine project impact	1.0	1.0	0%	

<b>2.3: Client satisfaction</b>				
Monitoring of service delivery	0	2.0	200%	
Monitoring quality of service delivery	0	2.0	200%	
<b>2.4: Data management</b>				
Training on data management	0	2.0	200%	<ul style="list-style-type: none"> <li>• Strengthen ability of facilitators to enter data in the OVC data base</li> <li>• Strengthen management capacity to use the data base for programmatic decisions</li> <li>• Strengthen capacity to archive and organize data by family to improve case management</li> </ul>
Systematic use of data management system – recording and reporting	0	2.0	200%	
Reflection on lessons learned to improve project impact	1.0	1.0	0%	
<b>TOTAL SCORE</b>				



### Ferramenta de avaliação técnica programática na área de prestação de serviços às COV's

			<b>Nome da Organização:</b>						
			<b>Localização:</b>						
			<b>Data:</b>						
			<b>Equipa avaliadora:</b>						
			<b>Nomes dos participantes:</b>						
			<b>Legenda:</b>						
			1= Precisa de atenção com muita urgência						
			2= Precisa de atenção com uma certa urgência						
			3= Precisa de atenção sem urgência ou prioridade						
			4= Precisa de aperfeiçoamento em certos aspectos, sem urgência ou prioridade						
			5= Sem necessidade de aperfeiçoamentos imediatos						
Habilidades programáticas em COV's			Escala de avaliação					Comentários sobre a situação actual	O que é que deve ser melhorado?
A.Desenho de propostas de COV's			1	2	3	4	5		
A.1 A organização possui conhecimento, habilidades e ferramentas para planificar e realizar um levantamento de base e utilizar dados para a concepção de seus projectos? Se sim, forneça as ferramentas usadas para o processo. <i>Evidências: relatório da pesquisa feita</i>									

<i>para o desenho do projecto antes da intervenção da HACI</i>							
A.2 A proposta inicial de COV's que foi submetida á HACI em resposta a alguma solicitação de propostas de projecto, incluía acções dirigidas às famílias, cuidadores ou pais e outros níveis de apoio á criança por forma a assegurar uma prestação de serviços de qualidade? Se sim, mostre evidências: <i>proposta inicial antes do apoio da HACI</i>							
A.3 A organização envolve as estruturas/sistemas da comunidade na elaboração do projecto para assegurar propriedade e continuação das intervenções de COV's? Se sim, mostre evidências: <i>relatório(s) da pesquisa feita</i>							
<b>B. Habilidades programáticas – planificação e implementação de projectos</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		
B.1 A Organização tinha conhecimento, habilidades e ferramentas para conduzir uma consulta comunitária usando o guião de orientação do MMAS – Padrões mínimos. <i>Providencie evidências.</i>							
B.2 A Organização possui conhecimento, habilidades e ferramentas para							

implementar o guião do MMAS no levantamento de COV's beneficiárias do projecto usando a abordagem de família? Se sim, mostre <i>evidências</i>							
<b>C. Planificação e implementação do projecto</b>							
C. 1 A organização utiliza os dados do levantamento para reflectir sobre o desempenho e para desenvolver plano anual de actividades e revisão do orçamento. Se sim, mostre evidências: Planos anuais, semestrais, <i>Relatórios anuais e semestrais com reflexões e recomendações</i>							
C.2 A Organização tem orientações, ferramentas e manuais que utiliza para providenciar formação aos voluntários por forma a aumentar conhecimentos e habilidades sobre como endereçar as necessidades das COV's, antes do arranque da prestação de serviços. Providencie evidências: <i>cópia do guião de formação, ferramentas, Formatos etc utilizados pela organização ou relatórios de avaliação produzidos</i>							

C.3 A organização avalia suas actividades anualmente para determinar o progresso no sentido de atingir seus objectivos nos cuidados e apoio a COVs? Mostre evidências: <i>relatórios, actas dos encontros de avaliação</i>							
<b>D.Processos apropriados e habilidades para a prestação de serviços á COV's e suas famílias</b>							
D.1 O Pessoal têm formação suficiente e nível de competência para a realização de actividades nas áreas de prestação de serviço á COV's? Mostre evidências: CVs							
D.2 A organização tem uma compreensão das prioridades dos beneficiários quanto às 7 áreas de serviços à COV's? <i>Mostre evidências: Na proposta final aprovada (a descrição do problema está alinhada com as áreas/serviços na estratégia)</i>							
D.3 A organização tem conhecimento sobre o número de COV's que precisa de apoio e cuidado em diferentes serviços? <i>Mostre evidências: Avaliação prévia das necessidades das COVs, na proposta final</i>							

<i>aprovada metas por serviço,</i>							
D.4 A organização tem conhecimento sobre as organizações ou instituições que operam na área de apoio e cuidado á COV's nas áreas geográficas seleccionadas, para efeitos de complementaridade e ou coordenação de acções <i>Evidências: mapeamento feito e com papéis de cada instituição</i>							
D.5 A organização tem ligações existentes e funcionais com instituições ou organizações que prestam serviços de apoio á COVs para complementaridade e ou referencia das COVs? Providencie <i>evidências: Acordos de parceria, relatórios de referências.</i>							
D.6 A organização tem desenvolvidos requisitos mínimos/perfil para ajudar na identificação de voluntários ? <i>Mostre evidências: Critérios de selecção de activistas, descrição de tarefas ou termos de referência dos activistas</i>							
D.7 Os papéis do pessoal do projecto estão claramente definidos? <i>Mostre evidências: Descrição de tarefas</i>							
D.8 A organização possui ferramentas de							

supervisão que utiliza para o acompanhamento e assistência técnica do pessoal e activistas por forma a garantir uma coordenação efectiva e atempada para execução de actividades de projecto. Mostre <i>evidências: Guião de orientação para supervisão, fichas de registo de acção de supervisão, relatórios de supervisão, outros.</i>						
D.9 A organização envolve todo o pessoal do projecto e activistas no processo de planificação das actividades, com uma periodividade definida. Mostre <i>evidências: planos de actividades dos diferentes níveis de implementadores</i>						
D.10 A Organização tem estratégia para atrair e reter os voluntários e/ou reduzir saídas dos mesmos? Providencie <i>evidências</i>						
D.11 A organização possui um plano, orientações ou Metodologia, instrumentos utilizados para avaliar periodicamente as necessidades de formação e de coaching de voluntários? Mostre <i>evidências</i>						
D.13 A Organização realiza avaliação das necessidades específicas das COV's antes de iniciar a prestação dos serviços de						

apoio á COV's e durante o processo de prestação de serviços utilizando um instrumento, por exemplo: Child Status Index? Com que periodicidade? Mostre evidências: <i>fichas de avaliação preenchidas</i>						
<b>E. Monitoria e avaliação e sistemas de reportagem</b>						
E.1 O pessoal-chave tem recebido a necessária formação em Monitoria e avaliação e gestão de dados (qualitativos e quantitativos) e elaboração de relatórios para os serviços prestados às COV's. Providencie evidências: <i>Relatórios de formações</i>						
E.2 A Organização demonstra utilização de ferramentas de recolha dados e os formatos de relatórios para serviços prestados á COV de forma sistemática e consistente. Providencie evidências: <i>formatos preenchidos</i>						
E.3 A organização possui e usa ferramentas de referências e contra referências das COV's. Mostre evidências: <i>Arquivo de fichas preenchidas</i>						
E.4 A organização usa periodicamente						

<p>abordagens de reflexão, aprendizagem e acção com o pessoal, os voluntários e os beneficiários com vista á avaliação e feedback sobre o desempenho dos projectos. Mostre <i>evidências: actas de encontros de reflexão</i></p>							
<p>E.5 As partes interessadas (parceiros implementadores, colaboradores e outros interessados) são envolvidas no processo de avaliação periódica de projecto? Providencie <i>evidências: Relatórios de avaliação, relatórios de encontros</i></p>							

**Nota:** Este instrumento é aplicado no primeiro trimestre do início do projecto, passando a ser anual nos períodos subsequentes.

**Annex 22. Sample Integrated Capacity Building Plan for Sub-Partners (HACI)**

**Plano Integrado de Capacitação e Assistência Técnica**

Nome do Parceiro: PACO  
Período do Acordo:  
Período de AT: Abril a Agosto

Área Prioritária	Descrição da necessidade do parceiro	Tipo de Apoio a providenciar		Equipa responsável	Prazos	Observações
		Formação	Assistência Técnica			
<b>Capacidade de Administração e Gestão Financeira</b>						
Time Sheets	Apoiar no preenchimento Consistente do documento		Durante a visita de Assistência Técnica	Unildo Boane	Abril de 2014	
<b>Capacidade técnica de Implementação de Programas de Apoio as Famílias de COVs</b>						
Descrição de tarefas	Apoiar definição dos TDR para melhor distribuição de tarefas do pessoas de programas para a evitar a sobrecarga de trabalho em algumas pessoas		Sessão de assistência	Celeste	Até Abril de 2014	
Comunicação interna e externa	Definir os pontos de contacto (na HACI e na PACO).  Clarificar calendário sobre momentos chaves (relatórios, encontros trimestrais, visitas de acompanhamento, etc.)		Durante a sessão de assistência técnica	Celeste	Até Abril de 2014	

Papel dos activistas	<p>Apoiar na definição de mecanismo de supervisão do trabalho dos activistas</p> <p>Apoiar na definição de termos de referências para uma reflexão interna sobre “ o papel da activista no apoio a COV e condições para sua motivação”</p>		Sessão de assistência técnica	Celeste	Até Agosto 2014	
Avaliação das necessidades da criança	<p>Fortalecer as habilidades dos gestores da AJCDC na implementação do CSI (Planos de acompanhamentos do trabalho de aplicação do CSI, ETC)</p> <p>Orientar o oficial do projecto sobre a verificação da qualidade de fichas de avaliação do CSI</p>		Sessão de assistência técnica com supervisores e activista- chefes na planificação do trabalho de CSI	Celeste	Até Maio de 2014	
Redes de referência/advocacia	<p>Apoiar os gestores a tornar as Redes de referência espaços de advocacia,</p> <p>Mapeamento dos recursos locais de apoio a crianças</p> <p>Criar se uma compreensão comum sobre a obrigatoriedade preencher a guia de contra referência</p>		Durante as visitas de assistência técnica realizar sessões com os supervisores	Gabriel	Até Agosto 2014	

APS e VBG	Apoiar supervisor e activistas chefes s no desenvolvimento de assuntos específicos de VBG e APS por forma a reforçar a capacidade de respostas dos activistas		Durante as visitas de assistência técnica realizar sessões com os supervisores	Celeste	Até Maio de 2014	
<b>Monitoria e Avaliação da implementação</b>						
Uso de instrumentos básicos do apoio a COVs	Acompanhar a gestão de dados para a ficha mensal do supervisor		Assistência técnica	Belmira Gabriel	Até Agosto de 2014	
Base de dados	Treinar o oficial do projecto no preenchimento da base de dados		O oficial de projecto vai ser acompanhado a preencher a base de dados mensal	Gabriel	Até Maio de 2014	
Introdução de novos indicadores	Apoiar a equipa na organização de dados de COVs (fichas básicas) por família		Durante as visitas de acompanhamento	Belmira	Até Maio de 2014	
	Assistir o oficial no reporte mensal dos novos indicadores (Alimentação e saúde e referências e contra referências)		O oficial de projecto vai ser acompanhado a preencher a matriz com novos indicadores	Belmira	Até Maio de 2014	
	Assistir o oficial no registo de evidências de referências		Durante as visitas de acompanhamento	Belmira	Até Agosto de 2014	

**Annex 23. Overview of Regional Psychosocial Support Initiative (REPSSI)  
Accredited Trainers (TOT)**



**LISTA DE ACREDITAÇÃO DOS TOTs DE APOIO  
PSICOSSOCIAL**

**FHI CAP 2013**

ORGANISATION	DESIGNATION	GENDER	Accredited. Yes/NO	Comments
1. ABANHE	Project Manager	M	<b>Yes</b>	Can be a lead facilitator
2. ABANHE	Education Officer	F	<b>No</b>	Can only do community conversations
3. AKW	Project Officer	M	<b>Yes</b>	Can be a lead facilitator
4. AKW	Assistente Social	F	<b>No</b>	Can only co-facilitate
5. NIIWANANE	Executive Director	M	<b>Yes</b>	Can be a lead facilitator
6. NIIWANANE	Program Manager	F	<b>Yes</b>	Can be a lead facilitator
7. NIIWANANE	Field Officer	M	<b>No.</b>	Can only co-facilitate
8. NIIWANANE	Senior Activista	F	<b>No</b>	Can only do community conversations
9. ANDA	Field Officer	F	<b>Yes</b>	Can be a lead facilitator
10. ANDA	Facilitator	M	<b>Yes</b>	Can be a lead facilitator
11. ANDA	Manager	M	<b>Yes</b>	Can be a lead facilitator
12. Kubatsirana	HBC Supervisor	F	<b>No</b>	She can't facilitate any of tools for now.
13. Kubatsirana	OVC Officer	M	<b>Yes</b>	Can be a lead facilitator
14. Kubatsirana	Barue Coordinator	M	<b>No.</b> Dependia de replicas	Can only co-facilitate
15. Kubatsirana		M	<b>No</b>	He can't facilitate any of tools for now.
16. DPMAS Nampula	Coordinator	M	<b>Yes</b>	Can be a lead facilitator
17. DPMAS- Manica	OVC Focal Person	M	<b>Yes</b>	Can be a lead facilitator
18. SDSMAS- Manica	RMAS-Chefe	F	<b>Yes</b>	Can be a lead facilitator
19. AJCDC	Program officer	F	<b>Yes</b>	Can be a lead facilitator
20. AJCDC	Supervisor	M	<b>Yes</b>	Can be a lead facilitator
21. Kindlimuka	Oficial de programas	M	<b>Yes</b>	Can be a lead facilitator
22. Kindlimuka	Supervisor	M	<b>No</b>	Can only do community conversations
23. PACO	Oficial de projecto	M	<b>Yes</b>	Can be a lead facilitator
24. PACO	Coordenadora da PACO	F	<b>No</b>	Can only co-facilitate
25. Reencontro	Oficial de monitoria e avaliação	M	<b>Yes</b>	Can be a lead facilitator

26. Reencontro	Enfermeira/formadora nos programas	F	<b>Yes</b>	Can be a lead facilitator
27. ASSEDUCO	ATIVISTA CHEFE	F	<b>No</b>	Can only do community conversations
28. ASSEDUCO	ATIVISTA CHEFE	M	<b>No</b>	Can only co-facilitate
29. NKULUNKULU	ATIVISTA CHEFE	F	<b>No</b>	Can only do community conversations
30. NKULUNKULU	ATIVISTA CHEFE	M	<b>No</b>	Can only do community conversations
31. KINLIMUKA/BOANE	ATIVISTA CHEFE	F	<b>No</b>	She can't facilitate any of tools for now.
32. KINDLIMUKA/BOANE	ATIVISTA CHEFE	F	<b>No</b>	Can only co-facilitate
33. LDC	OFICIAL DE CAMPO	F	<b>Yes</b>	Can be a lead facilitator
34. LDC	FACILITADOR	M	<b>Yes</b>	Can be a lead facilitator
35. MISAU	TECNICO DE PSQUIATRIA	M	<b>No</b>	Can only do community conversations
36. HACI	OFICIAL DE PROGRAMA	F	<b>Yes</b>	Can be a lead facilitator

Para a acreditação dos formandos a REPSSI obdeceu os critérios abaixo de avaliação durante o decurso das practicas na formação dos ToTS.

- 1- Apresentação dos temas
- 2- Projeção da voz/dicção durante a facilitação
- 3- Exposição do conteúdo ( a manutenção do foco, a ligação com temas anteriores e com o quotidiano)
- 4- Metodologia usada durante a facilitação dos temas pelo formando
- 5- Gestão dos participantes e do tempo durante a facilitação
- 6- Nota do teste escrito/prova escrita realizado pelos formandos (formandos realizaram uma prova escrita sobre definições e conceitos de aps, programação do aps para perceber o nível de percepção do conteúdo nos mesmos)
- 7- Facilitação dos formandos durante as réplicas (Formandos realizaram replicas e tiveram acompanhamento de técnicos da REPSSI que serviam de mentores, e esta foi mais uma plataforma para avaliação e apoio dos mesmos)
- 8- Avaliação de habilidades/capacidade de facilitação

**Total dos formandos=36**

**Total de acreditados= 20**

**Total não acreditados= 16**



## Memorando de Entendimento

### 1. Contextualização

Os projectos da FHI360 financiados pela USAID/PEPFAR visam reforçar a resposta de combate ao HIV e SIDA através do fortalecimento de instituições nacionais aos níveis provincial e central. Uma das exigências contratuais com USAID/PEPFAR é o desenvolvimento organizacional dos actores nacionais de modo a garantir a sua sustentabilidade institucional. Assim, o PCC, CHASS-SMT e CAP assinam este memorando de entendimento que visa fortalecer directamente a capacidade organizacional de três a cinco parceiros nas províncias de Maputo, Sofala e Manica e apoiar o pessoal do CHASS SMT para capacitar os seus parceiros nas províncias de Tete e Manica. Este memorando de entendimento vai permitir a utilização e racionalização das capacidades técnicas existentes na FHI 360 para prover, melhorar e fortalecer o nível de implementação e gestão das organizações de base comunitária, implementadoras das actividades do PCC e CHASS SMT.

O fortalecimento organizacional neste contexto é o conjunto de acções que serão levadas a cabo no sentido de fortalecer capacidades e habilidades nas organização nos níveis de governação interna e operacional, para que elas possam utilizar os diferentes instrumentos e ferramentas existentes no seu seio, desenvolver melhor as suas actividades, na perspectiva de atingir a sua Visão satisfazendo desta forma os seus beneficiários.

### CLÁUSULA I (Objectivos)

O presente Memorando de entendimento define as linhas gerais de colaboração entre os três projectos da FHI360 e com as organizações beneficiárias da iniciativa de reforço da capacidade institucional.

O Objectivo final do apoio do CAP ao PCC e CHASS-SMT é de preparar as organizações sub-parceiras destas para serem recomendadas a fim de serem recipientes directos da USAID.

Para serem recomendadas para ser recipientes directos da USAID as organizações devem satisfazer sete critérios constantes da Ficha de Avaliação para a Graduação do CAP (vide clausula IV). Estes critérios cobrem três dimensões no contexto dentro do qual as organizações estão operando, nomeadamente:

- Dimensão "SER" - refere-se à estrutura e funcionamento interno da organização, nomeadamente Governança e liderança, identidade da organização, sistemas administrativos e financeiros, políticas e procedimentos de Recursos humanos, administração e finanças, etc.
- Dimensão "FAZER" – diz respeito às actividades da organização incluindo uma série de capacidades relativas à gestão e implementação do projecto, capacidades técnicas e conhecimento/ habilidades em temas que constituem o conteúdo do programa, habilidades técnicas em pesquisa, monitoria e avaliação.
- Dimensão "RELACIONAR" - refere-se à capacidade e forma como a organização gere estrategicamente as suas relações com outras organizações, instituições e doadores para alcançar a mudança pretendida, através de negociação, marketing, advocacia e lobby e mobilização de recursos.

## **CLÁUSULA II (Âmbito)**

1. A iniciativa de reforço da capacidade institucional vai beneficiar directamente três a cinco organizações locais e o oficial sénior de programas do CHASS-SMT.
2. O CAP vai responsabilizar-se por capacitar as organizações na dimensão SER (excepto os relatórios financeiros mensais), enquanto PCC e CHASS-SMT vão continuar a capacitação técnica em monitoria e avaliação, relacionamento com doadores e outras partes interessadas por forma a garantir a preparação e submissão de relatórios financeiros correctos, fidedignos e baseados em comprovativos válidos devidamente arquivados, observando os princípios gerais de uma contabilidade e gestão financeira organizada.

## **CLÁUSULA III (Áreas de apoio)**

CAP visa ajudar as organizações beneficiárias a funcionarem com uma governação eficaz e uma gestão eficiente baseada em políticas e procedimentos aprovados e sistemas de gestão funcionais.

CAP esta disponível a apoiar as organizações nas seguintes áreas:

- Órgãos Sociais que fazem uma Governança caracterizada por:

- ✓ Clara separação das funções dos órgãos sociais e do executivo,
- ✓ Encontros regulares nos termos dos seus Estatutos e Regulamento Interno (regimento)
- ✓ Conselho Fiscal funcional
- ✓ Prestação de contas regular do Director Executivo aos órgãos Sociais
- ✓ Assembleias Gerais regulares

- Gestão baseada em políticas e procedimentos aprovados, nomeadamente de:
  - ✓ Recursos humanos, incluindo código de ética, política salarial e de viagens, Avaliação de desempenho, recrutamento transparente
  - ✓ Administração e finanças, incluindo procurement, alocação de custos e cobertura de custos não permitidos, em conformidade com os requisitos da USAID ( com o envolvimento da equipe das finanças da FHI 360).
  
- Sistema de Controlo Interno funcional e eficiente, nomeadamente:
  - ✓ Sistema de contabilidade, que permite controlar as receitas e despesas
  - ✓ Controlo de fundo de maneiio
  - ✓ Controlo de assiduidade do pessoal
  - ✓ Inventário dos bens e controlo do seu uso
  - ✓ Sistema de arquivo (Secretaria, Finanças, RH)

#### **CLÁUSULA IV** **(Critérios e processo de avaliação)**

Após o processo de capacitação, as organizações serão avaliadas para ser recipientes directos da USAID com base nos seguintes critérios:

**Critério #1:** Deve ser uma organização sem fins lucrativos e registada de acordo com a legislação moçambicana, sediada em Moçambique com um escritório operacional na província alvo. A organização deve ser gerida por um órgão administrativo cuja maioria dos membros são cidadãos nacionais ou residentes permanentes em Moçambique e não deve ser controlada por uma entidade estrangeira ou por um individuo ou indivíduos que não sejam cidadãos nacionais ou residentes permanentes em Moçambique.

**Critério #2:** A organização deve ter clara separação das funções dos órgãos sociais e do executivo. Deve ter resultados satisfatórios de avaliação organizacional externa conduzida pelo CAP ou terceiros.

**Critério #3:** A organização não deve ter nenhum processo disciplinar pendente ou acção judicial contra ela doutro financiador ou agência governamental.

**Critério #4:** A organização deve ter experiência na implementação de programas para mais de 2 anos.

**Critério #5:** A organização deve ter resultados satisfatórios de avaliação programática realizada.

**Critério #6:** A organização deve ter bom registo de gestão de fundos a partir de múltiplas fontes

**Critério #7:** A organização deve ter uma contabilidade bem organizada, estruturas de gestão financeira incluindo gestão financeira claramente documentada, pessoal, *procurement*, viagem e políticas de gestão de activos.

Todas as partes envolvidas farão a recolha e análise de dados e evidências nos aspectos dos sete critérios da sua responsabilidade. CAP vai recolher dados e evidências para avaliar os critérios 1 e 2, e aspectos dos critérios 6 e 7 relativos aos sistemas de gestão financeira. PCC e CHASS vão recolher e analisar dados e evidências para avaliar os critérios 3-5, e aspectos dos critérios 6 e 7 relativos à prestação de contas, nomeadamente produção de relatórios financeiros.

## **CLÁUSULA V** **(responsabilidades das partes)**

### **1. O CAP Moçambique cabem as seguintes responsabilidades e tarefas:**

- 1) Nomear um oficial técnico que será o elo de ligação
- 2) Planificar todo o processo de fortalecimento organizacional das três a cinco organizações beneficiárias, incluindo avaliações, formações e assistência técnica na dimensão "SER"
- 3) Fazer para cada organização uma avaliação dos sistemas de gestão administrativa e financeira com base no instrumento "*financial health check*" e facilitar um processo de auto-avaliação organizacional participativa com base no instrumento PAOP
- 4) Liderar a elaboração de um plano de capacitação para o desenvolvimento das organizações. O PCC e CHASS vão contribuir com a indicação de acções prioritárias que já estão planificadas para as dimensões "FAZER" e "RELACIONAR".
- 5) Elaborar material didáctico de fácil compreensão para os beneficiários das formações na dimensão "SER"
- 6) Custear os encargos de honorários, viagens e ajudas de custo para os formadores do CAP
- 7) Custear as despesas de reprodução de textos de apoio
- 8) Orientar as diferentes sessões de capacitação nas áreas planificadas na dimensão "SER"
- 9) Elaborar um plano de seguimento (AT) e devidos instrumentos
- 10) Fazer o acompanhamento pós-formação (presencial, via telefónica, email) segundo as necessidades específicas de cada organização
- 11) Capacitar o oficial sénior de programas do CHASS-SMT para as formações e acompanhamento às suas associações parceiras na dimensão "SER"
- 12) Disponibilizar manuais nas áreas de associativismo, governação, políticas e procedimentos e sistemas de controlo interno, ferramentas e acompanhamento (backstopping) ao oficial sénior de programas do CHASS-SMT.
- 13) Participar nos encontros semestrais de avaliação do cumprimento do plano integrado de capacitação com PCC, CHASS-SMT

- 14) Liderar as avaliações de graduação
- 15) Manter contacto directo com os parceiros para planificar as formações e AT
- 16) Produzir e divulgar o relatório final de capacitação institucional em coordenação com o PCC e CHASS
- 17) Partilhar o relatório semestral de progresso destas actividades
- 18) Caberá ao CAP custear as despesas das formações e assistências técnicas para os parceiros de Manica em todos os módulos da formação incluindo seguimento pós formação.

## 2. Ao PCC cabem as seguintes responsabilidades e tarefas:

- 1) Nomear um oficial técnico que será o elo de ligação
- 2) Participar no processo de avaliação dos parceiros, nomeadamente "*financial health check*" e PAOP
- 3) Participar no processo de elaboração do plano integrado de capacitação e seu respectivo calendário
- 4) Providenciar toda informação relevante sobre as organizações beneficiárias para a melhor planificação das actividades
- 5) Enviar e confirmar o calendário do plano integrado de capacitação com os parceiros
- 6) Organizar e custear toda a componente logística das avaliações (PAOP) e sessões de capacitação do OD (salas, material didáctico, refeições, alojamento e transporte de participantes), com excepção dos custos do pessoal do CAP e suas viagens
- 7) Custear as despesas dos seus técnicos nas visitas de seguimento.
- 8) Os custos decorrentes das formações para as OCBs de Sofala e Maputo serão suportados pelo PCC.
- 9) Participar nos encontros semestrais de avaliação do cumprimento do plano integrado de capacitação com CHASS e CAP
- 10) Produzir e divulgar o relatório final de capacitação institucional em colaboração com CHASS e CAP
- 11) Participar no processo de transição e de tomada de decisão, responsabilizando-se pela área programática e de prestação de contas (relatórios financeiros) e providenciar as seguintes informações:
  - a. Progresso no cumprimento das metas
  - b. Avaliação das competências programáticas
  - c. Resultados da verificação da qualidade e fiabilidade de dados de Monitoria e Avaliação e de avaliações técnicas
  - d. Resultados de fiabilidade de relatórios financeiros e de auditorias realizadas e informe sobre questões identificadas durante a implementação
  - e. Resultados de avaliações de capacidades técnicas conduzidas pelo PCC no período de um ano.

### 3. Ao CHASS SMT cabem as seguintes responsabilidades e tarefas :

- 1) Nomear um oficial técnico que será o elo de ligação
- 2) Participar no processo de avaliação dos parceiros, nomeadamente “*financial health check*” e PAOP
- 3) Participar no processo de elaboração do plano integrado de capacitação e seu respectivo calendário
- 4) Providenciar toda informação relevante sobre organizações beneficiárias para a melhor planificação das actividades
- 5) Enviar e confirmar o calendário do plano integrado de capacitação com os parceiros
- 6) Organizar e custear toda a componente logística das avaliações (PAOP) e sessões de capacitação do OD (salas, material didáctico, refeições, alojamento e transporte de participantes), dos seus parceiros com excepção dos custos do pessoal da CAP e suas viagens
- 7) Custear as despesas dos seus técnicos nas visitas de seguimento
- 8) Participar nos encontros semestrais de avaliação do cumprimento do plano integrado de capacitação com PCC e CAP,
- 9) Participar no processo de transição e de tomada de decisão, responsabilizando-se pela área programática e de prestação de contas (relatórios financeiros) e providenciar as seguintes informações:
  - a. Progresso no cumprimento das metas
  - b. Avaliação das competências programáticas
    - i. da verificação da qualidade e fiabilidade de dados de Monitoria e Avaliação e de avaliações técnicas
    - ii. Resultados de fiabilidade de relatórios financeiros e de auditorias realizadas e informe sobre questões identificadas durante a implementação
    - iii. Resultados de avaliações de capacidades técnicas conduzidas pelo PCC no período de um ano
- 10) Produzir e divulgar o relatório final de capacitação institucional em colaboração com PCC e CAP
- 11) Receber a capacitação por parte do CAP e usar da experiência para réplica na província de Tete e parceiros não abrangidos em Manica.
- 12) Fazer seguimento permanente dos parceiros em capacitação nas componentes técnicas, financeira e programática do projecto.

**CLÁUSULA VI**  
**(Grupo alvo)**

O fortalecimento organizacional será orientado para os titulares dos órgãos sociais, membros da organização, trabalhadores e activistas de três a cinco organizações de três Províncias, nomeadamente: Maputo, Sofala, Manica

**CLÁUSULA VII**  
**(Monitoria)**

A monitoria do progresso das organizações beneficiárias será da responsabilidade das três partes, cabendo a cada uma a sua área de intervenção.

Em cada semestre o CAP organizará um encontro para análise do progresso da implementação dos planos integrados de capacitação, onde cada signatário contribuirá com as informações referentes às suas actividades, de modo a aferir o progresso das três a cinco organizações para o objectivo definido de transição.

Cada projecto poderá reportar as suas actividades e resultados nos relatórios à USAID, devendo haver alinhamento na linguagem e conteúdo dos relatórios dos signatários.

**Cláusula VIII**  
**(Condições de desqualificação)**

As organizações beneficiárias que reincidentemente não cumprirem os prazos e as tarefas acordadas ou que não mostrarem potencial capacidade de transitar para financiamento directo da USAID, poderão ser retiradas da iniciativa. CAP vai consultar com PCC e CHASS/ SMT antes de tomar tal decisão. Também, se o acordo de subvenção de uma destas organizações terminar antes desta parceria, PCC ou CHASS SMT vai informar o CAP, que pode também decidir de cessar o apoio.

**CLAUSULA IX**  
**(Outros aspectos)**

Outros sub-parceiros do PCC e CHASS-SMT, que participaram no projecto-piloto de Outubro de 2012 a Junho de 2013 e que queiram, poderão participar nas formações e assistência técnica quando se trata de turmas abertas. No entanto, a sua participação não deverá trazer encargos extra para o CAP,

nem constituírem razão de atrasos no calendário estabelecido. Quando tal aconteça, os custos inerentes à sua participação deverão ser custeados pelo PCC ou CHASS-SMT.

Havendo disponibilidade de tempo e recursos, os formadores do CAP poderão participar nas capacitações que o CHASS-SMT vier a dar aos seus parceiros.

### CLÁUSULA X (Duração do Entendimento)

O presente Memorando de Entendimento terá início na data da sua assinatura e se prolongará ate ao encerramento do PCC em Julho de 2015.

Maputo, aos \_\_\_\_ de Fevereiro de 2014

A Directora do PCC



Linda Lovick

O Director Clinico do CHASS

SMT



Alejandro Soto

A Directora do CAP



Hayley Bryant

Com conhecimento do Director Nacional da FHI 360



Dário Abdul Sacur



**Annex 25. CAP Mozambique January - March 2014 Financial Information**

Capable Partners Program (CAP) Mozambique Semi-annual Report No. 10: October 1, 2013 – March 31, 2014

**Quarterly Report - Financial Information**

**Implementing Partner:** FHI360  
**Activity Name:** CAP Mozambique  
**Implementation Period:** January - March 2014

Line Item <sup>1</sup>	Total Life of the Project Budget (LOP)	Total Amount Obligated (to date)	Mortgage	Planned Expenditures for the quarter	Actual Expenditures Thru this Quarter			Deviation % (actual Vs Planned Expenditures) <sup>2</sup>	Pipeline	Projection (next quarter)
					Prior	This Quarter	Total			
	(A)	(B)	(C)=A-B	(D)	(E)	(F)	(G)=D+E	(H)=F/D-1	(H)=B-G	(H)
Personnel & Fringe	11,652,787.00			473,618.44	7,243,368.96	386,031.65	7,629,400.61	(0.18)		494,801.00
Benefits & Fringe	4,702,546.00			219,000.00	2,987,838.11	255,256.61	3,243,094.72	0.17		187,793.63
Travel	3,774,268.00			100,000.00	2,177,670.22	65,820.70	2,243,490.92	(0.34)		65,000.00
Equipment >\$5K	190,059.00			-	170,059.06	-	170,059.06	-		7,000.00
Supplies				-	-	-	-	-		-
Training	565,268.00			20,000.00	306,300.64	1,822.52	308,123.16	(0.91)		20,000.00
Sub grants*	16,508,616.00			1,125,000.00	10,247,380.27	633,023.54	10,880,403.81	(0.44)		693,000.00
Consultancy	366,086.00			2,500.00	191,596.72	6,362.12	197,958.84	1.54		8,000.00
Other Direct Costs	7,031,806.00			300,000.00	4,448,583.06	198,111.45	4,646,694.51	(0.34)		220,000.00
<b>Total Direct Costs</b>	<b>44,791,436.00</b>			<b>2,240,118.44</b>	<b>27,772,797.04</b>	<b>1,546,428.59</b>	<b>29,319,225.63</b>	<b>(0.31)</b>		<b>1,695,594.63</b>
Indirect Costs	10,208,564.00			466,076.03	5,911,118.25	845,158.83	6,756,277.08	0.81		402,750.92
<b>Grand Total</b>	<b>55,000,000.00</b>	<b>40,865,891.00</b>	14,134,109.00	<b>2,706,194.47</b>	<b>33,683,915.29</b>	<b>2,391,587.42</b>	<b>36,075,502.71</b>	<b>(0.12)</b>	4,790,388.29	<b>2,098,345.56</b>

**Notes**  
1. The budget line may vary from one project to another, the items must be in line with the approved budget for the project.  
2. Please provide short explanation on deviation.

**Annex 26. CAP Mozambique January - March 2014 GBV Financial Information**  
*Capable Partners Program (CAP) Mozambique Semi-annual Report No. 10: October 1, 2013 – March 31, 2014*

**Quarterly Report - Financial Information**

**Implementing Partner:** FHI 360  
**Activity Name:** CAP Mozambique  
**Implementation Period:** January - March 2014

Line Item <sup>1</sup>	Total Life of the Project Budget (LOP)	Total Amount Obligated (to date)	Mortgage	Planned Expenditures for the quarter	Actual Expenditures Thru this Quarter			Deviation % (actual Vs Planned Expenditures) <sup>2</sup>	Pipeline	Projection (next quarter)
					Prior	This Quarter	Total			
	(A)	(B)	(C)=A-B	(D)	(E)	(F)	(G)=D+E	(H)=F/D-1	(H)=B-G	(H)
Personnel & Fringe	90,119			1,050.00	-	1,051.19	1,051.19	0.00		22,995.68
Benefits & Fringe	25,882			613.11	-	653.01	653.01	0.07		8,186.69
Travel	14,782				-	-	-			
Equipment >\$5K	-				-	-	-			
Supplies	-				-	-	-			
Training	-				-	-	-			
Sub grants*	306,647				-	-	-			61,113.57
Consultancy	-				-	-	-			
Other Direct Costs	-				-	575.81	575.81			
<b>Total Direct Costs</b>	<b>437,431</b>			<b>1,663.11</b>	-	<b>2,280.01</b>	2,280.01	<b>0.37</b>		<b>92,295.94</b>
Indirect Costs	62,570			639.30	-	741.48	741.48	0.16		14,437.15
<b>Grand Total</b>	<b>500,000</b>	<b>500,000</b>	0	<b>2,302.41</b>	-	<b>3,021.49</b>	3,021.49	<b>0.31</b>	496,978.51	<b>106,733.09</b>

**Notes**

1. The budget line may vary from one project to another, the items must be in line with the approved budget for the project.
2. Please provide short explanation on deviation