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**ACTIVITY TITLE:**                      **SCIP Nampula Project  
Annual Report**

**AWARD NUMBER:**                      **CA No. 656-A-00-09-00134-00**

**REPORTING PERIOD:**                      **October 09 - September 2010**

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## Table of Contents

Introduction .....	1
Summary of Strategies and main activities for Year 1.....	2
Highlights of the Year.....	6
Activities and Achievements by Results and Indicators .....	8
Result 1: Improveemnt in access and availability to quality health goods and services.....	8
Result 2: Adoption of appropriate health practices and health seeking behavior	17
Result 3: Increase in accountability of community and district health structures to the people they serve .....	25
Result 4: Community social infrastructure sustained through a range of allies and networks of support they can draw upon to solve health problems .....	27
Result 5: Availability and use of clean, multi-use water increased .....	33
Result 6: Sanitation facilities and hygiene practices in target communities improved .....	38
Challenges and Opportunities .....	40
Overall Management .....	40
SCIP Baseline Survey.....	43
PMP results (Attached)	
Success Story.....	47

## ACRONYMS AND ABBREVIATIONS

ACSS	Community Health Agents
APEs	Community Health Workers
ART	Anti-Retroviral Therapy
BCC	Behavior Change Communication
CACs	Community Action Cycle
CAO	Chief Accountant Officer
CBOs	Community-Based Organization
CCT	Community Counseling and Testing
CLCs	Community Leadership Councils
COP	Chief of Party
CPR	Contraceptive Prevalence Rate
CT	Counseling and Testing
DPS	Provincial Directorate of Health
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
EOC	Emergency Obstetric Care
FP	Family Planning
GBV	Gender-Based Violence
GBP	Geração Biz Program
GOM	Government of Mozambique
HTSP	Health Timing and Spacing of Pregnancy
IEC	Information, Education, Communication
IUD	Intrauterine Device
LAFP	Long-Acting Family Planning
LAM	Lactational Ammenhorea
LAPM	Long-Acting Permanent Methods
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MDGs	Millenium Development Goals
MM	Maternal Mortality
MNCH	Maternal, Newborn and Child Health
MOA	Ministry of Agriculture
MOH	Ministry of Health
MOJ	Ministry of Justice
NGO	Non-Governmental Organization
OIs	Opportunistic Infections
OJT	On-The-Job-Training
PE	Peer Educators
PLWHA	People Living with HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
RH	Reproductive Health
SCIP	Strengthening Communities through Integrated Programming
SDSMAS	District Health Women and Social Affair Directorate
STIs	Sexually Transmitted Infections
STTA	Short Term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendants
VCT	Voluntary Counseling and Testing
VIA	Visual Inspection with Acetic Acid
YFS	Youth Friendly Services

## **ACTIVITY SUMMARY**

Implementing Partner: **PATHFINDER INTERNATIONAL**

Activity Name: **STRENGTHENING COMMUNITY THROUGH INTEGRATED PROGRAMMING – SCIP Nampula**

Life of Activity (start and end dates): **August 1st, 2009 – July 31, 2014**

Total Estimated Contract/Agreement Amount: **\$47,600,000**

Obligations to date: **\$10,608,092**

Activity Cumulative Accrued Expenditures to Date: **\$4,786,627**

Report Submitted by: **Rita Badiani, Chief of Party**

Submission Date: **October 30<sup>th</sup> 2010**

# Strengthening Communities through Integrated Programming

## Introduction

The Strengthening Communities through Integrated Programming (SCIP) project in Nampula Province, Mozambique, is a five-year project funded by the United States Agency for International Development. SCIP is designed to improve quality of life at the household and community levels by improving health and nutritional status and increasing household economic viability. The SCIP project, which addresses health, water and sanitation and youth farmer's development, works at the provincial, district, and community levels in 14 districts of Nampula in collaboration with government and other development partners. The project includes a consortium of five members (PSI, World Relief, Care, CLUSA and Pathfinder), all operating under the leadership of Pathfinder International. SCIP supports Mozambican government efforts to achieve the following results:

- 1.Improvement in access and availability of quality health goods and services
- 2.Adoption of appropriate health practices and health-seeking behavior
- 3.Increase in accountability of community and district health structures to the people they serve
- 4.Community social infrastructure sustained through a range of allies and networks of support they can draw upon to solve health problems
- 5.Increase in availability and use of clean, multi-use water
- 6.Improvement of sanitation facilities and hygiene practices in target communities

Nampula is the most densely populated area of Mozambique outside of Maputo. It has favorable agro-ecological conditions, with better agricultural potential than much of the country, yet socioeconomic indicators suggest that poverty and poor health are pervasive. DHS data from 2003 indicate that Nampula's infant mortality rate of 101/1,000 is the second highest in the country; nearly half of children under age five are stunted; only 51% of children less than one year completed immunization; and female literacy is just 20%. Contraceptive prevalence is 7.2%, and HIV prevalence is 8.1%. Only a third (32.2%) of the population has access to safe drinking water, and approximately one third of the population has a latrine (World Bank, MICs 2008 and DHS 2003).

In an effort to positively impact the indicators cited above, the project strategy focuses on creating progressive, transformational change by applying 3 packages (Basic, Complementary and Specialized) of interventions designed to leverage various resources. These targeted packages are based on a horizontal approach and attempt to integrate project activities across geographic regions and technical sectors with the goal of providing coordinated, efficient implementation with engagement of key stakeholders. All interventions are designed to promote gender equity and social inclusion.

SCIP's implementation strategy builds on the Government of Mozambique's commitment to decentralization of decision-making and accountability, with a focus on building local capacity and sustainability by strengthening community resources and institutions. This involves supporting CLL – Conselho Local da Localidade - as well as collaborating with actors involved in providing services at the community level. Community Leadership Councils (CLCs) provide the critical bridge between communities and health facilities, fostering increased responsiveness of health services to community needs.

## Summary of Strategies and main activities for Year 1

The SCIP agreement was signed at the end of August, 2009 by USAID and Pathfinder International, the NGO consortium leader. September 2009 was dedicated to structuring the senior management team, comprised of members of each consortium partner organization. First quarter activities, from October through December 2009, included development of the Year One Workplan and Performance Monitoring Plan, followed by introductory visits to districts, mapping and meetings with community stakeholders, staff recruitment, meetings with government partners and collaborators and official launching of the project. The team also focused its efforts on articulating and refining SCIP's three intervention packages - Basic, Complementary and Specialized – tailored to the needs of each cluster of districts and taking into account the presence of other development efforts in each location. The annual workplan was submitted to USAID at the beginning of November.

Following the fourth Mozambican general election at the end of October, SCIP management held a very productive meeting with the Governor of Nampula Province. The Governor welcomed the SCIP team with enthusiasm, highlighting the tremendous potential of the project to improve health conditions in communities across the 14 focus districts. He committed to facilitating implementation by “opening the doors” with key administrators and directed SCIP to work with UCODIN – Unidade de Coordenação para o Desenvolvimento de Nampula.

In early November, UCODIN supported SCIP in organizing a session with all 14 district administrators. The meeting included an overall presentation of the project and agreement on a timetable for the introductory visits to the districts. The primary objective of these visits, which were conducted through mid-December, was to present the SCIP project to government stakeholders and understand their challenges and concerns. In the majority of the 14 districts, these meetings were chaired by the Administrator with the presence of his full cabinet, followed by individual working sessions with the health, agriculture and water sectors. In each case, the SCIP team received copies of guiding district documents, including the District Strategic Plan (PEDD), PESOD, (Plano Economico e Social do Distrito), Five-Year District Report, and sector plans. The team also met with key partners working in the district and conducted visits to select health facilities. These initial meetings were critical in laying the groundwork for future collaboration, defining coordination mechanisms, and facilitating the drafting of district workplans beginning in January 2010.

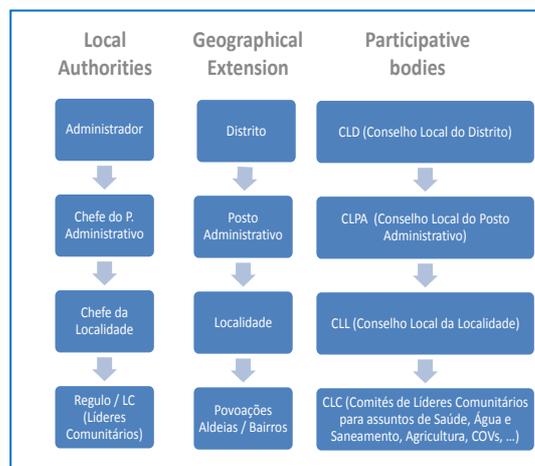
The opening ceremony of the SCIP project took place at the Lurio Hotel on December 9, 2009. The Nampula Province Government officially launched the SCIP project and issued invitations for the event. The ceremony was chaired by His Excellency, Dr. Felismino Tocoli, Governor of Nampula Province, and was attended by: the USAID Mission Director Todd Amani; Senior Vice President of Pathfinder International Caroline Crosbie; all 14 District Administrators; Provincial Directors; the USAID SCIP team; Country Representatives of all SCIP consortium members; and other invited stakeholders, totaling over 100 participants. A press conference was held with the honored guests, and the event was broadcast on Nampula radio for several days. Mozambique most important newspaper, “Noticiais”, also featured an article about the launching of the project in its December 19, 2009 issue.

After consulting with district authorities and verifying both distance between districts and road conditions, the SCIP leadership team concluded that in order to provide sufficient support to the districts, to ensure a dynamic interaction with local government and communities, and to participate in the everyday planning and implementation of SDS activities, it would be essential to establish SCIP teams in each district, to be based at the

SDSMAS or other office space provided by the district. District Administrators committed to supporting this plan, and SCIP moved quickly to recruit District Coordinators.

### Involving and empowering CLL – *Conselhos Locais das Localidades* – in the planning and monitoring process at the “locality” level.

In January, SCIP trained the District Coordinators on government strategies in the areas of health, social affairs, water and sanitation, and youth farmers club. Training also covered community involvement and mobilization, as well as the Government of Mozambique’s strategy for decentralization of decision-making and accountability, based on the “LOLE” – *Lei dos Orgões Locais do Estado*. This element of training focused on building *local* capacity, *local* coordination and *local* sustainability by strengthening the linkages between community resources and institutions.



“Community institutions” are constituted by the **CLL – *Conselho Local da Localidade*** - a council of 30 community leaders which is based on the LOLE and comprised of representatives from an area of six to seven hundred square kilometers and seven to thirty thousand inhabitants and the **CLCs – *Conselho de Líderes Comunitários*** - a community-based council covering an average of eighty square kilometers and representing two to four thousand inhabitants. “Community resources” include peripheral health units, schools, water points, religious communities, farming associations and other emerging businesses such as retailers and artisans, *APE – Agente Polivalente Elementar*- or foot bare doctor, TBAs – Traditional Birth Attendants, as well as other “verticalized” community health workers such as those focused on tuberculosis or Vitamin A.

Since February, together with district administration and Directorates of Health and Social affairs, Agriculture, and Infrastructure, SCIP has carried out planning workshops for members of the CLL and other relevant local development players. During these sessions, participants have conducted mapping of their communities and available resources, identification of the main health, water and sanitation, and agriculture-related problems and their respective root causes, articulation of micro-strategies that could be implemented by communities with little external support, as well as the definition of first steps to be implemented in their own “locality” action plans. These workshops have been instrumental in highlighting the importance of an integrated and multisectoral approach to solving community problems. They have also played a critical role in facilitating entry of the SCIP program into communities at the periphery.



Subsequent steps of the community strategy varied according to the districts’ clusters and intervention packages (“Complementary” vs “Specialized”).

In the “complementary”<sup>1</sup> districts, the intervention was built on the farmers’ associations and already-existing health and nutrition community workers, called “*animadoras*”; these areas, supported by the USAID-funded MYAP/SANA intervention, have *only one community worker for each community, an average of 500 families*.

In the “specialized”<sup>2</sup> districts, SCIP is supporting communities in building their own extensive community health worker networks, including *1 volunteer for every ten houses*. The communities have conducted a census of their main target groups (WRA, children 0 to 4 years, OVC, the chronically ill) and selected their volunteers and future training supervisors, also called “*animadoras*”. In the “specialized” districts, roughly 50% of the concerned families were covered through this intensive strategy within eight months of initiation (February – September 2010).

In the “complementary” districts, the training of the “*animadoras*” has focused only on family planning and HIV prevention; this approach was intended to complement the ongoing training efforts already being implemented through the MYAP/SANA intervention. However, in the “specialized” districts, SCIP’s training of the trainers (“*animadoras*”) is comprehensive, covering reproductive health and family planning, child survival, HIV/AIDS, tuberculosis, OVC basic packages, water and sanitation, conservation farming topics, and home visits package for the chronically ill, including adherence support. These trainings span three months, after which time *animadoras* train the community health worker volunteers through the “care group” methodology which will be completed within a two-year period. During this ongoing training period, volunteers are closely supervised by a fully-trained “*animadora*” and are encouraged to refer any health problems noted during their fortnightly home visits.

### **Strengthening the linkages between the health units and the communities**

Both in the “complementary” and “specialized” districts, the linkages between the “*animadoras*” and their respective health units are being strengthened through the involvement of health providers during training (health providers are actually the trainers) and through the resupply of health commodities such as condoms and contraceptive pills. Note, however, that community-based distribution of contraceptives continues to be undermined by frequent stock-outs and shortages at national level.

Whereas in the “specialized” districts, SCIP has developed a comprehensive C-HIS (community health information system) based on a set of eight simple forms (characteristics of the house, pregnant women, WRA, newborns, children 1 to 59 months of age, OVC, referral form and summary form) to be completed by the volunteer, in the “complementary” districts, the C-HIS is tracking only the CBD of condoms and oral contraceptive pills. Home visits are not foreseen in the complementary districts given that they have only one community worker for each community, an average of 500 families.

To support safe motherhood both in the “complementary” and “specialized” districts, SCIP has supported TBAs meetings at DDS and has included in the CLCs meetings the need to increase referral of pregnant women to health facilities. In an effort to reduce maternal and neonatal morbidity and mortality, SCIP has supported a few communities in building or equipping maternity waiting houses at the peripheral health unit level.

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<sup>1</sup> Mogovolas, Angoche, Moma, Meconta, Nacala Porto, Nacala Velha, Memba, Monapo, Erati.

<sup>2</sup> Malema, Ribaue, Mecuburi, Nampula Rapale, Nampula Cidade

## **Strengthening the national health system's capacity to offer high quality services and to increase its capacity in accessing more isolated populations**

Activities to strengthen the national health system have been implemented in each of the fourteen districts. Examples include: support to outreach activities and national child and/or women's health week campaigns; mechanical assistance and spare parts purchase for rehabilitation of peripheral health unit motorbikes; training of trainers for peripheral health providers in family planning; health providers' trainings in support of rural hospitals' maternal and neonatal mortality audit committees; fuel purchase for the ambulance or peripheral health unit's motorbikes to enable the provider's displacement at the community level; purchase of administrative material and/or equipment; rehabilitation of select health unit buildings; rehabilitation of select health unit water systems; logistics support for health commodities transport between provincial and district level, and between district and health facility level, with the aim of minimizing occurrence of commodity stock-outs.

SCIP offered technical support to the SDSMAS and DPS on request and as frequently as possible, including the 2011 integrated planning process, several M&E trainings, and supervision and a provincial meeting related to AYRH ("SSRAJ").

### **Inclusion of access to safe drinking water and a sanitation component as part of an integrated approach**

In the five "complementary" districts which have a special package of water and sanitation<sup>3</sup>, SCIP has primarily carried out activities in the MYAP/SANA communities. The organization of the CLL workshops described above marked the beginning of community involvement and the establishment of a relationship with SCIP that will evolve and mature in the coming years. Furthermore, they enabled SCIP to foster a community platform for operationalizing the various components of the integrated approach.

For existing water points requiring rehabilitation, poorly functioning water committees and broken water sources are the norm; therefore, the process began with re-mobilization of potential users, plenary discussions of the causes for the water point dysfunction, re-clarification of the water committee role, re-election of its members, agreement on the use of the financial and management notebook, and discussion of financial support and collective participation required for repair. The SDPI - "*Serviços Distritais de Planeamento e Infraestruturas*" - and the CLL were involved in the pre-selection process of the prior water points in need of rehabilitation.

With regards to the construction of new water points, the process started with the application of CLTS<sup>4</sup> methodology, followed by participatory selection of water committee members, instruction of this committee on the use of the "water point's accountability and management note-book", and identification of the members who will be trained in operations and maintenance. SCIP conducted an assessment of the various providers of spare parts. Actual construction will be the last step in the process.

In the other "complementary" and "specialized" districts, the importance of safe water and sanitation were discussed during the CLL trainings; challenges, potential solutions and applicable micro-strategies, based on the national water policy, were highlighted (particularly those related to water point management and maintenance and the importance of increasing availability of water pump spare parts at the peripheral level through existing retailers). For districts in which water and sanitation partners are

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<sup>3</sup> Nacala Porto, Nacala Velha, Memba, Monapo, Erati

<sup>4</sup> Community Led Total Sanitation

performing, such as Cruz Vermelha in Malema and Ribaue, Care and Helvetas in Mecuburi, SNV in Mogovolas. SCIP are collaborating and coordinating with them to ensure water sources in need of repair in SCIP supported communities are being taken care of. On the other hand SCIP is supporting revitalization of water management committees and access to spare parts.

In the “specialized” districts, the CLTS methodology was taught to the SCIP community supervisors posted at the locality level; it is expected that during the second year this will be expanded to include selected community “animadoras”. In communities where there is no water pump, volunteers are providing training in the use of *certeza* and other methods to increase access to safe drinking water during home visits.

### **Establishment of Youth Farmer Clubs (YFC) aiming to boost the adoption of conservation farming, safe food handling, use and storage techniques, implemented together with the other components (AYRH, malaria, nutrition, water and sanitation)**

This initiative began with the development of methodologies and approaches to be applied in the establishment of Youth Farmers Clubs as well as the hiring and training of YFC assistants to be placed in each of the districts. Activities implemented consisted of joint development (with the SANA project) of a strategy for YFC implementation within the MYAP districts; preparation of training materials on harvesting practices, nutrition, quality control, training of YFC leadership, and food handling, use, and storage; strengthening the YFC’s organization and vegetable farming-related activities; improvement of community networks and OVC livelihood opportunities; and field supervision and participation in technical meetings with the DPA.

In an effort to promote health and development, YFC assistants receive comprehensive training, including sexual and reproductive health, water and sanitation, HIV/AIDS, and care and support of OVC. The strategy for YFC development in the “complementary” districts was drafted and discussed by SCIP and SANA representatives.

### **Highlights of Year One**

#### **Health Facility Upgrades**

- **2** health facilities renovated
- **6** health facility with water source rehabilitated

#### **Training Opportunities**

- **206** facility-based providers and **1613** community health workers trained in HIV content
- **4,083** leaders participated in community involvement workshop for health and sanitation
- **2,034** nurses, midwives, community members and animadoras trained in FP
- **1,394** community members benefited from CLTS
- **240** community workers updated in maternal newborn care
- **205** community workers updated in child health
- **218** people trained in Malaria
- **208** people updated on Data Quality Assessment and or HMIS

#### **Service provision supported**

- **30,869** CYP registered for the 14 districts
- **76,371** deliveries registered in health facilities

- **475,046** visits (new and follow-up) registered for ANC services
- **76,936** children under 12 months of age received DPT3, and **109,258** received Vitamin A
- **51,555** FP new visits
- **92,589** Pos Natal Care visit

#### **HIV prevention**

- **14** teams providing counseling and testing at community level
- **23,805** people (12,042 female and 11,763 male) counseled and tested for HIV at the community level
- **199,479** people reached with HIV prevention intervention

#### **OVCs**

- **388** OVC served through YFC development
- **9,617** OVC benefited from health related activities

#### **Community social infrastructure**

- **107** CLCs established
- **1602** community-based distribution systems in place
- **1480** animadoras (CHW) trained for community based FP in the complementary districts
- **7838** volunteers (CHW) in the specialized districts initiate their over 1 year cycle of training

#### **Youth Farmers club development**

- **164** YFC established
- **3677** people trained in conservation farming
- **1142** people trained in safe food handling and use

#### **Water and Sanitation**

- **40** Water committees revitalized/established
- **480** people trained in safe water
- **40** water sources repaired
- **3012** latrines built
- **1228** tippy taps installed

## Activities and Achievements by Results and Indicators

### Result 1: Improvement in access and availability to quality health goods and services

SCIP implemented activities in all fourteen districts to strengthen the national health system. These activities included promotion of increased access to health services through support of outreach activities and national child and/or women health week campaigns; mechanical assistance and/or spare parts purchase for the rehabilitation of motorbikes at peripheral health units; training of trainers in the area of family planning, with a focus on peripheral health providers; support of health provider trainings; support to maternal and neonatal mortality audit committees at rural hospitals; purchase of fuel for the ambulance or motorbikes at the peripheral health unit in order to enable active case follow-up and community outreach; procurement of some administrative material and/or equipment; rehabilitation of some health unit buildings; rehabilitation of some health unit water systems; logistics support for health commodities transport between provincial and district level and between district and facility level, with the aim of minimizing the number of existing shortages.

As frequently as possible and upon request, SCIP offered technical support to the SDSMAS and DPS, e.g., including the 2011 integrated planning process, a number of trainings in M&E, and supervision and a provincial meeting related to AYRH (“SSRAJ”).

#### **Indicator: Number of rehabilitated health facilities<sup>R</sup>**

As water access is central to the quality of health care offered at the health facility level, SCIP has supported rehabilitation of a number of water points at health units in Memba (3), Nacala Velha(1) and Monapo (1) Districts. SCIP support also included remobilization and reorganization of the water committees linked to each of these facilities. In Nampula District, the project rehabilitated the water system at Anchilo health center and the well of Caramaja health center.

District	Health Unit	Type of Rehabilitation	Community Mobilization and Water Committee
Memba	H.C. of Mazua	Afridev Pump	Yes
	H.C. of Baixo Pinda	Afridev Pump	Yes
	H.C. of Chipenhe	Afridev Pump	Yes
Nampula Rapale	H.C. of Caramaje	Well	No. Health National system
	H.C. of Anchilo	Water system	No. Health National System
Monapo	H.C. of Napala	Afridev Pump	Yes
Nacala Velha	H.C. of Ger Ger	Afridev Pump	Yes

In addition, the renovation of the Caramaja Health Facility in Nampula Rapale District was completed. The catchment area of this health unit is estimated to have a population of 40,000. SCIP also provided desks and shelves for the small warehouse. Because this health facility does not provide counseling and testing for HIV, SCIP has been providing outreach counseling and testing in the catchment area.

In the district of Ribaué, the health post of the Basic Agriculture School was rehabilitated with project support. Also in Ribaué, on the request of the CLL and SDSMAS, a rehabilitation plan of the Namiconha health center has been drafted; and rehabilitation will begin during the next quarter. At the request of and with the involvement of the CLL and the SDSMAS in Meconta District, the Teterrene Maternity Ward, which has been non-operational for several years, is under rehabilitation. The community is strongly involved in this effort and is building the waiting house and latrine.

One of the guiding principles of the SCIP intervention is to work in close collaboration with government partners; therefore SCIP has opted wherever possible to establish its district office spaces in existing government premises. Given that district administrations are typically constrained by infrastructure that is deteriorated and too small, SCIP has started to expand and/or rehabilitate select buildings at SDS sites with the aim of sharing the space with other services when suitable. Expansion and rehabilitation to date is as follows:

Districts	District Directory	Type of Investment	Other SDSMAS Services Sharing Space with the SCIP District Team
Angoche	SDSMAS	Rehabilitation	NED
Erati	SDAE	Rehabilitation	SCIP office space
Malema	SDSMAS	Expansion	NED
Meconta	SDSMAS	Rehabilitation	Only SCIP office space
Mecuburi	SDSMAS	Rehabilitation	NED
Memba	SDSMAS	Rehabilitation	AYFS, Meeting room, NED, MCD office
Mogovolas	Government building	Rehabilitation	Only SCIP office space
Monapo	SDPI	Rehabilitation	Only SCIP office space
Nacala Porto	SDSMAS	Rehabilitation	NED
Nacala Velha	SDSMAS	Rehabilitation	SDMAS office
Nampula Rapale	SDSMAS	Rehabilitation	AYFS, health director office, NED
Ribaue	SDSMAS	Expansion	NED

One of SCIP's objectives is to strengthen the National Health System (NHS) by transforming some health posts into health centers with maternity services. District SCIP teams, together with the SDSMAS, have thus identified health facilities to be rehabilitated and or expanded with a maternity; selection criteria included population, remoteness, and potential coverage of service provision. (Please Note: The following list of health facilities is still awaiting confirmation by the Provincial Health Directorate and is susceptible to change).

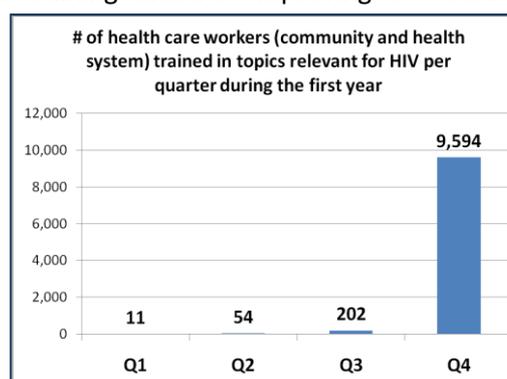
Districts	HFs for Rehabilitation	HFs for Extension
Angoche		Napruma Health Post
Erati	Samora Machel Maternity	Nantoge Health Post
Meconta	Teterrene Maternity (ongoing)	
Mogovolas	Nanhupo Rio HC Calipo HC	
Monapo		Mezerpane Health Post
Moma	Lardes HC	Uala Health Post Nambilane Health Post
Memba	Caleia HC	Napila
Nacala – Porto	Murrupelane HC (ongoing)	
Nacala – Velha	Nacala Velha sede	
Malema		Murralelo Health Post
Mecuburi	Milhana HC	Popué Health Post Unidade Moçambique H.P.
Nampula District		Saua - Saua Health Post Mucova H.P.
Ribaue	Namiconha, Iapala Sede	Riane Health Post

Furthermore, based on SDSMAS priorities and the level of the community involvement and mobilization, a list of maternities in need of construction and/or rehabilitation of maternity waiting houses was established. Simultaneously, SCIP continues to work closely with the communities to create demand by increasing awareness of the utility of these waiting houses for pregnant women, taking into account culture and customs related to childbearing. The building of maternity waiting homes is not envisioned for Nampula city.

Districts	Health Facilities Prioritized to get a Waiting House for Pregnant Mothers
Angoche	Namitoria, Aube, Natiri
Erati	Nantoge
Meconta	Teterrene, Corrane
Mogovolas	Iulute, Muatua e Nametil
Monapo	Meserpane
Moma	Lardes, Pilivili, Metil
Memba	Caleia
Nacala – Porto	Naerengue
Nacala – Velha	Ger Ger and Namalala
Malema	Nacata and Mutuali
Mecuburi	Nahipa, Muite
Nampula District	Namaita
Ribaue	Chica, Iapala sede and Riane

**Indicator: Number of health care workers who successfully completed an in-service training program within the reporting period<sup>R</sup> (relevant to HIV)**

Training of health care workers in HIV, involving providers from the health facility as well as from the community, benefited 9,861 people. At the facility level, 206 providers received training, including 54 (20 male and 34 female) in Ribaue in the area of HIV post-exposure prophylaxis (PEP) and 152 (52 male and 154 female), on FP and HIV. This was achieved through two days of classroom or on-the-job training aimed at improving the counseling skills of providers and uptake of dual method use. At the community level, in the “complementary” districts, building on the SANA/ MYAP intervention, 1613 community health workers (118 male and 1495 female) participated in a two-day training session on family planning and HIV prevention. The trainees were also exposed to the female condom. Furthermore, in the “specialized” districts, 156 female “animadoras” were trained as “trainers of community volunteers” in HIV/AIDS, including modes of transmission, symptoms, treatment, adherence, and stigma. These “animadoras” were instrumental in the subsequent training of 7,821 women community volunteers through the “care group” methodology in Zone A of the “specialized” districts. It is important to highlight that these volunteers, each responsible for ten households, carried out fortnightly home based visits during the last six weeks of this first fiscal year.



Districts	Number of Household Visited Focused on HIV/AIDS Education
MALEMA	17,004
RIBAUE	19,952
MECUBURI	12,026
NAMPULA-RAPALE	1,596
<b>TOTAL</b>	<b>50,578</b>

**Indicator: Number of USG-assisted SDP experiencing stock-outs of specific tracer drugs<sup>R</sup>**

The tracer drugs include the following:

### Section 1

- Ferrous sulphate and folic acid
- Mebendazol
- Paracetamol oral
- Cotrimoxazol syrup
- Amoxicilina syrup
- Chloramphenicol injectable
- Gentamycin injectable
- Oral Rehydration Salts
- Salbutamol oral

### Section 2

- Oral contraceptives

### Section 3

- Malaria first line drugs

Nampula Province experienced severe shortages of several essential drugs. All peripheral health units reported stock-outs of “Mycrogynon” oral contraceptives, hindering the SCIP intervention to reach the expected results through the planned community based distribution (CBD) strategy to be progressively implemented by “animadoras” in the “complementary” districts (where there is one community worker for each community, an average of 500 families).

Additionally, although not captured by this indicator, health units reported regular stock-outs of HIV and malaria rapid diagnosis tests, as well as Vitamin A. Such stocks-out occurred nationwide and are not unique to Nampula Province. SCIP made several contacts at both provincial and national level in an attempt to get a better sense of the source and scope of the problem. It is anticipated that regular shortages will continue during the coming months; a limited quantity of Mycrogynon will enter the country for the “Adolescent, WRA and Child” national health week planned for next quarter, but this amount will be insufficient to cover the projected needs.

### ***Indicator: Number of people (by type) trained with USG funds<sup>R</sup>***

During this first year, a diverse cadre of health providers and community members (totaling 8,383 people) benefited from various trainings. As indicated by the graph, SCIP made a significant effort to provide training in the areas of community involvement, hygiene and sanitation, and family planning. This strategy was intended to foster a community environment conducive to behavior changes within the target population.

• **4,083 leaders participated in community involvement workshop for health and sanitation issues**

During this year, in all 14 districts, SCIP has carried out the training of Community Leaders (CL) and members of the CLL (“Conselho Local da Localidade”), reaching 4,083 community leaders (801 females and 3282 males). The CLL is the most peripheral planning and monitoring platform, which exists by Mozambique law (“LOLE” – Lei dos Órgãos Locais do Estado) and empowers communities to identify the problems they wish to solve.

The strategy involves the CLL in the process of planning and monitoring at the local level through a workshop in which participants list the main health problems for the community, discuss the roots of these problems and the role of the community in their resolution. As expected, the main problems identified by the CL are the prevalence of diarrheal diseases, malaria, HIV/AIDS, and malnutrition.

Districts	Community involvement		
	M	F	Total
Angoche	90	26	116
Erati	72	21	93
Malema	274	69	343
Meconta	206	17	223
Mecuburi	272	76	348
Memba	86	36	122
Mogovolas	731	226	957
Moma	205	53	258
Monapo	138	24	162
Nacala Porto	87	40	127
Nacala Velha	33	7	40
Nampula cidade	44	10	54
Nampula Rapale	561	123	684
Ribaue	483	73	556
<b>Total</b>	<b>3282</b>	<b>801</b>	<b>4083</b>

These workshops provided an important forum for discussion and clarification of myths and beliefs, as well as the role of the health units, schools, local authorities, farming associations and other important community stakeholders. Community actions that should be promoted and implemented by the CL and their local partners (health unit team, school teachers, shopkeepers, public transporters, SCIP technical assistance, agricultural associations, etc) were designed and drafted by the members of the CLL.

Topics discussed also included community social networks - as OVC and the chronically ill are important target group of our intervention - as well as access to safe drinking water and conservation farming techniques; technicians of the “secretaria distrital” and the respective SD (serviços distritais – district directorates responding towards the different Mozambican ministering offices) acted as facilitators.

These workshops have been instrumental for the SCIP district teams’ entry at community level; in the “specialized” districts, they have enabled SCIP to carry out censuses of the main beneficiary target groups (WRA, children 0 to 4 years old, OVCs, the chronically ill), selection of the “animadoras” in charge of the training of community volunteers, and selection of the volunteers together with community authorities.

• **2,034 nurses, midwives, community members and “animadoras” benefited from FP/RH training including HIV topics**

Meconta was the pilot district for implementation of the FP component. To this end 69 nurses/midwives from all health facilities, 38 community members from Corrane locality, and 188 “animadoras” and “promotores” from SANA / MYAP communities received family planning training. During Quarter Four of this fiscal year, peripheral health unit providers of each “complementary” district were trained as trainers (TOT) to carry out the FP/RH/HIV training of the “animadoras” and “promotores” already involved and supported by the USAID funded SANA/ MYAP intervention; these trainers in turn then provided training to a total of 1,613 individuals. During the next quarter, Erati, Memba and Nacala Velha Districts will continue this process of “replication” by the “animadoras”.

Districts	Family Planning / Reproductive Health			
	Community level		Health providers	
	M	F	M	F
Angoche	18	225	0	6
Erati	0	0	3	13
Malema	0	55	0	0
Meconta	43	183	25	44
Mecuburi	0	48	0	0
Memba	32	108	3	13
Mogovolas	29	358	0	6
Moma	24	265	1	16
Monapo	6	114	0	13
Nacala Porto	11	206	0	9
Nacala Velha	3	52	0	0
Nampula C.	0	7	0	0
Nampula D.	0	49	0	0
Ribaue	0	46	0	0
<b>Total</b>	<b>166</b>	<b>1716</b>	<b>32</b>	<b>120</b>

In the “specialized” districts, the “animadoras” in charge of training community volunteers (one volunteer for each ten houses) were also trained in FP/RH/HIV topics, totaling for this fiscal year 205 people (156 “animadoras” and 49 community supervisors), all of whom are women.

As behavior changes in family planning, reproductive health, and HIV/AIDS are particularly complex, the SCIP intervention is currently adapting a TOT manual to enable peripheral health unit providers to discuss these topics with community leaders; these TOT trainings are scheduled to start next quarter within the “specialized” districts.

• **1,394 community members benefiting from CLTS**

During this fiscal year, the Community-Led Total Sanitation (CLTS) methodology was implemented in the five water and sanitation districts, reaching **1,394 community** members. This approach encourages communities to improve their sanitation facilities using locally-available materials, with messages focused on construction and consistent use of latrines and hand-washing facilities. The approach is participatory, as the community itself conducts the process, and is also efficient, as they invariably decide to change their behavior immediately and make a plan for latrine construction (see Result 6 for additional information). The 49 community supervisors and the 156 “animadoras” of the “specialized” districts also received training in safe water and hygiene through the comprehensive training of trainers for community volunteers. The curriculum covered prevention of diarrheal diseases, including water

Districts	Hygiene /water		
	M	F	Total
Angoche	0	0	0
Erati	48	19	67
Malema	0	55	55
Meconta	0	0	0
Mecuburi	0	48	48
Memba	273	270	543
Mogovolas	0	0	0
Moma	0	0	0
Monapo	30	10	40
Nacala Porto	105	185	290
Nacala Velha	136	113	249
Nampula cidade	0	7	7
Nampula Rapale	0	49	49
Ribaue	0	46	46
<b>Total</b>	<b>592</b>	<b>802</b>	<b>1394</b>

treatment.

- **240 community workers updated in maternal and newborn care and 205 community workers updated in child health.**

In addition to the 49 community supervisors and 156 “animadoras” in the “specialized districts” who received training in maternal and child (including newborn) health, Ribaue District provided a one-day refresher training to 35 TBAs, aimed at increasing deliveries at health facilities. New material included the role of TBAs in making referrals to health facilities and basic updates on maternal and newborn care.

- **208 people trained in M&E, surveillance, and/or HMIS with USG funds**

MEASURE Evaluation provided a three-day training course on Rapid Data Quality Assessment, benefiting 14 technicians from DPS (3 males and 11 females). The objective of the training was to introduce the RDQA tool, which aims to verify the quality of data and the capacity of the management information system to collect, manage, and disseminate quality data. Additionally, the tool provides measures and a set of actions to improve the data management system and to monitor dissemination of quality data.

Furthermore, the intervention trained 156 “animadoras” of the “specialized districts” in C-HIS (Community Health Information Systems) and supported the training of 38 health providers in the districts of Mecuburi (16 males and 3 females) and Nampula City (14 males and 5 females) in the HMIS (Health Monitoring Information System of the MOH). Four of Mecuburi’s NED staff who did not previously receive training in the use of the “Modulo Basico” received a two-day in-service training. This training, which was supported by SCIP but conducted by the DPS staff, was very productive. The Mecuburi NED submitted their September statistics using the “Modulo Basico”.

### **219 people trained in malaria with USG funds**

While within the “specialized” districts, SCIP trained 49 community supervisors and 156 “animadoras” in malaria (danger signs, prevention measures, and timely treatment), Meconta District trained 14 health providers (12 males and 2 females) on malaria and laboratory topics.

### ***Indicator: Number of contraceptive pills distributed through community-based distribution (CBD)***

Building on the SANA health and nutrition component, SCIP is piloting a community-based family planning intervention. Actions implemented include the development of a training manual, TOT for health facility service providers, and training of SANA *animadoras* and *promotores*. It is envisioned that this strategy will strengthen the relationship between community *animadoras* and *promotores* and the peripheral health facilities of their catchment areas, as well as operationalize the re-supply of pills and condoms (both male and female). One important role of the *animadoras* will be to mobilize the female population to go to the health facility for their first family planning visit.

The manual developed for the training of community *animadoras* focused on family planning methods available in the country, including dual protection, and the logistics of contraceptive distribution at community level. The training is divided into four modules. The pre-test of the manual took place in Meconta District with 16 health providers (14 female and 2 male) and helped to improve the overall content of the training manual and the time allocated for each module. The training component consisted of two stages:

training of providers from the health facilities in SANA catchment areas by the SCIP RH/FP officer, followed by a training of animadoras by the health providers.

In the “complementary” districts, 62 trainings were conducted, with a total of 1,613 people trained (118 male *promotores* and 1,495 female *animadoras*). While 2,264 packs of pills were distributed during the last quarter, CBD was hindered considerably due to serious stock-out at national level. HIV prevention topics included the use of female and male condoms.

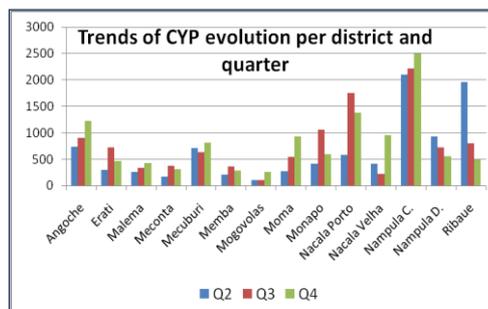
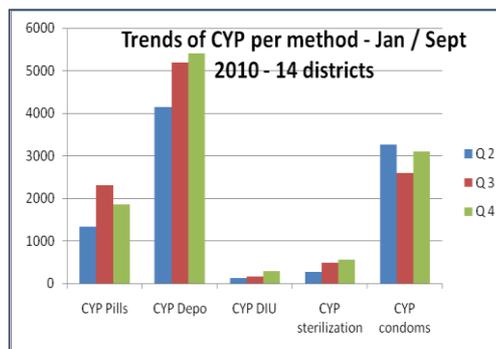
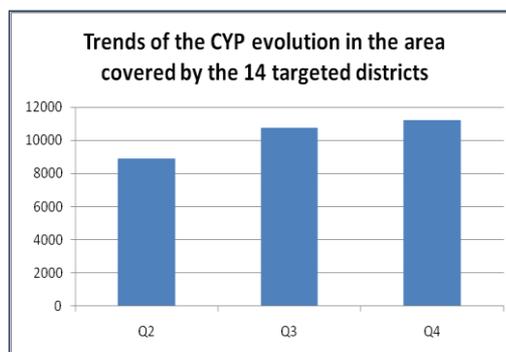
**Indicator: CYP provided through USG-supported programs<sup>R</sup>**

During the integrated management and planning provincial exercise (preparation of the PES), specific attention was paid to estimating the number of contraceptives needed for the family planning program. Based on the DPS data collected for the year 2009, CYP coverage was calculated per district, as were projections of the quantities of the contraceptive methods needed for 2011, for the entire province.

Contraceptives	Used 2009	Needed 2011
# pills 'packs	158,987	460,933
# Depo	81,220	115,892
# of DIU	260	502
# condoms	7,023,500	8,428,488

Based on estimated 2011 CYP coverage per method - taking into account yearly population growth - the necessary quantities of contraceptives have been requested by DPS.

During this year, data were collected and consolidated for the fourteen districts; as represented in the first graph, despite increasing CYP trends, there were serious stock-outs of condoms and oral contraceptives (Mycrogynon). A total of **30,879 CYP** were registered for the 14 districts during the period January to September 2010. SCIP did not collect data during the October to December, 2009 period. The second graph illustrates uptake of the five modern contraceptive methods throughout the three quarters 2010. The distribution of pills increased substantially (from 19,992 packs to 34,619 during the 3<sup>rd</sup> quarter) and then diminished to 27,771 (Q4) due to shortages, and for Depo Provera (injectable contraceptives) from 16,564 units to 20,797 and 21,612, while condom distribution has decreased during the 3<sup>rd</sup> quarter due to several weeks of stock-out.



The last graph represents CYP trends per district; the cities of Nampula and Nacala Porto, along with Monapo and Angoche Districts account for nearly half of the CYP provided. Ribaué District has a very high Q2 CYP due to the counting of a high number of condoms which, de facto, were distributed along the three quarters and not only during the Q2.

To boost the uptake of IUD in Year Two, SCIP envisions providing on-site training to MCH nurses in IUD insertion and the balanced counseling strategy. The program will also aim to motivate "*animadoras*" and volunteers to be champions of IUDs at community level. SCIP will continue to provide logistics support to DDS to improve access to commodities, especially through availability of female and male condoms in provincial stores, and to facilitate their distribution to health facilities. Additionally, meetings with community leaders is expected to help with a more favorable environment for FP, so that women feel more comfortable and empowered to use a FP method to prevent unwanted pregnancies and/or to space their pregnancies.

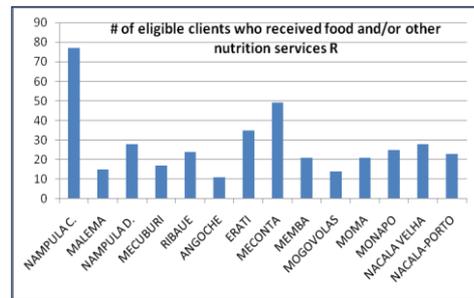
It is also important to note, PSI has 335 condom sales and distribution outlets in the province of Nampula. Of these outlets, 234 provide condom access within the 14 districts under the scope of the SCIP project.

## Result 2: Adoption of appropriate health practices and health-seeking behavior

During this year, SCIP has strengthened its relationship with NPCCS (Nucleo Provincial de Combate ao HIV/SIDA) through participation in the operationalization of the provincial technical working group on community VCT; regular exchanges with partners regarding best practices; and elaboration of the bi-annual report of activities carried out by all partners. Furthermore, SCIP has attended several strategic meetings at the DPS level to develop a strategy “to better integrate prevention and treatment,” to reduce the default rate of patients on ART, and to strengthen the involvement of the community for adoption of prevention practices. Uptake of HIV counseling and testing continues to be high, and RH visits are also on the rise.

### *Indicator: Number of eligible clients who received food and/or other nutrition services<sup>R</sup>*

The “Youth Farmer Club” component of the SCIP intervention has provided training to 388 OVCs via demonstration plots of vegetable crops including tomatoes, cabbage, and onions. OVCs also received nutritional training on preparation, preservation and consumption of various foods. All fourteen districts initiated establishment of YFC in Year One. SCIP will continue to strengthen opportunities for OVC’s support through YFC activities.



### *Indicator: Number of IEC materials produced and distributed*

Several meetings took place with the DPS SESP (IEC/BCC unit) to assess availability and needs for printed IEC material, and to discuss the development of an educational radio program. For the radio program, contracts with Nampula’s three main radio stations were negotiated and signed; **six radio spots** (three in Portuguese and three in Emakhwua) addressing cholera and diarrheal disease prevention were produced. These were aired between August 12 and September 30 on RM, Rádio Encontro and Rádio Miramar, with each station airing ten spots per day in both Portuguese and Emakhwua.

Production of printed IEC materials included 10,000 VCT users cards and 3,000 community awareness posters for VCT to be posted at community level; 15,000 scrapbooks related to Integrated Management of Childhood Illness (IMCI); 15,000 sets of educational cards concerning maternal and child health; 15,000 manuals to prevention of transmissible diseases including HIV/AIDS, safe motherhood, family planning and reproductive health for distribution to community volunteer networks and use during home visits; 4,973 family health manuals distributed to OVC’s families through home-based educational visits; and 7,194 Certeza pamphlets distributed through theater groups.

During the month of June a PSI-contracted consultant, Julia Sobrevilla, visited the project and assisted on BCC strategy planning. Her support included the following activities:

- Meeting with SCIP staff in Nampula to share knowledge on BCC
- Articulation of the distinction between IEC and BCC materials

- Improvement of BCC strategy planning so as to directly respond to project needs
- Discussion of strategy for profiling the target group and tailoring communication channels according to beneficiaries' needs

During the same reporting period, a PSI team manager, Rafael Nzucule, visited the project and assisted with needs analysis and development of BCC materials, including:

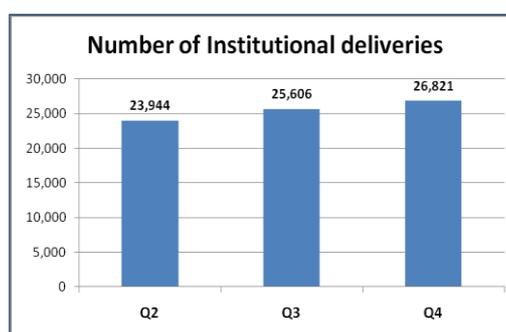
- Visits to two Community Counselors in Rapale District for the purpose of conducting a needs assessment of the required BCC materials
- Visit to a Water Committee in Monapo District for the purpose of gathering information regarding BCC material requirements of this Committee
- Visit to a Young Farmer's Club in Rapale District for the same purposes as described above
- Assistance in designing the BCC materials development workflow plan, which will be used as a guide for producing SCIP project materials

**Indicator: Number of social marketing outlets, by type<sup>R</sup> (condoms or Certeza)**

For Year One, SCIP did not anticipate reporting any outlets because all social marketing in SCIP areas is being conducted by PSI under existing projects (MCHIP).

**Indicator: Number of deliveries performed in a USG-supported health facility<sup>R</sup>**

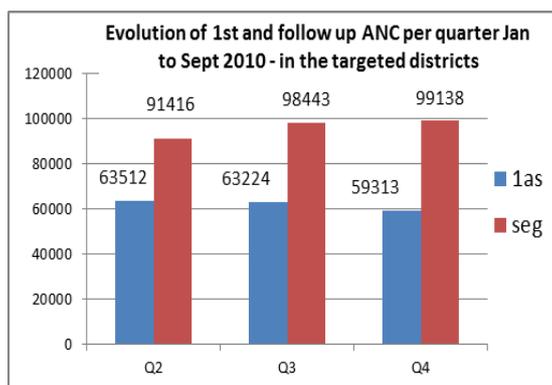
During this year, the “specialized” districts supported SDSMAS efforts to revitalize the collaborative relationship with TBAs to refer pregnant women for institutional deliveries. Meetings with TBAs are already being conducted on a monthly basis in most of the districts. In addition to referring pregnant women to maternities, TBAs can accompany their clients to the health facilities to assist during delivery, on the principle of humanization of childbirth. The number of institutional deliveries steadily grew during the last three quarters of this year, with a 7% of increase between the second and third quarters and a 5% increase between quarters three and four. SCIP did not report data for the first quarter, as activities were not sufficiently underway at that point. Since February, training sessions carried out at the CLL level have discussed safe motherhood issues, and the CLL have frequently included in their “locality work plan” activities related to construction of maternity waiting houses at the health unit level. In some areas, the CLL are requesting new bicycle ambulances and/or rehabilitation of the unit supplied during the previous USAID project (Okumi).



On April 7, under the leadership of the CLL of Murrupelani in Nacala Porto, the maternity waiting house which was built by the community one year ago was inaugurated. SCIP supplied 5 mattresses, and the SDSMAS supplied beds for this facility.

**Indicator: Number of ANC visits with skilled providers in a USG-supported health facility<sup>R</sup>**

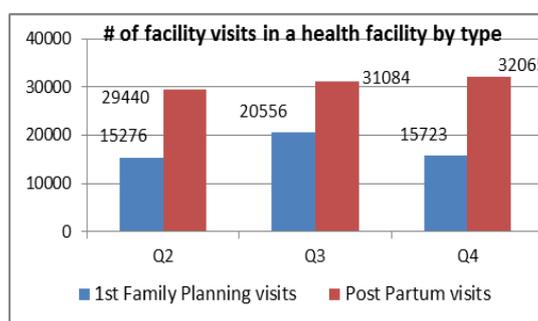
475,046 visits (new visits and follow-ups) were registered for ANC services in SCIP supported health facilities in the 14 project districts, compared to the yearly target of 566,116 ANC visits. It should be noted that because SCIP was a new initiative, service provision began only in Quarter Two (January - March 2010). The number of 1<sup>st</sup> ANC visits reported through the HNS is far above expected figures. Taking into account the projected population of the fourteen target districts (3,535,118, representing 82% of the Nampula province population), 176,756 1<sup>st</sup> ANC visits for pregnant women were expected for the year (INE estimates the target group of pregnant women as 5% of the general population). First visits registered during Q2, Q3 and Q4 (186,049) exceeded the annual 1<sup>st</sup> ANC visit projection of 176,756.



The ratio of follow-up visits to first prenatal visits remains very low when comparing Q2, Q3, Q4, but represents a slight increase (1.67 for Q4 versus 1.55 for Q3 versus 1.43 for Q2). SCIP's efforts to increase utilization of ANC services focused on the sensitization of the CL through CLL workshops, and on maximizing the inclusion of MCH nurses during the mobile brigades.

**Indicator: Number of facility visits in a health facility, by type (FP, PNC) <sup>R</sup>**

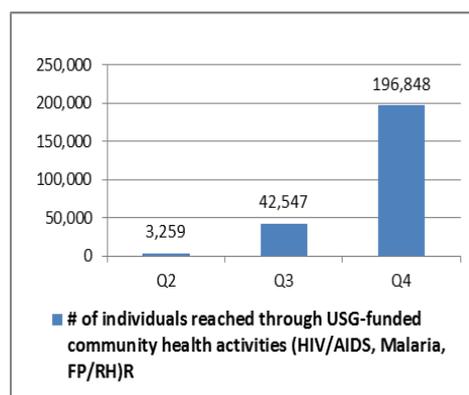
Visits to SCIP-supported health facilities for RH/FP services have increased steadily for post-partum consultations but have diminished for 1<sup>st</sup> FP visits during Q4, as a result of the serious shortage of oral contraceptives. Nevertheless, "animadoras" in the "complementary" districts were encouraged to make referrals for Depo Provera and IUD.



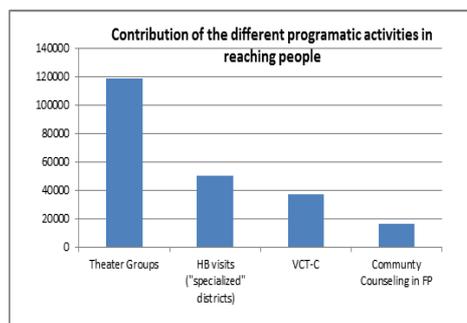
This year, SCIP has promoted FP in all community leader meetings. The national campaign conducted in April may have played a key role in the uptake of these services. A total of 144,144 facility visits for 1<sup>st</sup> FP consultations and postnatal care visits were registered during the period from January to September, 2010, compared to the annual target of 176,321 projected for the entire year, meaning that 72% of the annual target for 1<sup>st</sup> FP consultations and 89% of the annual target for post-partum consultations were achieved in just a nine-month period.

**Indicator: Number of individuals reached through USG-funded community health activities (HIV/AIDS, malaria, FP/RH) <sup>R</sup>**

This year registered a steep rise in the number of people reached SCIP community health activities. A total of 242,654 people received information, education, and counseling on HIV/AIDS, malaria, and FP/RH. Activities ranged



from one-on-one and group counseling, training, sensitization meetings, drama presentations, and discussions with the communities through organized meetings. The number of people reached varies from district to district, and the districts that are working with theater groups, such as Nampula city, generally reached more people. Based on the experience of the Nampula City theater group, which initiated its activity at the end March, SCIP decided in June to train six more district theater groups (Angoche, Meconta, Memba, Mogovolas, Moma and Nacala Porto) in the areas of HIV/AIDS prevention, treatment adherence, stigma, and diarrheal disease prevention. The remaining districts will be trained next fiscal year in November (Erati, Monapo, Nacala Velha, Nampula District, Ribaue, Malema and Mecuburi).

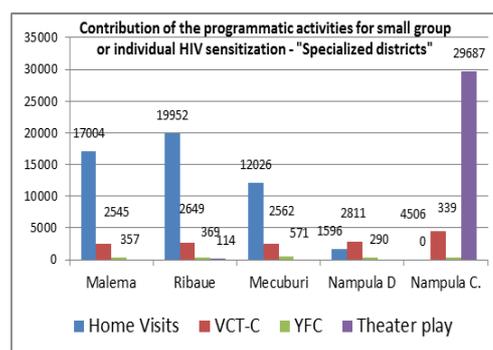


The first group of lay counselors began conducting VCT and FP counseling at community level in January, covering the districts of Moma, Nampula City, Meconta, Nacala Velha, Nampula District, Malema, Ribaue, and Mecuburi. The second group was trained in July and started their activities in August, covering the remaining districts and strengthening the teams of Meconta, Nampula City and Moma, which have some of the highest HIV prevalence in the province.

The “animadoras” of the “complementary” districts started progressively their educational activities during the 3<sup>rd</sup> quarter, and the volunteer’s network of the “specialized” districts began their educational home visits in mid-August, focusing first on HIV topics. With the expansion of the YFC, an increasing number of members were sensitized on HIV and FP topics. Since February, trainings of CL were carried out including topics of HIV/AIDS and FP.

**Indicator: Number of the target population reached with individual and/or small group HIV prevention interventions that are based on evidence and/or meet the minimum standards required<sup>R</sup>**

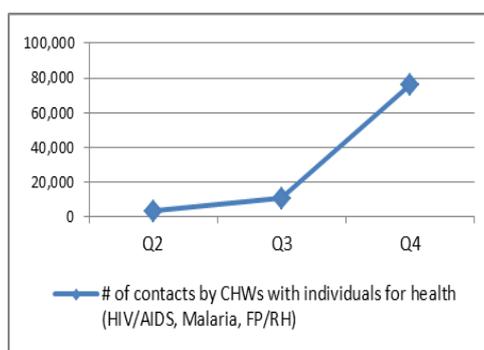
Prevention activities were conducted through theater presentations to small groups, youth farmer clubs, home based visits and counselors at the community level. During this year, 199,479 people were sensitized about prevention of HIV/AIDS through individual or small group discussions.



For the City of Nampula, as well as for some of the “complementary” districts, the theater and VCT activities were critical. The district theater groups (consisting of 35 young actors) were trained in interactive theater techniques (“Teatro do Oprimido”). For Mecuburi, Ribaue and Malema, the volunteer educational home visits, completed by the VCT-C, were a key activity.

**Indicator: Number of contacts by CHWs with individuals for health**

This indicator includes sensitization activities performed by CHW on an individual or family basis. For the first year of the SCIP intervention it captures activities carried out through volunteers and “animadoras” of the community networks existing in “specialized” districts, as well as activities implemented by “animadoras” and lay counselors of the “complementary” districts.

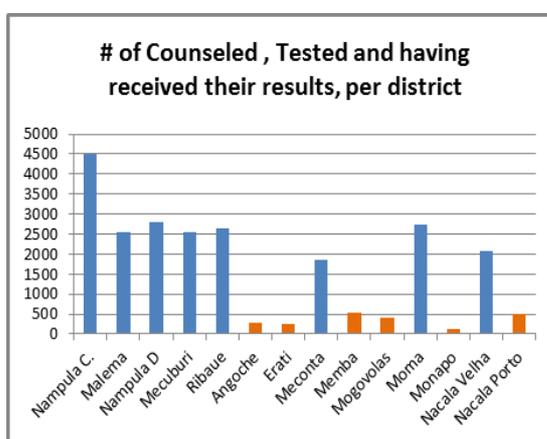


**Indicator: Number of service outlets providing counseling and testing according to national and international standards**

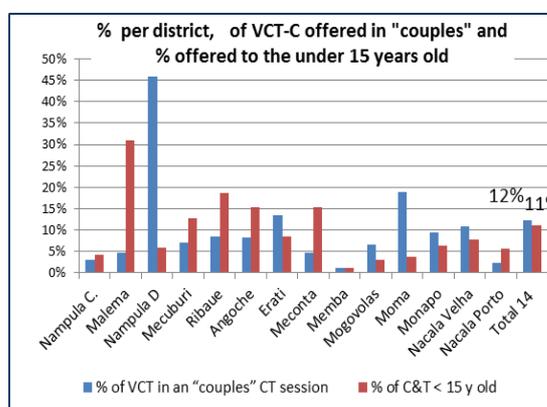
During year 1 SCIP trained 33 counselors who finish the course successfully to provide HIV counseling and testing in the 14 districts. The training used MOH curriculum and these people are hired through SCIP. Beginning in the specialized districts and adding the most remote and isolated districts, the year ended with a 14 teams, made up of two to three counselors each.

**Indicator: Number of people HIV tested and counseled and received test results<sup>R</sup>**

During this year, 23,805 people were counseled and tested and received their results through the SCIP intervention. Sixteen lay counselors (represented in blue in the attached graph) were trained in December 2009 and began performing activities at community level in February, after an internship at the main health center of their respective districts. Eighteen additional lay counselors were trained in July, 2010 and initiated their community activities in the middle of August (represented in maroon).



While females were more likely to seek health services at the health unit level than were males, community VCT activities have succeeded in reaching men as well as women (49.4% versus 50.6%). Of the total number of people tested, 4.7% were HIV positive and were referred to the health facilities for follow-up or treatment. Within these districts, HIV seroprevalence differs considerably from one district to another, with the highest prevalence in Moma and



Meconta; Meconta due to its geographical localization South-North corridor, and Moma due to a nearby factory development.

The second graph illustrates the percentage, per district, of the individuals who received CT and received their results in a couples CT session, as well as the percentage of those under 15 years of age who received CT and received their results”, of the total of individuals counseled and tested.

Recognizing the importance of targeting adolescents and youth, the counselors have paid special attention to the 10-24 age group. Of total individuals counseled, tested and receiving results, the under-15 group and 10-24 groups accounted for 11% and nearly 60%, respectively. Furthermore, the counselors made targeted efforts to reach more couples. Regular training sessions were offered to the lay counselors in an effort to provide them with support, guidance, and updates on family planning integration.

***Indicator: Number of children less than 12 months of age who received DPT3 from USG-supported programs***

***And***

***Indicator: Number of children less than 12 months of age who received vitamin A from an USG-supported program<sup>R</sup>***

The SCIP intervention has strongly supported National Health week in April 2010 along with the regular EPI program through community mobilization, direct support to mobile brigades and the repair of 33 motorcycles belonging to the peripheral health units. The goal is to more effectively facilitate outreach activities to the communities in the health facility catchment area.

There have been challenges related to meeting the projected target for this indicator. There are shortages of DPT3 vaccines due to regular national stock outs. In addition, frequently only small quantities of the vaccines are supplied which don't suffice for the numbers of children to be vaccinated. During the month of March 2010, MOH withdraw the former stock of DTP3 (Pentavalent Vaccines) of the provincial and district warehouses H.F. due to a default of fabrication and send it back to the supplier. Since April 2010, there have been regular shortages within the HNS.

An additional challenge is that the benchmark target of 150,000 fixed for the year was incorrectly calculated for the entire province population and not only for the 14 SCIP preselected districts. This target was overestimated. Achievement of the target was expected to be reached within one full year. This was an unrealistic goal given SCIP was a new project that began service provision in quarter 2 (Jan - March 2010). A realistic adjusted target is recommended at 112,332. These realistic target was met in 97% (109,258 doses on 112,332 expected) for the # of children less than 12 months of age who received vitamin A.

***Indicator: Number of OVC served by OVC programs<sup>R</sup>***

***And***

***Indicator: Number of clients receiving home-based care services R***

SCIP strategy to address OVC needs comprises two different channels of service provision: the first through the care group model and home visits by volunteers and animators, and the second through the participation of vulnerable children in the Youth Farmers Club. In the “specialized” districts, SCIP supports the communities to carry out the census for their

main target groups (WRA / Children 0 to 4 years / OVC / chronically ill); results of these censuses related to “OVC” and “chronically ill”, for the zone A covering approximately 50% of the districts’ area is presented in the table below:

Districts	OVCs identified by census (in zone A)	# of Health Family kits distributed (one per family)	OVCs served with the family kit and primary health care information	Chronically ill people identified by census (in zone A)
Malema	6,438	269	269	653
Mecuburi	12,267	1200	1,198	1333
Nampula Cid	8,305	1200	2,782	748
Npla Rapale	8,563	1104	2,126	1875
Ribaue	6,391	1200	3,242	739
<b>Total</b>	<b>41,964</b>	<b>4973</b>	<b>9,617</b>	<b>5,348</b>

The work with COVs comprises two strategies:

- 1) Improve community health through household visits by the network of community volunteers and the CARE group model. Result achieved: 9617
- 2) Increase outreach OVC through the Youth Farmers Club. Result achieved: 388

The target was to reach 6000 COVs. The work with COVs was expected to take place mostly during the last quarter. For the community health approach the strategy in the 5 “specialized” districts was based on the establishment of the volunteer network (one volunteer for each 10 houses), a process which initiated in October 2009 with the hiring of care group supervisors. Information regarding the number of OVC in these districts was collected through the Census initiative in May and June for 1st half of each district. Census results indicated a total of 41.964 COVs in the areas selected for the first part of the census.

The animators and volunteers were trained in July and August and since mid-August had initiated home visits and the delivery of family health kit (Certeza, family health manual, soap and condoms). These kits were given by the animators (who are the volunteers’ supervisors) along with an education session to the household on the use of the manual as an educative tool for nutrition, malaria and HIV prevention. Kits were delivered to 4973 households reaching **9617** OVC due to the fact that one could find more than one OVC in the same household. The distribution of the family health kit reached 23% of OVCs living in the areas where the census was implemented. The census for the remaining areas for each district has started in September and will be concluded end of October.

Focus of OVC activities for the next 4 months (up to end January 2011) is to work together with the community leaders to facilitate the necessary authorization and procedures in order to get the eligible OVC individual dossiers directed to the “chefes das localidades” and forwarded to the SDETC (Serviços distritais da Educação, Tecnologias, Cultura) and facilitate the access to school enrollment for those out of school.

Additionally **388** OVC benefitted from livelihood opportunities through the Youth Farmers Club (YFC) development being established in all 14 districts. Outside of diverse entertainment’ activities, debates on sexual and reproductive health topics as contraception, ITS and HIV prevention, water and sanitation and Malaria and diarrhea prevention, the members of the Club, all Adolescents and Young people, are acquiring agriculture knowledge and skills to improve their livelihood. However, it is envisioned that for year 2, members of YFC will be exposed to commercialization and farmer's association topics. Therefore the number of OVCs reached through SCIP intervention during this first year is of **10,005**.

In relation to the area of “chronically ill” people, SCIP activities comprised gathering information on the number of chronically ill people. The districts of Ribaue, Malema and Mecuburi presented a relatively low prevalence of HIV compared with the rest of the province and therefore it was important to have better idea of the number and geographic dispersion of the chronically ill people. SCIP took advantage of the census opportunity and added a question to capture this information. The results from the first part of census conducted in Zona A (districts were divided in half, Zona A and Zone B) and conducted in Malema, Ribaue, Mecuburi, Rapale and cidade de Nampula indicated a total of **5348** chronically ill people.

Moving into SCIP Year 2, services to be provided by the volunteers and animadoras during home visits will include *a) providing psychosocial and spiritual support services, b) facilitating referrals for health services and c) facilitating the linkages to the clinical partners program for HIV treatment adherence and follow up.* Also, SCIP was invited by DPMAS to participate in the preparations for National Children’s Week. During this period, several activities were implemented, such as talks on children’s rights, cultural activities performed by the children, and visits to monuments and museums.

## Result 3: Increase in accountability of community and district health structures to the people they serve

During Year One SCIP focused a substantial amount of effort on strengthening community-based programming, particularly in the area of health. SCIP community interventions are heavily based on close collaboration with community leaders (civil, traditional, religious), especially through CLCs. The CLCs serve as SCIP's entry point into the community. The role of CLCs is to create a favorable environment for increasing the availability of community and facility-based services and uptake of these services, particularly for FP and ANC. To this end, SCIP organized 91 workshops to discuss community involvement in health issues in the 14 districts, bringing together a total of **4.083** community leaders and members.

Support from DPS was also crucial. In an effort to engage provincial leadership, SCIP held meetings with the DPS to present the community-based strategy for FP and other reproductive and child health services. The DPS welcomed the approach and committed itself to supporting the increase needed commodities supplies.

Subsequent steps of the community strategy varied according to the district cluster and intervention package ("Complementary" vs "Specialized").

### **Indicator: Number of community-based distribution systems<sup>R</sup>**

Year One ended with a total of 1,602 localities having the minimum requirement of a community-based distribution system in place. For "complementary" districts, this translates to one trained *animadora* per community. During this first year, 1,495 *animadoras* were trained, meaning that 1,495 communities have established CBDs. For "specialized" districts, the number of CBD systems equals the number of CLCs established. **107** communities have established CLCs and have the minimum components of a CBD system in place.

### **Complementary districts**

In the "complementary"<sup>5</sup> districts, the intervention was built on the already-existing health and nutrition community workers, called "*animadoras*". These areas, supported by the USAID-funded MYAP/SANA intervention, have *only one community worker for each community, an average of 500 families*.

Having identified the communities where the SANA project was working, the list of *animadoras* was submitted to SCIP. A series of meetings between SANA and SCIP took place to refine the strategy and to discuss the SANA training allowances rates to be adopted by SCIP. This was followed by the further work of the training curriculum, a pre-test of the curriculum in Meconta District, and the training of trainers (health facility service providers) in all districts.

During the last two quarters of the year a total of 1,495 *animadoras* were trained. The training of the *animadoras* focused exclusively on family planning and HIV prevention; this approach was intended to complement ongoing training efforts in the area of health and nutrition already being implemented through the MYAP/SANA intervention. Likewise the C-HIS is tracking only the CBD of condoms and oral contraceptive pills. Home visits are not foreseen in the "complementary" districts given the high ratio of households per *animadora*.

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<sup>5</sup> Mogovolas, Angoche, Moma, Meconta, Nacala Porto, Nacala Velha, Memba, Monapo, Erati.

Note that community-based distribution of contraceptives continues to be undermined by frequent stock-outs and shortages at the national level.

### **Specialized Districts**

In the “specialized”<sup>6</sup> districts, SCIP is supporting communities in building their own extensive community health worker networks, under the leadership of the CLCs. In each district the full structure is comprised of supervisors (1 for each 50 *animadoras*, who are the trainers and supervisors of the volunteers), *animadoras* (1 for each 10 volunteers) and volunteers (1 for every 10 houses). By the end of Year One, communities conducted a census of their main target groups (WRA, children 0 to 4 years, OVC, the chronically ill) and selected volunteers and future training supervisors, also called “*animadoras*”. The community network in the districts of Rapale, Malema, Mecuburi and Ribae currently involves 107 CLCs, 49 supervisors, 156 *animadoras* and 7,821 volunteers.

Both in the “complementary” and “specialized” districts, the linkages between the “*animadoras*” and their respective health units are being strengthened through the involvement of health providers during training (health providers are actually the trainers) and through the resupply of health commodities such as condoms and contraceptive pills.

### ***Indicator: Percentage of health facilities meeting with CLC representatives at least quarterly to evaluate health issues***

SCIP encourages participation by members of CLCs and water committees on the health committees of the health facilities. Such participation increases synergies and maximizes opportunities for improving health conditions and for sustaining community involvement. During Year One, an average of 40 health facilities reported meetings with CLC representatives. The number of meetings per HF varied from one to two per quarter. Issues addressed included water availability; support from SCIP to renovate HFs; construction of maternity waiting homes; training of volunteers for community service; the shortage of HIV test kits, vaccines, and contraceptives; and follow-up on agreed activities, such as the community’s responsibility for cleaning the facility. With the exception of Monapo, Nampula city and Rapale, all districts have supported health committees. The coverage for the first year was 28%.

During Year One, SCIP devoted significant effort to establishing the community-based networks. This will be critical in facilitating provision of services closer to the population through home visits, community group meetings, and mobile brigades. Through community-based networks, the demand for health service utilization will grow through timely referral.

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<sup>6</sup> Malema, Ribae, Mecuburi, Nampula Rapale, Nampula Cidade

## Result 4: Community social infrastructure sustained through a range of allies and networks of support they can draw upon to solve health problems

Activities under this result are designed to contribute to the establishment of a community platform which brings together different actors working for overall health improvements. Community social infrastructure strengthened in Year One included CLCs, YFC and water committees. These groups come together through a series of meeting and workshops during which they shared common knowledge about challenges and priorities for improving health in their communities. Through these meetings they gained specific skills to participate actively in tackling health and development issues. At the same time participants also gained community trust and improved their confidence in their ability to solve community health problems.

During Year One SCIP successfully supported the establishment of **318 Community Leaders Council's** (CLCs), established and or revitalized **40 water committees** and established **164 Youth Farmers Clubs** in **14 districts**, impacting approximately **200 communities**. In an attempt to provide a better understanding of the roll-out of SCIP's integrated strategy, the work conducted with water committees and CLCs is described under Results Five and Two, respectively.

### Youth Farmers Clubs development

This initiative began with the development of methodologies and approaches to be applied in the establishment of Youth Farmers Clubs as well as the hiring and training of YFC assistants to be placed in each of the districts. The activities implemented consisted of the joint development (with the SANA project) of a strategy for YFC implementation within the MYAP districts; the preparation of training materials on harvesting practices, nutrition, and quality control; food handling, food use, and storage; the training of YFC leadership and the strengthening the YFC's organization and vegetable farming-related activities; improvement of community networks and OVC livelihood opportunities; and field supervision and participation in technical meetings with the DPA.

### *Indicator: Number of community groups developed and supported (YFC)<sup>R</sup>*

During Year One, SCIP successfully established **164 YFC** against a target of **140**. The process mobilized 4,147 rural and urban youth, of which 2,758 were male and 1,389 were female. Table 1 summarizes the membership of the YFC per district. As expected, the specialized districts (specialized package) produced a higher number of YFC as they initiated this activity earlier than the complementary districts.

### *•Completion of staff recruitment, training and allocation to districts*

The first cadre of field assistants (3 males and 2 females) was placed in the five specialized districts. Later in the year nine new field assistants (2 female and 7 male) were allocated to the nine MYAP districts, bringing the total number of YFC development field staff to 14 assistants. Both teams received two weeks of training to educate them in basic theory and practice of YFC development. The content of the training included: SCIP project overview and strategies for project integration; SCIP goals for YFC development; national policies on agriculture and OVCs; methodology for YFC development; community participation; producer organizations; cooperative movement; youth group dynamics; YFC monitoring system; administrative procedures; conservation farming; vegetable farming; practices for soil, water, and plant management; and field practices for the YFC of the Nampula Municipality. Following the training, the staff members were introduced to their respective SCIP District teams and stakeholders (SDAE, SANA staff).

**Table 1: YFC and Membership - SCIP Nampula, Year One**

District	Administrative Post	# of Communities with YFC	# of YFC	Membership		
				M	F	Total
Angoche	Angoche	2	8	126	23	<b>149</b>
	Nametoria	3				
	Namaponda	2				
	Aube	1				
Erati	Alua	5	11	244	105	<b>349</b>
	Odinepa	1				
	Namapa	5				
Malema	Malema Sede	1	15	237	120	<b>357</b>
	Canhunha	4				
	Mutuale	2				
Meconta	Meconta Sede	2	9	193	130	<b>323</b>
	Namialo	4				
	Nacavala	1				
Mecuburi	Mecuburi Sede	15	21	391	180	<b>571</b>
	Namina	2				
Memba	Memba Sede	6	9	129	87	<b>216</b>
	Mazua	3				
Mogovolas	Mogovolas Sede	4	9	151	92	<b>243</b>
	Calibo	1				
	Nanhupo Rio	2				
	Muatua	1				
Moma	Iuluti	1	8	165	66	<b>231</b>
	Macone	8				
Monapo	Mukuthuwa	3	9	201	51	<b>252</b>
	Monapo Sede	3				
	Itoculo	3				
Nacala Porto	Mutiva	4	9	169	69	<b>238</b>
	Muanona	5				
Nacala Velha	Nacala Velha Sede	2	8	136	84	<b>220</b>
	Ger Ger	6				
Nampula Cidade	Natikiri	3	14	190	149	<b>339</b>
	Namicopo	4				
	Napipine	2				
	Muatala	1				
Rapale	Rapale	5	15	205	85	<b>290</b>
	Mutivaze	4				
Ribaue	Ribaue Sede	7	19	221	148	<b>369</b>
	Cunle	4				
	Iapala	4				
<b>Total</b>		<b>136</b>	<b>164</b>	<b>2758</b>	<b>1389</b>	<b>4147</b>

- **Finalize the coordination strategy in the complementary districts and OVC inclusion**

Efforts to improve coordination resulted in adoption of the strategy for MYAP districts in a meeting of SANA representatives headed by Salvador Baldizon and Rita Badiani of SCIP. Ongoing efforts on the ground are focused on harmonizing approaches and methodologies as well as maximizing the opportunities for complementarity. Through the SCIP project, YFC are established alongside producer associations attended by SANA *extensionistas*. In the long run it is expected that members of these youth farmers club will graduate and will contribute to the creation of the future associations or support for cooperative members and emerging young farmers.

- **Supervision and monitoring field activities**

Supervision activities were designed to ensure that project targets are achieved. The two supervisors conducted quarterly visits to advise the YFC assistants, motivate and support the process of training of trainers, and monitor the results. A weekly monitoring system was established via SMA to facilitate regular assessment of the team’s progress and early identification of any problems.

In addition, meetings with district coordinators, conducted during district visits, provide the necessary feedback regarding field level activities.

- **Mobilize OVC and incorporate this component into the YFC strategy in complementary implementation districts**

SCIP has launched efforts in almost all implementing districts to identify and refer OVC to YFC to benefit from livelihood opportunities. This activity involves community health animators and community leaders.

During this year, 388 OVC (193 male; 195 female) were integrated into existing YFC, where they were exposed to livelihood opportunities. Table 2 presents data on OVC membership per district.

**Table 2: OVCs integrated into YFC, by district, Year 1**

District	OVCs		Total
	M	F	
Angoche		11	11
Erati	35		35
Malema	7	8	15
Meconta	28	21	49
Mecuburi		17	17
Memba	2	19	21
Mogovolas	14		14
Moma	21		21
Monapo		25	25
Nacala Porto	23		23
Nacala Velha	28		28
NPL Cidade	22	55	77
Rapale		28	28
Ribaue	13	11	24
<b>Total</b>	<b>193</b>	<b>195</b>	<b>388</b>

**Indicator: Number of people (by type) trained in using conservation farming techniques as a result of USG assistance**

Training in conservation farming was based on a methodology of learning by doing through practical application and the use of demonstration plots. The training focused on vegetable and rainy season crops farming practices. Topics included issues such as soil selection and preparation, nursery bed preparation, seeding, and integrated pest management for agricultural conservation.

As Table 3 illustrates, 132 demonstration plots were used for training purposes. The trainings reached a total of 3,677 participants, of which 2,546 were male and 1,131 were female. Note that these numbers include participation of both YFC members and other interested community members. Furthermore, YFC leaders received training in conservation farming through the YFC leaders TOT, carried out in June.

**Table 3: Demonstration Plots and People Trained in Conservation Farming**

Districts	Administrative Post	# of Demonstration Plots	# of YFC members and others trained in Conservation Farming		
			Members	M	F
Angoche	Namaponda Aubi Nametoria Angoche Sede	8	469	365	104
Erati	Alua Namapa Sede Odinepa	8	364	241	123
Malema	Malema Sede Canhunha Mutuale	13	304	208	96
Meconta	Meconta Sede Nacavala Namialo	5	109	62	47
Mecuburi	Mecuburi Sede Namina	17	277	176	101
Memba	Mazua Memba Sede	8	187	136	51
Mogovolas	Mogovolas Sede Nanhupo Rio	5	211	148	63
Moma	Macone	8	264	179	85
Monapo	Itoculo	4	82	66	16
Nacala Porto	Mutiva Muanona	5	117	74	43
Nacala Velha	Nacala Velha Sede Ger Ger	8	276	196	80
Nampula Cidade	Napipine Natikiri Namicopo Muatala	11	294	197	97
Rapale	Rapale Mutivaze	15	355	257	98
Ribaue	Ribaue Sede Cunle Iapala	17	368	241	127
<b>Total</b>		<b>132</b>	<b>3677</b>	<b>2546</b>	<b>1131</b>

- **Standardizing and source inputs/kits for dry season cash crop demonstration plots for the next season;**

This activity involved supporting creation of demonstration plots of dry season crops - mainly peanuts, sesame, beans, and cowpea. Demonstration plot standards and inputs were established. Inputs included the distribution of 75 kg of fertilizers, 50 pulverizers, 43 shovels (only to the specialized districts) while 270 watering cans, and 14 rain gauges were distributed to all districts. Kits for dry season cash crops included the distribution of 120 kg of corn, beans and sesame seeds (again to the specialized districts) and 15 kg of horticulture seeds were distributed to all districts.

For the next season, YFC development will pilot a new approach for Emerging Youth Farmers focusing older youth. SCIP will provide technical assistance to channel older members with 1 ha plots with 2 marketable crops to market opportunities.

***Indicator: Number of people (by type) trained in safe food handling, use and storage***

Equipping YFC members with information and skills on safe food handling, use and storage has a potential to reduce the prevalence of malnutrition, which is pervasive in the rural areas. ToT sessions were conducted in five districts during the last week of June. The YFC manager, supervisors and assistants were involved as trainers. The training benefited 290 youth leaders (226 male and 64 female) [see Table 4]. The training strategy is based on a cascade of training of trainers (ToT).

In addition to the ToT on food handling, training replication is ongoing within the YFC and at the family level. During Year One, replication began in the districts of Malema, Ribae, Rapale and Mecuburi, benefiting 852 people.

**Table 4: ToT on food handling and use**

District	# of People trained in safe food handling and use		Subtotal
	M	F	
Malema	47	13	<b>60</b>
Mecuburi	50	8	<b>58</b>
NPL Cidade	33	18	<b>51</b>
Rapale	51	14	<b>65</b>
Ribae	45	11	<b>56</b>
<b>Total</b>	<b>226</b>	<b>64</b>	<b>290</b>

- **Adjust the existing training material on food storage techniques and training district artisans**

An effort to adjust the existing training material was focused on food and nutrition approaches. A visit to Unilurio Nutrition Laboratory during the training of the YFC assistants offered insight into the need for high quality practices in food handling. Participants witnessed samples of cassava, peanuts, and beans with high levels of aflatoxin. During the next season, assistants will collect samples of staples from the district to be submitted for analysis; these will then be used as the basis for the training.

Training of artisans on storage techniques has yet to be programmed in collaboration with the SCIP water and sanitation component and World Food Program trainers.

• **Integrated activities**

In an effort to provide a comprehensive, integrated package of services promoting health and development, various services were introduced to YFC members during the course of the year. Complementary activities at the district level have been held with SCIP partners and other relevant programs, including:

- Counseling and testing of 30 YFC members in Mecuburi and 29 YFC members in Monapo through the community Counseling and Testing activities
- Distribution of OVC kit (comprising a health manual, 3 bottles of “Certeza”, 4 Protex soaps, and condoms to family members) to 20 YFC OVC members in Ribae District
- Participation of 2 leaders of YFC in water committee’s trainings in the communities of Monapo and Memba districts.

These activities illustrate the potential for integrated youth development. Integrated programming for youth will be promoted as a key priority throughout Year Two. Preparation is ongoing for peer educator training in reproductive health. This activity, to be launched early in Year Two, will involve two YFC members from each club.

## Result 5: Availability and use of clean, multi-use water increased

The SCIP water component is being implemented in five of the fourteen districts of Nampula province, namely Erati, Memba, Nacala Porto, Nacala Velha and Monapo. The specific objectives of the water and sanitation component are an increase in sustainable coverage of water and sanitation through the rehabilitation and construction of water sources; reactivation, establishment and training of water committees; strengthening local service providers for spare parts commercialization; and mobilization of communities for construction of latrines.

Working primarily in SANA communities, SCIP activities in each district begin with a workshop for Local Leaders Committees (CLL) as a critical step in establishing a community platform. Under the water and sanitation component in Year One, SCIP facilitated rehabilitation of water sources that did not require a contractor and thus was able to respond with agility to community needs. **Forty water committees** were revitalized and/or established and trained, and **40 sources were rehabilitated** in Year One against a target of 31.

### *Indicator: Number of water sources repaired/constructed, total and by type*

The development of water sources includes mechanical boreholes, new shallow wells, and the rehabilitation of existing wells. An assessment of the number of deteriorated water sources was performed in all districts. The SDPI is in the process of validating this information, to be included in the intervention next year. It should be noted that the several water sources containing salty water will not be rehabilitated.

SCIP took the initiative of starting with the rehabilitation of those water sources that did not require contractors. This resulted in an expedited process, with 40 water sources being rehabilitated during Year One. These water sources are borehole-type wells with hand pump wellheads, benefiting an estimated 30,000 people across five districts and 40 communities as illustrated in the table below. The number of water sources rehabilitated by district range from five in Nacala Velha to twelve in Memba. During the rehabilitation process it was noted that salty water continues to be a significant problem, particularly in the districts of Memba, Nacala Velha and Monapo. Lack of knowledge in operations and maintenance by the water committees were cited as the most common reasons for non-functioning water sources.

Water committees were established, trained and refreshed. A number of communities used their water sources to learn how to conduct equipment installation and repair as well the maintenance of water sources. Spare parts kits were purchased by the project and the kits – along with complete inventories, itemized pricing lists, and information regarding spare part vendors - were delivered to all water committees. The next step for the upcoming year is to identify and train local artisans in the commercialization of spare parts.

### *Construction of new water sources*

Rehabilitation and construction of water sources, originally not scheduled to take place until SCIP's second year, have been rescheduled for the last quarter of Year One, following the realization that drilling must take place during the dry season, which spans from July to October. Likewise, the water source activities originally planned for Year Three have been moved up to the last quarter of Year Two.

The procurement related to construction and rehabilitation of the water sources began in May and included a visit to the contractors by the SCIP team to see firsthand the state of equipment and machinery and meet key staff.

**Table 5: Water Sources Repaired, Year 1**

Districts	Community	# of water sources repaired		
		2Q	3Q	4Q
Erati	Impoge			1
	Nacucha			1
	Napera			1
	Nipocora			1
	Nihauia			1
	Samora Machel (Comala Sede)			1
	Samora Machel (Comala EP1)			1
	<b>Total</b>			<b>7</b>
Membra	Nassone			1
	Nieque			1
	CS Mazua			1
	7 de Abril	1		
	Caleia	1		
	CS Baixo Pinda	1		
	Baixo Pinda Mirimane B	1		
	Napa 1	1		
	CS Chipene			1
	Jamaroro			1
	Tiri			1
	Luriu Sede			1
	<b>Total</b>	<b>5</b>		<b>7</b>
Monapo	Napala		1	
	Netia Sede – Bairro D			1
	Canacué 1			1
	Canacué 2			1
	CS de Saúde de Natete			1
	Muelige			1
	Nacololo			1
	Micolene			1
<b>Total</b>	<b>1</b>		<b>7</b>	
Nacala Porto	Namissica			1
	Matalane			1
	Muanona Sede	1		
	Micajune / 25 de Setembro			1
	CS Quissimajulo	1		
	Quissimajulo Bairro	1		
	Naveveme			1
	Locone			1
<b>Total</b>	<b>3</b>		<b>5</b>	
Nacala Velha	Nahipa			1
	EPC Vida Nova	1		
	Ger Ger Sede			1
	Atawe			1
	Namalala			1
<b>Total</b>	<b>1</b>		<b>4</b>	
<b>Total</b>	<b>40</b>	<b>1</b>	<b>9</b>	<b>30</b>

The process took longer than anticipated, as environmental compliance issues had to be addressed and clarified. However, contractors were selected by the end of Year One, and work began immediately in the districts of Memba, Nacala Porto and Nacala Velha.

### ***Multiple water systems***

The new government strategy is to construct small water systems in more populous areas as opposed to construction of several boreholes for each community of 500 members. An assessment of the multiple water systems in Nacololo and Netia both in Monapo was conducted. For Nacololo, a site was identified for construction of the system, and the district government promised to extend the power line to the site. SCIP support will include purchasing the submersible pump, storage tanks, and pipes, as well as installation and training of the management committee. It was agreed that work would start once the government complies with its commitment.

Mozambican National Water Policy calls for “500 people for each water source with a hand pump.” Thus, for example, in Netia (with a population of approximately 15,000), it would be necessary to drill 30 boreholes and equip each with a hand pump. Given the absence of resources required to drill this many boreholes, one possible alternative would be to construct a small water distribution system. In Netia, ESSOR, the provincial Department of Water, the district government, and SCIP have joined forces to support the purchase and installation of a mechanical borehole. ESSOR will be responsible for the drilling of the eight-inch borehole, while SCIP will purchase the submersible pump and pipes. Training for system management will be provided by both organizations.

### ***Contribution for water sources***

Coordinating a regular contribution for the maintenance of water sources has been an ongoing activity in all districts and planning for securing contributions for the new water sources is moving forward in all three districts. The communities have responded positively although with some doubts, as in past they have faced problems related to money stolen by dishonest members of water committees as well as problems of unviable (salted or dried) water sources. The issue of accountability has been addressed in the water committees. Ensuring that all committees will have a secure box to keep their money safer is a priority.

### ***Indicator: Number of people trained in safe water***

Functioning water committees are key to the sustainability of water sources at the community level. During Year One SCIP created or revitalized 40 water committees, corresponding to the 40 repaired water sources, each with 12 members, for a total of 480 members. The SCIP team facilitated community selection of the water committee members, according to each community’s own criteria, which include their behavior and acceptability by members. Including women in these committees is essential, partly because women are more involved in water issues in daily life, and therefore must be able to report on, operate, and repair the water sources, and also because increasing women’s participation in community matters is regarded as an end in itself.

The committees were trained in the operation and maintenance of water sources, water source management, conflict resolution, accountability, and leadership. The “Book of Operations and Maintenance” was introduced to all water committees where the project is implementing its activities. The book was acquired at the SNV in Nampula and seems to be an effective tool for the water committees, as it contains complete instructions for fostering transparency and accountability.

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Operations and Maintenance” was introduced to all water committees where the project is implementing its activities. The book was acquired at the SNV in Nampula and seems to be an effective tool for the water committees, as it contains complete instructions for fostering transparency and accountability.

**Table 6: Water Committees**

Districts	Community	# of Water Committees			Initiated Contribution (users fees)	# of Water Committees Members (by type)		
		2Q 4Q	3Q			Members	M	F
Erati	Impoge			1		84	42	42
	Nacucha			1				
	Nipocora			1				
	Nihauia			1				
	Napera			1				
	Samora Machel (Comala Sede)			1				
	Samora Machel (Comala EP1)			1				
	<b>Total</b>			<b>7</b>				
Memba	CS de Mazua			1	X	144	72	72
	7 de Abril		1		X			
	Caleia		1					
	CS de Baixo Pinda		1					
	Baixo Pinda Mirimane B		1		X			
	Napa 1		1					
	CS de Chipene			1				
	Tiri			1				
	Nassone			1				
	Nieque			1				
	Jamaroro			1				
	Luriu Sede			1	X			
	<b>Total</b>		<b>5</b>	<b>7</b>				
Monapo	Napala	1				96	48	48
	Netia Sede – Bairro D			1				
	CS de Natete			1				
	Muelige			1				
	Nacololo			1				
	Canacué 1			1				
	Canacué 2			1				
	Micolene			1				
	<b>Total</b>	<b>1</b>		<b>7</b>				
Nacala Porto	Namissica			1	X	96	48	48
	Muanona Sede		1		X			
	Matalane			1				
	Nevevene			1				
	Micajune / 25 de Setembro			1				
	Locone			1				
	CS de Quissimajulo		1					
	Quissimajulo Bairro 1		1					
<b>Total</b>		<b>3</b>	<b>5</b>					
Nacala Velha	Ger Ger Sede			1	X	60	30	30
	Nahipa			1				
	Atawe			1				
	EPC Vida Nova		1		X			
	Namalala			1	X			
	<b>Total</b>		<b>1</b>	<b>4</b>				
<b>Total</b>	<b>40</b>	<b>1</b>	<b>9</b>	<b>30</b>		<b>480</b>	<b>240</b>	<b>240</b>

SCIP added material on conflict resolution and the tasks of Hygiene and Sanitation *promotores*. Safe boxes for storing community contributions and users fees will be purchased from local carpenters. The boxes will have three different locks, to be kept with three different committee members and the opening of the box would require the presence of the three together. Monthly meetings are being held to ensure accountability.

A comprehensive list of components of the pumps and spare parts was provided to the water committees; the list also contains prices for each part, available vendors within the district, as well as vendors that are located in Nampula city.

As indicated in Table 6 above, the district of Memba benefited from the revitalization and training of twelve water committees, Nacala Velha revitalized and trained five water committees, Nacala Porto revitalized eight water committees, Erati revitalized seven, and Monapo eight committees. The number of water sources rehabilitated is the same. Although the water sources have already being placed, the water committees in these communities were no longer functioning. SCIP identified these problems during CLL meetings, and follow-up meetings were held with communities to facilitate the selection of members to be a part of the committee.

InterAid working in the water sector and SANA Project are implementing activities in many common areas. A coordination meeting is being held at the district level to discuss implementation strategies, as well as to build on existing groups and to include them in the training and implementation process.

**Indicator: Number of localities with integrated water and health committees**

During Year One, SCIP managed the establishment of seven integrated water and health committees; members of these water committees are participating in health committee operations and are conducting sensitization talks at health facilities on WASH. As indicated in Table 7 below, three of these integrated water committees are functioning in Memba, two in Monapo, one in Nacala Velha, and one in Nacala Porto.

The integration of a water committee president within the CLCs will also help communities to monitor and prevent dysfunction of the existing water points.

**Table 7: Integrated Water and Health Committees**

District	Community	# of Integrated Water Committees
Memba	CS de Baixo Pinda	1
	CS de Mazua	1
	CS de Chipene	1
	<b>Total</b>	<b>3</b>
Monapo	Posto de Saúde de Napala	1
	CS de Natete	1
	<b>Total</b>	<b>2</b>
Nacala Porto	CS de Quissimajulo	1
Nacala Velha	<b>Total</b>	<b>1</b>
	CS de Namalala	1
<b>Total</b>	<b>Total</b>	<b>7</b>

## Result 6: Sanitation facilities and hygiene practices in target communities improved

During Year One, the Community-Led Total Sanitation (CLTS) methodology was implemented in the five water and sanitation districts. The training content and approach encouraged communities to improve their sanitation facilities using locally available materials, with a focus on the construction and consistent use of latrines and hand-washing facilities. The training emphasized the need for participation and commitment of the entire community in order to achieve complete elimination of open defecation. Participants also learned that each latrine type has a specific cost structure and specific cost to the participating household. Careful consideration of the latrine type is a key factor in subsequent use and maintenance. During the training, the importance of hand washing after defecation, before eating and preparation of food were also discussed, along with demonstration of a Tippy Tap.

The CLTS approach is both participatory, as the community itself leads the process, and efficient, as communities almost invariably adopt immediate behavior changes and initiate plans for latrine construction. A follow-up team, comprised of community members who demonstrate leadership qualities, is selected during training.

A local NGO, AMASI, was contracted to implement sanitation and hygiene promotion in the districts of Memba, Nacala Velha, and Nacala Porto. Two facilitators trained in CLTS were allocated to each district. These facilitators, who live within the community, are responsible for promoting healthier behaviors, starting with the CLTS. They then train the Water Committee and mobilize the community to contribute to the rehabilitation and construction of new water sources as needed. These technicians are considered part of the SCIP project and operate under the supervision of the District Coordinator.

### ***Indicator: Number of households with latrines***

As indicated in Table 8, by the end of Year One **3,012 houses in the five districts built latrines, and over 1,000 adopted the Tippy Tap technique.** The number of latrines built by district ranged from 954 in Erato to 540 in Nacala Porto. Eleven communities are ready to be declared free of open defecation. The next step will be the creation of a team to evaluate the conduct evaluations of each target community. If the team concludes that all households have demonstrated proper construction and use of latrines and no feces are found nearby, the community will be considered a Community Free of Open Defecation. Based on these assessments, SCIP will provide LIFECA stickers and one-gallon jerry cans to each household. Evaluation will involve provincial and district governments, particularly those leading health and sanitation initiatives. An event will be held early in Year Two to announce and celebrate the achievements in these communities.

Theater groups formed by the BCC team to disseminate key messages to communities conducted cholera awareness and hygiene and sanitation sessions in the five districts. The core topics included cholera prevention and safe transport, use and reuse of water. An estimated 3,582 people attended the events, of which more than 50% were women and children.

The latrines built to date as a result of the CLTS approach have been constructed of basic local materials which have limited durability. Following training of local artisans during Year Two, the project will aim to introduce the use of slabs, bricks and others materials to facilitate construction of more durable and sophisticated latrines.

**Table 8: Latrines and Tippy-Taps**

Districts	Community	# of latrines		# of Tippy-taps	
		4 <sup>th</sup> Quarter	Year 1	4 <sup>th</sup> Quarter	Year 1
Erati	Nahopa	421			
	Munhacuco	210			
	<b>Total</b>	<b>631</b>	<b>954</b>		
Memba	Jamaroro	23		23	
	Napito 1	47		25	
	Napito 2	41		25	
	Mulimelo	59		25	
	Mutoroni	44		7	
	Muruha	91		91	
	Muhala	38		38	
	Muanona – Cavá	97		2	
	Nanoa – Cavá	76		45	
	Moraine	88		88	
	Ger Ger	83		83	
	Monlia 1	76		49	
	Monlia 2	41			
	<b>Total</b>	<b>804</b>	<b>840</b>	<b>501</b>	<b>524</b>
Monapo					
Nacala Porto	Matalane	30		10	
	Josina Machel	22			
	Navevene	15			
	Namissica	40		15	
	Murrupeleane	25			
	25 de Setembro	20		18	
	Locone	15			
	Mupete	42			
	Murutumua	55		28	
	Tetreane	32			
	Nacurula	18			
	Conambia	35			
	Mahelene	10			
	Quissimajulo	12			
	Lili	17			
	Namissica “2”	39		10	
	25 de Setembro “2”	15		8	
<b>Total</b>	<b>442</b>	<b>540</b>	<b>89</b>	<b>161</b>	
Nacala Velha	Namerupa (Nahipa)	203		203	
	Hataue	46			
	Mepuhula Sede	19		19	
	Micone “A”	25		25	
	Micone “B”	40			
	Micone “C”	87		87	
	Ger Ger Sede	18			
	Ger Ger “A”	15		15	
	Ger Ger “B”	20		40	
	Ger Ger “C”	56		56	
	Murcurcone	48		48	
	Muacopila	51			
	Nacurula	30		30	
	<b>Total</b>	<b>658</b>	<b>678</b>	<b>523</b>	<b>543</b>
<b>Total</b>	<b>2.535</b>	<b>3.012</b>	<b>1.113</b>	<b>1.228</b>	

## Challenges and Opportunities

During Year One, SCIP encountered several challenges, as this was a new initiative bringing together partners with different organizational cultures and a previous orientation towards vertical program implementation. However, the decision to have a centrally-managed project with shared office space and resources greatly facilitated a common vision of SCIP and the operationalization of the activities in an increasingly integrated manner.

SCIP also dealt with changes in the DPS, particularly the arrival of the new Director and the departure of the Head of the Planning and Cooperation Department in Quarter Two, which affected the pace of project implementation in a number of areas. The idea of M&E systems strengthening, for example, has been put on hold. During Year One progress and setbacks have been closely related to SCIP's relationship with the health sector. A meeting with the district health directors, SCIP district coordinators and management, DPS director, medical chief and planning department coordinator will hopefully contribute to improve coordination and strengthening of the partnership.

In relation to supplies, the constant depletion of stocks of drugs and contraceptives at health facilities was a persistent challenge throughout the year. Towards the end of Year One, SCIP also faced a complete stock-out of HIV test kits to be used at the community level.

Household adoption of conservation farming methodologies continues to be undermined by the persistence of traditional farming practices. The YFC strategy encourages YFC members to educate and persuade their own families to adopt the practices. This process must be better supported and monitored by the assistants.

SCIP's on-the-ground presence in each of the 14 districts has facilitated the development of a growing and solid partnership. In all 14 districts, as well as at the provincial health directorate (DPS) level, the SCIP-planned activities for the year 2011 have been integrated into the "PESOD" (Plano Economico e Social do Distrito) and provincial "PES" (Plano Economico e Social). This achievement, just four months after the arrival of the district teams, is indicative of the project's success in coordinating resources available at the district level and maximizing collaboration and integration of various activities. The result is an integrated development plan at district level, including water and sanitation, health, social affairs, and agriculture. Furthermore, monthly joint planning meetings with the different SD (serviços distritais) and the other district development actors, as well as SCIP's invited participation in the districts' government sessions; have enhanced implementation of SCIP-supported activities.

## Overall Management

The SCIP management team initiated Year One activities by refining the workplan and PMP developed in the inception phase, as well as strategizing about project needs in relation to staffing and infrastructure. Quarter Two began with the hiring of 12 District Coordinators who participated in two-week training covering project objectives, components, strategies, consortium partners, community approaches and finance and administrative procedures. By the beginning of February all Coordinators were placed in the districts, based at the SDS and equipped to begin project activities. At the district level, SCIP supported the minor rehabilitation and furnishing of SCIP offices within DDS premises. M&E staff for the districts were hired, trained and deployed between April and July, and by August the M&E Manager was also in place. By middle of May the SCIP management team finally moved to the new

premises in Nampula city, where the staff has a more comfortable workspace to perform their activities.

SCIP had the honor of participating in the visit of the US Ambassador to a SCIP-supported health facility in the district of Nacala Velha. This visit provided an opportunity to witness collaboration between two US government-funded projects: SCIP and SANA.

During the tour, the visitors met with the health center staff and learned about their work with the community, and about the daily challenges of healthcare provision. Ambassador Rowe, who speaks fluent Portuguese, carried on a lively interaction with both the staff and the community members. Ambassador Rowe was particularly struck by the prohibitively long journeys that clients must make to reach the health facility. Many villages must travel a distance of 12 kilometers, a reality which makes it all the more imperative that the health center be able to provide the services promised.

### **SCIP Consortium Partners Meeting**

During Year One, SCIP convened two meetings with consortium partners. The first was held in September 2009 and focused on HR harmonization policies, per diem rates, and budget and workplan development. The second meeting, held in April, included general updates on staffing, feedback on USAID visits, progress of various program components, and focused activities for the next six months. Time was devoted to discussing challenges to implementation, the need to move away from the culture of project verticalization, planning and sharing of resources, and roles of each consortium partner. On the financial side, budget and expenses to date were shared, and the importance of timely invoices and reporting were stressed.

### **Meeting with Partners and collaborators**

#### **DPS**

SCIP held several meetings to introduce the project to the new DPS Director and to discuss collaboration mechanisms and priority areas to be supported. The project has supported DPS staff to perform two rounds of supervision visits to the districts and to conduct two planning meetings. The first one gathered 75 participants - 3 from each district - plus DPS staff to discuss and present data on performance for 2009. Provincial data were presented for each area, and accomplishments and challenges were addressed. This meeting lasted for two days and was conducted in Nampula city. The second planning meeting, focused on "Cenário fiscal", brought together the district directors and planning officers. It lasted three days and was conducted in Nacala Porto.

#### **Clinical Partners**

Coordination meetings took place with EGPAF and ICAP to exchange information on activities, discuss collaboration, and coordinate the support to DPS. Each time there is a common request from DPS to finance an activity, SCIP management sits together with these clinical partners to discuss the activity and make decisions about who will be responsible for what portion of the budget.

#### **SANA project**

SCIP had the opportunity to interact several times with SANA project staff to introduce the district coordinators, share information on the workplan and strategies, select geographic areas of work. SANA and SCIP held a joint meeting in Nacala Porto with the participation of both SCIP and SANA senior management and coordinators from the districts of NP, NV, Monapo, Meconta and Memba. A second meeting took place in Moma for the districts of Mogovolas and Angoche. Following these meetings the SCIP district coordinators have

worked on a more regular basis with SANA project supervisors. The training of SANA *animadoras* in the FP component conducted by SCIP in all districts contributed to further strengthening this collaboration at district level.

At the provincial level, several meetings took place to harmonize approaches and strategies related to the support of *animadoras* with the SO3 team and with the SO1 for the elaboration of the collaboration strategy for the YFC implementation within MYAP districts. SCIP participated in the last SANA partners meeting, where both organizations agreed to develop a MOU. The MOU was signed at the beginning of October.

### **SCIP Zambezia**

Two coordination meetings between the COPs of the two SCIP projects were held in Maputo city. The first addressed ways of collaboration, sharing of working approaches, IEC materials, and plans for exchange visits. SCIP Nampula had the honor of hosting an exchange visit with the water component in May. Baseline protocols and tools were shared, as well as the PMP. A second meeting took place in August to work on a harmonized template for the quarterly report and the workplan.

### **USAID**

Bill Hagelman and Rheena Shukla conducted a courtesy visit to the SCIP offices in February. At this time, they briefly met the management team, were introduced to the overall project organogram, and made clarifications about focus districts for water. In March, Bill Hagelman called for a joint meeting among USAID, SANA and SCIP at SCIP premises. During this meeting, he emphasized the need for SCIP to prioritize in the “complementary” districts the same communities in which SANA was working. He also informed the team about the visit of the US Ambassador to Nampula in early April and invited SCIP participation.

Hanisse Sumbane and Dionisio Matos conducted a one-week visit to SCIP at the end of March to further discuss HBC and OVC activities.

Lília Jamisse, Cherry Gumapas, Elias Cuambe, Odete Paúnde, Benedito Chaúque, and Charity Alfredo (CDC) visited the SCIP Project in April. The team visited activities in the districts of Rapale, Meconta and Monapo and had the opportunity to observe and discuss implementation of various activities, difficulties on the ground, and how the central team could support the removal of obstacles to implementation. Some examples of areas to be supported were: sharing of information in relation to APEs initiatives, shortage of HIV test kits, and forecasting of contraceptives.

Bill Hagelman, Isabel Alves, and Elias Cuambe visited the SCIP water and sanitation activities in Erati and Memba districts in July. The team was interested in monitoring the WASH component and devoted attention to the water management committee (selection process, transparency, security and accountability of community contributions, frequency of meetings, role of members and integration with other SCIP components). The team was also interested in how the integration with SANA project was evolving.

Reena Shukla, AOTR SCIP Nampula, and Karin Turner, Deputy Director of Health Systems, visited SCIP from July 20 -22. The team visited activities in the districts of Monapo and Nacala Porto and had the opportunity to interact with community leadership, observe activities at health facilities, dialogue with health and water committees, and observe Community Led Total Sanitation (CLTS) activities.

Reena Shukla (SCIP AOTR) and Matt Rosenthal (in charge of M&E) visited SCIP at the end of August. The focus was on M&E activities. SCIP provided them with all M&E materials, and they had the opportunity to observe several activities related to preparation of the baseline survey. They also visited Nampula city and Mogovolas, where they observed project activities focused on BCC, youth farmers club and community counseling.

SCIP leadership met with the USAID SCIP Management Team in Maputo in several occasions and had two jointly coordinate meetings with USAID, SCIP Zambezia and SCIP Nampula.

### **Monitoring and Evaluation**

Year One began with the development of the PMP, which was further refined throughout the year. In the area of monitoring, attention was given attention to community-based data. To this end, SCIP developed a basic data bank comprised of a few intake forms for data collection which can be used even by those with low literacy levels. SCIP has also developed intake forms for all indicators not generated by the “modulo basico” of the Health Information System. For facility-based data, the M&E unit has presented to DPS a proposal for strengthening data collection at facility level by equipping the SDSMA with a desktop, internet access and a PDA. However, due to a change in the head of the planning department at the DPS, this proposal has been on hold.

By the end of year, one M&E officer was trained and placed in the districts. This is an area with limited capacity and significant gaps. The SCIP management team continues to devote considerable effort to building this capability, including refining the intake forms and assuring data quality. By August, the M&E Manager was in place, and intensive preparation for the baseline survey began.

## **The SCIP Baseline Survey**

For the project baseline study, SCIP is conducting a household survey in the 14 districts where the project is being implemented. This survey aims to provide information on population, family planning, maternal and child health, reproductive health, AIDS and sexually transmitted diseases and nutrition in the project areas. The analysis of this information will be essential to evaluate the indicators and targets proposed for the SCIP project during its implementation and also to evaluate the effects of the project through a comparison with a second survey to be conducted prior to the end of the project. The study was submitted to and approved by the National Bioethics Committee of the Ministry of Health.

The sample is a multi-stage stratified sample that was selected from the *III Recenseamento Geral de População e Habitação* survey database, done by the *Instituto Nacional de Estatísticas* (INE) in Nampula Province, in August 2007.

The sample was stratified into two types of areas: complementary and specialized packages, considering the analysis domain. The sample comprises 2,640 households selected in 120 enumeration areas (EA). In each EA 22 households will be randomly selected for interview and 3 as replacements.

### **Survey Instruments Pre-test**

The pre-test was one of the stages planned for the baseline survey. It allowed SCIP to improve the prepared questions and to understand the willingness of people to participate in both urban and rural areas, as well as identify potential difficulties for the interviewers.

The pre-tested instruments included the household questionnaire, the woman's questionnaires, a caretaker questionnaire, and an interviewer's manual.

The pre-test training was initially planned for 16 hours but was expanded to 24 hours, given the instruments complexity and range of experience of the interviewers with healthcare studies. Seventeen interviewers were trained, 11 women and 6 men, all of whom were fluent in emakhuwa, the main spoken language in Nampula's Province.

For the pre-test, two areas (one urban and one rural) where SCIP is not working were selected: Napipine and Carrupeia neighborhoods in Nampula City, and Muecati's District. The pre-test was authorized by the province council and all relevant district authorities. On average, each interviewer conducted five interviews during the pretest (see Table).

#### Number of interviews conducted during the pre-test

District	Households	Women	Caretakers	Total
Nampula	34	34	26	94
Muecati	37	36	32	105
<b>Total</b>	71	70	58	199

In both places where the pre-test occurred the respondents were receptive. Although in Muecati the women were more available and willing to participate in the interview than in Nampula city neighborhoods. Only three households refused to participate in the interview.

#### Selection and team training (09/27 to 10/08)

The selection and the team training happened simultaneously. The Instituto Nacional de Estatísticas from Nampula identified potential interviewers and 45 people (15 who had already participated in the pre-test) were trained. All of them had already participated in different surveys and spoke emakhuwa fluently. At the end of the training, 5 teams were formed each with 1 supervisor, 1 field editor and 4 interviewers.

The 80-hour training mixed practice with theoretical lessons was coordinated by Prof. Dr. Carlos Arnaldo from Eduardo Mondlane University. The training team included Carlos Creva Singano – INE member – and Renato Barboza – M&E Manager SCIP Project and the survey technical director. This team was provided with logistics support by Logistic Manager Henriquetta Tojais, and with overall technical backstopping by Elizabeth Oliveras, Senior Research and Metrics Advisor and Pathfinder International.

The survey training followed the current steps:

1. SCIP and the baseline objectives presentations and discussions
2. Presentation and discussion of the sample survey and the identification procedure of the households
3. Training and selection of the interviewers team, supervisors and field editors
4. Discussion of the roles and responsibilities of the survey team and the organization of the field activities

During training the three instruments of data collection underwent several revisions, which contributed to the improvement of its language and structure. The Interviewer's Manual was also revised accordingly.

Training also enabled each participant to have two practices sessions with the women's questionnaire by inviting women of eligible ages to answer the questions. Each interview was analyzed to identify areas that were difficult for the interviewers; all doubts and questions were discussed. Each interview was observed by the supervisors and facilitators and an observation sheet was completed so it would be easier to identify any misunderstandings and errors.

For the final interviewer selection, an individual test was administered to assess the knowledge and skills gained during the training process. This information, along with data from observations and observations of participation and attendance were used to select the survey team. Among the 45 people who entered the process, 41 remained at the end: 26 women and 15 men.

Considering the survey specification, the team composition was balanced between men and women, 12 and 18 respectively, distributed in different functions: supervising, editing and interviewing.

The supervisors and field editors received an additional training of 16 hours to increase their knowledge of their responsibilities and the team role. The Supervisor and Field Editor's Manual was used for this training.

### **The Fieldwork (initiated October 15<sup>th</sup>)**

The field work plan was designed to ensure the balance of work among the five teams, the geographic location and accessibility to the districts, and the infrastructure necessary to cover the 120 enumeration areas of the survey before the first fortnight of December.

SCIP intentionally chose to develop the fieldwork in two phases to ensure the supervision of all the field teams in Phase I. In this phase, all teams collected data in Nampula City and Nampula Rapale districts, in a total of 26 enumeration areas. In phase II, the five teams will travel to 11 districts and supervision will be less intense, but will continue following established practices.

In this way, each team will cover 20 to 27 Enumeration Areas (see the table below). Mecuburi District has 11 enumeration areas that will be covered by the teams I and III before other districts, given the difficulties of access, especially during the rainy season.

### **Team distribution, Enumeration Areas and Districts**

TEAM	Enumeration areas			Districts
	Phase I	Phase II	Total	
I	5	15	20	Nacala-P, Nacala-V, Monapo e Mecuburi
II	5	20	25	Angoche e Moma
III	7	17	24	Memba, Erati e Mecuburi
IV	5	19	24	Mogovolas e Meconta
V	4	23	27	Malema e Ribaue
Total	26	94	120	

At this moment, phase I is complete; interviews are pending in one cluster in Nampula city. As shown in the table below, interviews have been conducted in a total of 550 households. The receptivity of the population is high and in this phase we only registered one interview refusal.

**Number of concluded interviews, by questionnaire (Phase I)**

District	Clusters	Households	Women	Caretakers
Rapale	15	330	263	145
NPL Cidade	11	220	266	100
Total	26	550	529	245

Note: one cluster from NPL City is not included because it is still in process.

The time to complete a cluster in phase I was 2 to 3 days, considering the number of eligible women found. In terms of the time to complete each questionnaire, there was a time reduction relative to the pre-test: 15 minutes in the household interview, 10 minutes in the provider interview and a small reduction in the woman’s interview (1 hour and 15 minutes from 1 hour and 30 minutes, depending on the number of children).

Phase II will begin in early November, prioritizing the most remote districts (Mecuburi, Moma, Mogovolas and Malema) in order to ensure access prior to the rainy season.

Data processing will be centralized in Maputo. The team responsible for coding and entering data has been selected and will make the test for data entry from the three clusters that already were finalized. Overall the implementation of the survey is according to plan and hopefully, by February the baseline data will be available.

**PMP Results**

Attached

## STRENGTHENING COMMUNITY THROUGH INTEGRATED PROGRAMMING – SCIP Nampula

### SUCCESS STORY

#### Increasing Uptake of Counseling and Testing by Engaging Community Leadership Councils

SCIP's implementation strategy builds on the Government of Mozambique's commitment to decentralization of decision-making and accountability, with a focus on building local capacity and sustainability by strengthening community resources and institutions. The CLL (Local Leadership Council) is the most community-based planning and monitoring body in Mozambique. It exists by State law ("LOLE" – Lei dos Órgãos Locais do Estado) and empowers localities to identify and propose solutions to their own problems. The SCIP strategy involves CLLs in the process of planning and monitoring at the local level through workshops in which participants identify the principal health problems affecting their communities, discuss the roots of these problems, and articulate the role of the community in their resolution. As anticipated, the problems typically identified by CLLs are the high prevalence of diarrheal disease, malaria, HIV/AIDS, and malnutrition. These workshops with CLLs open the door for further action at the community level.

During these workshops, discussion has also focused largely on the role community leadership can play in facilitating behavior change. In the area of HIV prevention, participants have shown great interest in learning more about HIV counseling and testing. Once the process of confidentiality and volunteer action was clarified, participants from the community of Roieque in Ribaué district were interested to know where and how to access testing.



Having learned about the SCIP strategy of providing HIV counseling and testing at community level, many participants expressed interest in undergoing the test themselves. Because the counselors are not living in the same community, concern regarding lack of confidentiality - widely cited as one of the main barriers to accessing HIV counseling and testing - was overcome. Actively engaging community leaders in the promotion of HIV counseling and testing was instrumental in reducing stigma and encouraging community members to undergo testing.

One community leader at the CLL workshop in Ribaué comments: "It's good health with low cost. Before this it was hard to make a HIV test because we had to walk to the village and it was far. Now I know my status and I could know it here in my community without paying".

Another Ribaué community leader asserts: "HIV CT at the community level helps in health surveillance, in the way that it has become easier to talk about HIV and AIDS. It's different when a person goes to a health facility to do an HIV test, because in the community the person is not afraid".

During the course of the year, SCIP has supported implementation of 91 workshop meetings with CLLs, reaching 4,083 community leaders and members. Roieque community's experience in Ribaue district was shared with the remaining 13 project districts in an effort to disseminate best practices. By the end of year one 23,805 people were counseled and tested. In addition to HIV counseling and testing and condom distribution, SCIP worked in these communities to increase overall access to health services.

Because HIV counseling and testing has been identified by communities as a key priority, SCIP was able to broaden its intervention and strengthen its approach to health promotion. Through this initiative it has been possible to actively engage CLLs in the dissemination of information about HIV prevention, addressing various myths and misconceptions about HIV/AIDS that still persist in some communities. This process has also been instrumental in contributing to the integration of HIV prevention messages with family planning counseling.