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ACRONYMS AND ABBREVIATIONS

ANC	Antenatal Care
AMASI	Association of Water Consumer Educators of Nampula (Associação de Educadores dos consumidores de Água de Nampula)
ANEMO	National Association for Nurses of Mozambique (Associação Nacional de Enfermeiros Moçambicanos)
APEs	Community Health Workers
ART	Anti-Retroviral Therapy
AYSRH	Adolescent and Youth Sexual and Reproductive Health
BCC	Behavior Change Communication
CBD	Community-Based Distribution
CBOs	Community-Based Organizations
CF	Conservation Farming
C-HIS	Community Health Information System
CLCs	Community Leadership Councils or Village Health Committees
CL	Community Leader
CLL	Local Leaders' council – Conselho Local da Localidade
CLTS	Community Led Total Sanitation
COP	Chief of Party
CT	Counseling and Testing
CYP	Couple Year Protection
DAS	Water and Sanitation Department (Departamento de Água e Saneamento)
DPA	Direcção Provincial de Agricultura
DPS	Direcção Provincial de Saúde (Provincial Directorate of Health)
DPMAS	Direcção Provincial da Mulher e Acção Social (Provincial Directorate of Social Welfare)
DPOPH	Direcção Provincial das Obras Publicas e Habitação (Provincial Directorate of Public Works & Housing)
EPI	Expanded Program on Immunization
FP	Family Planning
GAAC	Community HIV Assistance and Adherence Group- Grupo de Apoio e Adesão Comunitario
GOM	Government of Mozambique
HBC	Home-based care
HF	Health Facility
ICAP	International Center for AIDS Care and Treatment Programs - Columbia University
IEC	Information, Education, Communication
IUD	Intrauterine Device
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MNCH	Maternal, Newborn and Child Health

MOH Ministry of Health
MOU Memorandum of Understanding
NGO Non-Governmental Organization
NNMM Neonatal and Maternal Mortality
NDCS District level AIDS committee – Núcleo Distrital de Combate ao SIDA
NPCS Provincial AIDS committee - Núcleo Provincial de Combate ao SIDA
OVC Orphans and Vulnerable Children
PES Socio-Economic Plan – Plano Económico Social
PHAST Participatory Hygiene and Sanitation Transformation
PLWHA People Living with HIV/AIDS
PMTCT Prevention of Mother-to-Child Transmission
PNC Post Natal Consultations
PSI Population Service International
RH Reproductive Health
SANA Food security through nutrition and agriculture - Segurança Alimentar através de Nutrição e Agricultura
SCIP Strengthening Communities through Integrated Programming
SD District Department Directorate- Serviços Distritais
SDAE District Economic Activity Services – Serviços Distritais de Actividade Económico
SDP Service Delivery Point
SDSMAS District Health Women and Social Affairs Directorate – Serviços Distritais de Saúde, Mulher e Acção Social
SDPI District Public Works Directorate – Serviços Distritais de Planeamento e Infraestruturas
SODIS Solar disinfection (of water)
STIs Sexually Transmitted Infections
TA Technical Assistance
TB Tuberculosis
TBA Traditional Birth Attendant
USG United States Government
VCT-C Voluntary Counseling and Testing at Community level
WASH Water and Sanitation Hygiene
YFC Youth Farmer’s Clubs
YFS Youth Friendly Services – SAAJ – Serviço Amigos dos Adolescentes e Jovens

1. PROJECT DURATION: 5 YEARS

2. STARTING DATE: OCTOBER 2009

3. LIFE OF PROJECT FUNDING: 47,600,000 USD

4. GEOGRAPHIC FOCUS

14 districts in Nampula Province: Angoche, Eráti, Malema, Mecubúri, Memba, Mogovolas, Meconta, Monapo, Moma, Nacala Porto, Nacala Velha, Nampula Rapale, Nampula City and Ribáuè compose the geographic focus of the SCIP project.

5. PROGRAM OBJECTIVES

The Strengthening Communities through Integrated Programming (SCIP) project in Nampula province, Mozambique is a 5-year project funded by the United States Agency for International Development (USAID). It is designed to improve quality of life at the household and community level by improving health and nutrition status and increasing household economic viability. Combining health, water and sanitation and youth farmers' club development, PSI, World Relief, CARE and CLUSA, under the leadership of Pathfinder International, are currently working at the provincial, district, and community levels in 14 districts of Nampula in close collaboration with government and in a complementary manner with development partners.

SCIP project is supporting government efforts to achieve the following results:

1. Quality health goods and services access and availability improved;
2. Appropriate health practices and health care seeking behavior adopted;
3. Accountability of community and district health structures to the people they serve increased;
4. Community social infrastructure sustained through a range of allies and networks of support they can draw upon to solve health problems;
5. Availability and use of clean, multi-use water increased; and
6. Sanitation facilities and hygiene practices in target communities improved.

The project's strategy is to create progressive, transformational change by applying targeted packages of interventions designed to respond to prevailing conditions and leverage other resources to have the greatest impact. The targeted packages are designed to horizontally and synergistically integrate project activities across geographic regions and technical sectors, providing coordinated, efficient implementation with stakeholder engagement. All interventions are designed to promote gender equity and inclusion, and prevent fragmenting local participation or intensifying social inequality. SCIP tailors its interventions to each district according to three packages:

The “complementary package” of interventions is being implemented in eight districts (Angoche, Erati, Meconta, Memba, Mogovolas, Moma, Nacala-Porto, and Nacala-Velha) where Title II¹ programs (e.g. the Food Security through Agriculture and Nutrition (SANA) project) are ongoing. Among the nine districts, five of them (Erati, Memba, Monapo, Nacala Velha and Nacala Porto) are also benefiting from WASH interventions, including increased access to potable water and latrine use. Building on and working in close collaboration with Title II, SCIP trains the SANA community volunteers to provide family planning counseling and referrals linked to health facilities. In addition, SCIP trains local *animadoras* in the areas of PMTCT, OVC, and chronically ill patients in the framework of the continuum of care.

The “intensive package” is being implemented in four districts (Ribaua, Nampula Rapale, Mecuburi and Malema) and two areas of Nampula city (Namutequelina and Mutauanha) that do not have Title II activities. These districts are benefiting from a more intensive package of interventions covering the whole four districts and two areas of Nampula city.

In all 14 districts, SCIP is implementing a “foundation package” designed to strengthen health systems by:

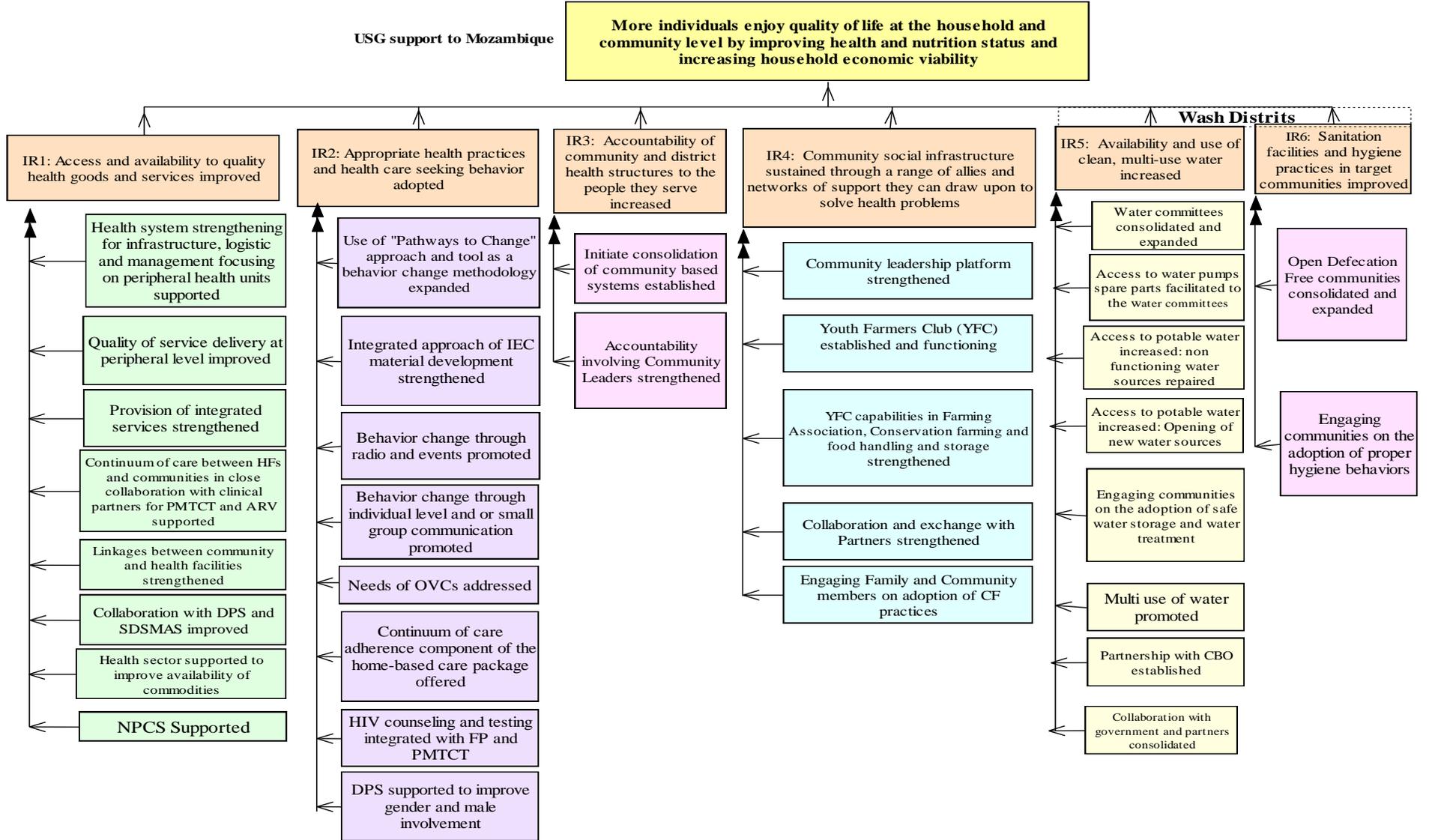
1. Improving the quality of health care offered at peripheral health facilities (HF);
2. Strengthening the linkages between SDSMAS and peripheral HF;
3. Strengthening the linkages between the health units and the communities, through peripheral HF committees;
4. Working with a variety of community health workers to disseminate health education and change hygiene behavior;
5. Implementing an HIV prevention program involving community counseling and testing;
6. Building a program dedicated to OVCs.

As depicted in the following diagram, the SCIP project is organized into 6 intermediate results.

¹ Title II is the US government-funded Food for Peace Multi-Year Assistance Program (MYAP).

RESULTS FRAMEWORK

SCIP RESULTS FRAMEWORK 2009 - 2014



6. OVERVIEW OF THE REPORTING PERIOD

The SCIP team took advantage of being in its 3rd year to consolidate and streamline the way the concept of integration is being addressed in SCIP plans and turned into practice. As such, we developed the SCIP INTEGRATION CONCEPT NOTE, which helps to boost our working relations as a consortium and the way SCIP liaises its activities with key government partners, USG implementing partners, other civil society organizations and more importantly the community. The mapping exercise has confirmed that communities, with the support of SCIP, are developing many activities in an integrated manner, to varying degrees. In order to contribute to positive health and development outcomes, this year we articulated and strengthened the 3 pillars of the SCIP strategy:

1. Community involvement and empowerment, which creates a supportive environment for behavior change at the individual, family and community level;
2. Good governance, through increased accountability and transparency at the community, locality, district and provincial levels; and
3. Multi-sectorial technical assistance, covering and linking topics such as conservation farming, nutrition, WASH, health facility accessibility, continuum of care for chronically ill individuals and OVCs within communities and between service providers, malaria, FP, HIV, safe motherhood and child survival.

IR1: ACCESS AND AVAILABILITY TO QUALITY HEALTH GOODS AND SERVICES IMPROVED

During FY3, we have supported capacity building at both the community and HF level in order to operationalize the link between the two as well as the processes of joint accountability and planning. Specific efforts were made to increase mentoring of service providers, resulting in improved quality of care and accessibility to services. As family planning is one of the most important challenges of the province (Nampula has one of the highest fertility rates in Mozambique and one of the lowest CPRs), a provincial conference on FP was held in February. Implants started to be offered in May and IUD insertion has been strongly promoted in the communities and at the HFs, resulting in increased uptake by women. Specific attention was given to coordination with government and other partners in order to maximize the inputs of all parties and improve results.

IR2: APPROPRIATE HEALTH PRACTICES AND HEALTH CARE SEEKING BEHAVIOR ADOPTED

We have made a lot of progress during FY3 within Result 2, improving our performance throughout the year. Of the 13 indicators for this result, 9 have surpassed the annual target. For the remaining 4 indicators, we have achieved between 90-100% of the annual target.

While we made a lot of progress in the Intensive districts in the area of HBC, such that we are reaching 1,958 chronically ill people, we have a lot of difficulties in strengthening and reporting the activities in HBC in the complementary districts. In FY3, it was agreed that we will use the promotors and animadoras of the MYAP intervention to do the follow up of chronically ill people identified in 1-2 localities per district. At the end of FY3, although we trained approximately 30 promotors and animadoras per district in home-based visits, we were able to report (with some inconsistency in the

data collection) 92 chronically ill patients for the following districts: Memba (8), Mogovolas (6), Monapo (43), Nacala Velha (3) and Meconta (32). In order to strengthen the program, we are negotiating with DPS to involve APEs in supporting the activist community network and complement services for chronically ill patients in FY4 for the complementary districts.

Although HBC in complementary districts is difficult to implement with the existing SANA community network, the active search for those LTFU has yielded better results, as we have been able to recuperate 92 out of a total of 185 patients LTFU.

Another highlight for this year is that we have succeeded in increasing the proportion of persons who are HIV+, as a result of targeting higher-risk groups: new chronically ill people identified through the community network and partners of HIV+ pregnant women (identified during the prenatal consult). This was only possible following an improved relationship between the HF and the community network.

IR3: ACCOUNTABILITY OF COMMUNITY AND DISTRICT HEALTH STRUCTURES TO THE PEOPLE THEY SERVE INCREASED.

For effective community involvement, it is necessary to ensure better coordination of actions of different parties and highlight our role to facilitate linkages. With respect to the CLCs, a lot of effort was invested during Y3 to guarantee a process of capacity-building, continuity and evaluation of CLCs so that they can be first responders to the needs of their communities. CLC representatives are participating in the HF Co-Management Committee as well as in the *Conselho Local da Localidade* (CLL). These constitute concrete linkages which are reinforcing the accountability process and were reflected throughout the quarter.

This year, we surpassed our annual targets for both indicators within Result 3.

IR4: COMMUNITY SOCIAL INFRASTRUCTURE SUSTAINED THROUGH A RANGE OF ALLIES AND NETWORKS OF SUPPORT THEY CAN DRAW UPON TO SOLVE HEALTH PROBLEMS

Community social infrastructure was strongly supported during FY3, as confirmed in the 795 new community groups (510 CLCs, 177 YFCs, 108 Water Committees) established. There are currently 1,567 community groups that were developed and supported this year. These structures at the community level are a cornerstone of integration – this quarter more YFC and Water and Sanitation Committee members were invited to participate regularly in CLC meetings. The inclusion of these community members in the CLC facilitates discussion of health issues in a multi-sectorial approach. For example, agriculture and nutrition, involvement of community leaders in the management of HFs, increased access to potable water, effective sanitation, the importance of the role of the community in the timely reference of individuals to HFs are topics all being addressed at the same meeting, contributing to stronger linkages between groups and highlighting the complementarity of each.

IR5: AVAILABILITY AND USE OF CLEAN, MULTI-USE WATER INCREASED

In the 5 WASH districts, there were a total of 65 boreholes (25 newly constructed, 40 repaired) and 1 small urban system providing water for 15,000 people in Netia that were handed over to their communities. This small urban system in Netia was inaugurated by the governor, with Coca Cola and USAID representatives. Additionally, contracts for the construction of 42 new boreholes were signed and are still in process of completion. Despite our efforts, potable water access is covering only 50% of the population. SCIP intends to disseminate information through CLCs and WASH committees simple techniques for treating non-potable water such as solar disinfection (SODIS) and *Certeza*.

IR6: SANITATION FACILITIES AND HYGIENE PRACTICES IN TARGET COMMUNITIES IMPROVED

In the 5 WASH districts, 11,861 latrines were constructed this quarter. 75 communities were certified Open Defecation Free by a multi-sectorial team composed of government officials, community representatives and SCIP staff.

7. SCIP RESULTS PERFORMANCE BY INDICATORS AND INTERVENTION AREAS

IR1: ACCESS AND AVAILABILITY TO QUALITY HEALTH GOODS AND SERVICES IMPROVED

Indicator	Annual Target	Achieved Year 3 (%)	Achieved by quarter			
			Q1	Q2	Q3	Q4
1.1 # of rehabilitated HF	10	90%	0	6	0	3
	We have met 90% of our target for FY3.					
1.2 # of health care workers who successfully completed an in-service training program within the reporting period relevant to HIV	47,815	106%	21,891	3,188	20,156	5,654
	We have met our target for FY3, as we have trained 50,889 health care workers this year.					
1.3 % of USG-assisted SDP experiencing stock-outs of specific tracer drugs	40%	N/A	69%	78%	87%	94%
	The trends of stock out at the peripheral level for CS and EOC tracer drugs show that there is a serious problem of availability. The trends of stock out at the peripheral level for oral contraceptives show improvement as shortages have decreased from 38% to 8%. A promising trend has been observed for malaria drugs, yet 19% of HFs had stock out at the time of the visit which continues to be alarming.					
1.4 # of people trained with USG funds in FP/RH, child health, maternal/newborn child health, M&E/surveillance/HMISR CMIS, quality of care standards, WASH, malaria, community involvement in health and sanitation issues	139,531	128%	21,115	62,821	40,645	53,393
	We have surpassed our target, training 177,974 individuals. This year we made additional efforts in FP, child health and maternal and newborn health.					
1.5 # of contraceptive pills distributed through CBD	18,585	124%	836	3,437	9,716	9,098
	We have made great progress in CBD this year, distributing 23,087 pill packs.					
1.6 CYP provided through USG-supported programs	71,642	100%	19,622	13,399	17,750	20,788
	We have achieved 100% of our target, despite not having included inputs from implants (it is not included in the FP consultations register) and female sterilization.					

SCIP improves the access to and quality of health goods and services by working in close collaboration with Provincial Health Directorates (DPS), District Health Women and Social Affairs Directorate (SDSMAS), CBOs, NGOs, and CLCs. One of SCIP's main objectives is to strengthen the National Health System by transforming some health posts into health centers with maternity services.

SCIP also provides training to a diverse cadre of health providers and community members, which may occur through formal classroom work, on the job trainings/practical applications or both (Indicator 1.4). Focus areas include: FP, Reproductive Health (RH), Child Health, Maternal/Newborn Health, M&E, Surveillance, Quality of Care Standards, Hygiene and Water, Malaria Prevention, and Community

Involvement in Health Issues. These trainings not only increase the capability of providers and caregivers to deliver services, but also foster a community environment conducive to behavior changes. Additionally, one of SCIP's priorities is to increase the capability of providers and caregivers through in-service training related to HIV/AIDS (Indicator 1.2). The Project targets not only caregivers but also "animadoras" in the community who can train other volunteers and CLC members. In turn, training these individuals also enables SCIP and SDSMAS to better evaluate their capacity to mitigate the HIV/AIDS epidemic each year.

1.1 SUPPORT HEALTH SYSTEM STRENGTHENING FOR INFRASTRUCTURE, LOGISTICS AND MANAGEMENT

FOCUSING ON PERIPHERAL HEALTH UNITS

HEALTH FACILITIES REHABILITATED / UPGRADED

SCIP aims to strengthen the National Health System by transforming some health posts into health centers with maternity services. SCIP and SDSMAS have collaborated to identify health facilities (HF) for rehabilitation and/or expansion with a maternity, taking into account population size, remoteness and potential coverage of service provision. Often HFs are in poor condition, and are unsuitable to provide MCH services such as vaccinations, child weighing services and consultations for "at-risk" children. Rehabilitation works often include replacement of the roof, electrical fitting, painting, water systems and wall repairs.

This year, a total of 9 HFs were rehabilitated or upgraded. 2 HFs (Riane, Murralelo) were constructed, 4 rehabilitations of existing HFs (Sangage, Quissimanjulo, Naherengue, Mutuáli) and 3 new MCH porches at HFs (Meconta, Nacala Velha, Naherengue) were completed and handed over to SDSMAS. The construction of 4 HF in Mucova, Nantoge, Popúe and Uala are in the last stages of completion and we expect they will be handed over next quarter. Procurement to equip these facilities has already been initiated. In quarter 4, an assessment was undertaken at the HF of Mueria and rehabilitation will commence next year.



Previous location for vaccination



New porch for vaccination

Table 1. Description of construction progress by district

Districts	HFs for Rehabilitation	Status	HFs for Extension	Status
Angoche	Sangage HC	Completed and handed over in FY3, Q2		
	Namitoria HC (water supply and pipe installation)	Planned for FY4		
Erati			Nantoge Health Post	Construction concluding with expected handover in FY4, Q1
			Samora Machel Maternity	Plan to initiate in FY4
Meconta	Teterrene Maternity	Completed FY2		
	Meconta HC (porch and 2 consultation spaces)	Completed and handed over in FY3, Q2		
	Nacavala HC	Planned for FY4		
Mogovolas	Muatua HC	Planned for FY4		
	Calipo HC	Planned for FY4		
Monapo	Muatuca HC	Planned for FY4		
Moma	Lardes HC	Planned for FY4	Uala Health Post	Construction concluding with expected handover in FY4, Q1
			Nambilane Health Post	Plan to initiate in FY4
Memba	Mazua HC	Planned for FY4		
Nacala – Porto	Murrupelane HC	Ongoing		
	Naherengue HP (rehabilitation of existing structure + water supply)	Completed and handed over in FY3, Q2		
	Naherengue HP (new MCH porch with 2 consultation spaces)	Completed and handed over in FY3, Q4		
	Quissimanjulo HC	Completed and handed over in FY3, Q2		
Nacala – Velha	Nacala Velha sede (porch and 2 consultation spaces)	Completed and handed over in FY3, Q4		
	Mueria HC (water supply)	Planned for FY4		
Malema	Mutuáli HF (outpatient consultation area)	Completed and handed over in FY3, Q4	Murralelo Health Post	Completed and handed over in FY3, Q2
Mecuburi			Popué Health Post	Construction concluding with expected handover in FY4, Q1
Nampula Rapale	Caramaja HC	Completed FY1	Mucova Health Post	Construction concluding with expected handover in FY4, Q1
			Saua Saua Health Post	Planned for FY4
Ribaua	Namigonha	Contract signed; planned for FY4	Riane Health Post	Completed and handed over in FY3, Q2
	HP of Escola Basica Agraria	Completed in FY1		
	Rural Hospital of Ribaua (water distribution system)	Completed in FY1		

MATERNAL WAITING HOUSES BUILT

The construction of maternal waiting houses and their utilization by pregnant women is a priority to promote institutional deliveries and reduce the rate of maternal and neonatal mortality, both at the provincial and national level. The challenge is getting community agreement to ensure that the houses are used by expectant mothers. For this reason, SCIP, in close collaboration with SDSMAS, is encouraging CLs and the community to be involved in the entire process.

In year 3, a total of 11 maternal waiting houses were constructed and handed over to their respective communities and SDSMAS in 7 districts: Eráti (Kutua, Samora Machel), Meconta (Corrane), Mogovolas (Iulute), Memba (Lurio, Pavala, Caleia), Nacala Velha (Barragem), Moma (Pilivili, Metil) and Malema (Nataleia).

A Memorandum of Understanding (MoU) was signed by community members in Muatua, Monapo. We expect that five maternal waiting houses (Nanhupo Rio, Calipo, Muatua, Momane and Nahipe) will be completed and handed over in year 4.

With the 11 maternal waiting houses completed we have reached 73% of our target of 15 for year 3.

Table 2. Description of progress for maternal waiting houses by district

Districts	Health Facilities Prioritized to get a Waiting House for Pregnant Mothers	Status
Angoche	Namitoria and Namaponda	Planned for completion in FY4
Eráti	Kutua and Samora Machel	Completed in FY3, Q1
	Jacoco, Nantoge, and 25 of June	Planned for FY4
Meconta	Teterrene	Completed in FY2
	Corrane	Completed in FY3, Q1
Mogovolas	Iulute	Completed in FY3, Q1 and handed over in Q2
	Muatua	Ongoing
	Calipo	Ongoing, in advanced stage of construction
	Nanhupo-Rio	Ongoing, in advanced stage of construction
Monapo	Muatua	Planned for FY4
	Carapira	Planned for FY4
Moma	Metil	Completed in FY3, Q3
	Pilivili	Completed in FY3, Q3
Memba	Caleia	Completed in FY3, Q2
	Namahaca and Mazua	Completed in FY1
	Lurio and Pavala	Completed in FY3, Q1
Nacala – Velha	Ger Ger and Namalala	Construction nearly complete. Expected hand over in FY4, Q1
	Barragem	Completed in FY3, Q2
Malema	Nacata and Mutuali	Completed in FY2
	Nataleia	Completed and handed over in FY3, Q4
Mecubúri	Nahipa, Momane	Ongoing
	Muite	Ongoing
Nampula Rapale	Namaita	Planned for FY4
Ribáuè	Chica, Iapala sede and Riane	Planned for FY4

SUPPORT OF MOBILE BRIGADES

We continued to support mobile brigades, the majority of which are decentralized. Planning is done at the Health Co-Management Committee level (*Comité de Co-Gestão da US*) of the HF in order to increase ownership of this process by communities and providers. If the HF has an available motorbike, SCIP provides fuel in accordance with the travel distance required. If the HF does not have a motorbike, one is rented from a member of the community. The community is supportive of this activity, as the alternative is to travel long distances to vaccinate their children and/or obtain Vitamin A supplementation. Mobile brigades are already demonstrating their effectiveness, seeing as the number of vaccinated children has increased, especially for DTP3.

Per the request of DPS, we supported four regional trainings of trainers (ToT) (in Nampula City, Meconta and Ribáuè) on the Expanded Program for Immunization (EPI) with the participation of 77 providers, the majority of whom represented low-performing HFs in the province. The workshop covered cold chain management, vaccine conservation and completion of EPI data collection instruments. These participants will support the supervision and training of their colleagues at their respective HFs, thus contributing to improved coverage and quality of vaccination services.



Mobile brigade in Ribáuè

This year we supported 1,875 (mainly decentralized) mobile brigades in our 14 intervention districts, as shown in the table.

PROVISION OF BICYCLE AMBULANCES

SCIP continued to provide bicycle ambulances for communities in year 3, as a way to encourage institutional deliveries and reduce maternal and neonatal mortality. The creation of a management

District	Number of mobile brigades			
	Q1	Q2	Q3	Q4
Angoche	153	62	60	53
Nampula City	45	22	51	46
Eráti	32	8	12	16
Malema	0	36	9	47
Meconta	7	12	5	13
Mecubúri	13	22	28	20
Memba	14	2	50	36
Mogovolas	57	34	38	46
Moma	41	42	51	76
Monapo	77	14	46	24
Nacala a Velha	0	25	44	10
Nacala Porto	0	64	0	29
Rapale	77	14	39	14
Ribáuè	0	32	68	39
Total	516	389	501	469

Table 3. Mobile brigades for FY3

SCIP also participated in the EPI/MCH review meeting, during which each district participated in this exercise and compared the performance of the first eight months of the year to the performance the year before. In general, vaccine coverage has improved to above 80%, but it is still important to work on the quality of services provided and on the correct completion of monitoring forms. The SDSMAS's believe the decentralized mobile brigades have contributed to the increased number of children completely vaccinated.

committee for each Bicycle Ambulance allocated to a CLC is essential to guarantee the proper usage and maintenance of the bicycle as well as to manage the user contributions for maintenance. Furthermore, a MoU is signed between the CLC, the Head of the Locality and the SDSMAS in order to clarify expectations and responsibilities. We expect that these steps will improve the sustainability of these bicycle ambulances as compared to previous experience.

In year 3, 65 bicycle ambulances were distributed in seven districts in the province: Mogovolas (25), Angoche (3), Moma (11), Ribáuè (18), Meconta (4), Monapo (2), Eráti (2).

Demand is greater than the number of bicycle ambulances provided as CLCs recognize the importance of referring pregnant women for delivery and patients who are unable to walk (chronically ill and in other emergencies).

However, in comparing the delivery and immunization data during the MCH meeting it was noted that there are many children who have been vaccinated with Bacillus Calmette-Guérin (BCG) whose mothers did not deliver in the HF. As such, we need to continue to motivate CLCs to monitor and support women to deliver in the HF, providers need to improve their humanization of services, and TBAs must continue to refer women to the HF.

SUPPORT NATIONAL HEALTH WEEKS

In the third year of implementation, SCIP supported the Campaign to Combat Filariasis in the districts of Angoche, Meconta, Mogovolas, Moma and Nacala Velha with transportation and gasoline. The National Maternal and Child Health Week was postponed until the start of FY4.

Mogovolas initiated a mini campaign to promote FP. Led by MCH nurses, after working in the HF in the morning, the nurse goes to the communities to promote the different FP methods available. This mini-campaign ran through the month of September 2012, and there were 69 new users of contraceptive pills, 12 new clients for Depo-provera and three new IUD clients. The campaign took place in the Administrative Post of Iulute (in eight of the 41 CLCs).

1.2 IMPROVE THE QUALITY OF SERVICE DELIVERY AT THE PERIPHERAL LEVEL

MENTORING OF SERVICE PROVIDERS

In order to improve the quality of services provided in the HFs, SCIP works to build capacity of SDSMAS managers, health providers and TBAs; provides technical support and supervisory visits to HFs; and mentors/assesses quality of care.

In the third year of implementation, 205 providers benefitted from training on the following topics: biosafety (19Q1+19Q3); EPI (72Q3), drug management (10Q3); FP integration (25Q3); FP focusing on the Post-Partum period and IUD insertion (28Q4); FP and insertion of Implants (32Q4). After the provincial level training on implant insertion it was possible to expand this service to more HFs in Nampula City (6), and then in the districts of Mogovolas (1), Ribáuè (1), Malema (2), Moma (1), Angoche (1), Nacala Porto (2), Monapo (1) and Eráti (1). Unfortunately, there is no specific registration line in the CPF register

book, and therefore, there is no data on the number of implants inserted through the health information system. Meanwhile, approximately 900 implants were inserted during the last 5 months.

In order to improve the demand for health services, in year 3 we began assessing quality using the quality standards of the “Iniciativa de Maternidade Modelo”, which, besides allowing us to assess the individual progress of a provider, can also be used to improve the quality of provider techniques. The majority of the HFs received a score of less than 50% in their evaluation, due to several factors such as debilitated infrastructure, hygiene and cleanliness, lack of medical and surgical equipment, etc. 12 HFs in 5 districts were assessed for quality standards assessments. 42 health providers benefitted from an individual in-service training through formative supervisions covering the following topics: IUD insertion and FP counseling; use of MNCH quality standards; biosafety; completion of the partogram; organization of services; use of resuscitation equipment for mothers and newborn children; contraceptive supply management; organizing meetings with animadoras to improve contraceptive distribution and dissemination of FP messages in their communities; the use of the obstetric calendar; the principles of “Volunteerism and Informed Choice” of the Tiarht amendment. A total of 46 HFs in 10 districts have started to receive mentoring on quality of care.

Trainings were held for 516 TBAs (119 Q1, 167 Q2, 142 Q3, 88 Q4) from Eráti, Meconta, Memba, Moma, Mecubúri, Mogovolas, Nacala Velha, Rapale, Ribáuè, Monapo and Nacala Porto focusing on EmOC (basic care during pregnancy, delivery, postpartum, neonatal care, danger signs) and included HIV/AIDS and water and sanitation.

DISTRICTS AUDITING MATERNAL AND NEONATAL MORTALITY

Recognition of the importance of maternal and neonatal mortality has increased and is a concern of both SDSMAS and the DPS. Providers feel heightened responsibility toward the health of women and children. Problematic districts require special attention (such as Memba and Moma), where there is high parity, the distances that a pregnant women must travel are long and road conditions are very poor.

In year three, 9 districts (Nampula City, Memba, Nacala Velha, Mecubúri, Nacala Porto, Eráti, Moma, Monapo, Ribáuè) held discussions on maternal and neonatal mortality. District-level discussions have led to better reflection and technical training of providers. Deaths discussed are then sent to the Provincial Committee of Maternal and Neonatal Mortality, who report that the quality of the analysis at the district level has improved and information is sent more regularly.

1.3 STRENGTHENING PROVISION OF INTEGRATED SERVICES

Integration of FP with other services offered in HFs is critical to increasing FP coverage. At the peripheral HFs this is easy to implement as there are few providers and they can easily address diverse topics with clients. The challenge arises at the large HFs where each provider is responsible for a specific activity and prefers to delegate the topic of FP to the MCH nurse. Encouragement to adhere to FP should be given by every provider, with FP methods readily available. Trainings are planned with providers to increase implants, IUD insertion and FP during post-partum consultations in year 4.

Furthermore, it is necessary for the province to better define the policy of service integration, especially for the services of HIV and ART to empower clients to better choose which method they need to avoid unplanned pregnancy and new infections.

127 providers from all districts participated in training on service integration this year. The themes of reproductive rights, contraceptive methods, management of contraceptives and cervical & breast cancer screening were addressed as well as how to integrate FP during consultations of primary health care consultations. Nurses were divided into groups according to the various consultation services (PNC, PPC, delivery room, AYFS) and practiced the new skills learned.

1.4 SUPPORT THE CONTINUUM OF CARE BETWEEN HFs AND COMMUNITIES IN CLOSE COLLABORATION WITH CLINICAL PARTNERS FOR PMTCT AND ARV

DPS SUPPORTED TO TRAIN PROVIDERS IN GAAC

SCIP assisted DPS in training 68 health care providers from the entire province in GAAC (*Grupo de Apoio e Adesão*). The creation of adherence and community support groups is one of the priorities of SDSMAS as they help to bridge the gap that individuals have in obtaining their medication and consequently reducing the number who abandon treatment. There are a total of 182 GAAC groups (with 783 members) in the 14 SCIP intervention districts.

SCIP, per the request of the districts, has trained 51 providers of peripheral HFs and GAAC members in Ribáuè (13), Meconta (20), Malema (18) and Nampula City (40 GAAC members) during the third year of implementation. The trainings cover warning signs in the context of chronically ill patients, the importance of adherence to these support groups and the rotation of members going to pick up drugs at the HF.

In addition to the trainings, and as this is a new activity that requires constant follow up and adjustments, SCIP supported the DPS by conducting 3 joint field visits with MISAU and ICAP in March, April and August to the Health Facilities that have GAAC groups in Malema, Meconta, Nacala Porto, Rapale and Ribáuè.

The criteria for integration of HIV+ clients into the GAAC groups needs to be clarified, as one of the current criteria "*Ter frequentado ou comparecido regularmente a todos levantamentos de medicamentos ou consultas clínicas marcadas nos últimos seis meses*" (having regularly attended all sessions to pick up medication and all clinical appointments in the last 6 months) is being interpreted too narrowly. Patients arriving one day after their allotted time are delayed in entering the GAAC group. Therefore, the strategy is actually excluding many of the potential clients (non-adherent patients). Adherence to treatment needs to be further improved, particularly for those clients who live far from the HF (a major barrier to adherence to treatment, as cited in a study done last year). Besides this, it is important that the ART service health provider be more proactive (together with the APS focal point) in order to constitute more GAAC groups.

HOME BASED VISITS CONDUCTED BY “ANIMADORAS” BASED ON THE LIST OF DEFAULTERS

The active search for defaulting patients is another priority as the province has a high rate of patients who abandon treatment. Animadoras use a list provided by the focal point of the Health Unit to search for these individuals in the communities.

Active search is being carried out despite the poor reporting of the animadoras. A setback to the active search strategy is that often the client will give a false address, open multiple processes in the same Health Unit, or is registered as deceased. This year, the active search strategy has changed and now the patient must give consent to the HF to follow up missed visits or abandoned treatment.

In year three, a total of 418 (106 Q2, 167 Q3, 145 Q4) clients LTFU were re-integrated into ART treatment through the community network including VCT-C counselors and seropositive peer educators. Additional information on this activity is reported in Result 2.

1.5 STRENGTHENING LINKAGES BETWEEN COMMUNITIES AND HEALTH FACILITIES

HEALTH PROVIDERS TRAINED FROM PERIPHERAL HFS IN CONDUCTING CL TRAININGS IN THE CONTENT OF COMPREHENSIVE RH

Participatory trainings of community leaders on “Hot Topics” with discussion of the barriers to behavior change (facilitated by the board game “Pathways to Change”) are crucial to promote change. Most of the providers from the Health Units have been trained as facilitators of these workshops, but not all have the capacity to speak with communities to promote the desired change. Often, due to staff turnover it is necessary to return to the HF to encourage progress or continuation of the trainings in the communities. As such, some supervisors also participate in the trainings to ensure that these discussions will be conducted in the community with the desired quality.

In year 3, 106 providers (14 Q1, 15 Q2, 0 Q3, 42 Q4) were trained as facilitators of Hot Topics discussions for the communities in their catchment areas.

CLC TRAINED IN COMPREHENSIVE RH AND HIV/AIDS/STI

SCIP carried out various trainings throughout the province during this quarter. We continued to train CLs on “Hot Topics” in SRH (FP, institutional deliveries, newborn health, HIV prevention and adherence to treatment, STIs and partner treatment) utilizing the “Pathways to Change game” to make the training more interactive and participatory. Male involvement is a transversal topic within the discussions. Since completing the trainings, CLs have conducted community debates in their respective geographical areas of influence. The impact of these activities can be observed from the increased demand for the services of the MCH nurse, especially with respect to the increasing numbers of institutional births and increased uptake of FP. During year 3, 14,195 community leaders (2,025Q1 + 2,938Q2 + 4,092Q3 + 5,140Q4) in all 14 districts were trained on Hot Topics discussions facilitated by providers of the periphery HFs.

SCIP also provided several ToTs on stigma and discrimination related to HIV/AIDS with 269 (58 in Q1, 82 in Q2, 65 in Q3, 64 in Q4) participants from all 14 districts. The ToTs were given with the objective that

participants would then facilitate discussions in their districts. This training enabled CLs to conduct community discussions on stigma related to HIV prevention and ART adherence. In year 3, 1,296 CLs participated in replica sessions.

Also in our third year of implementation, we trained 30 Initiation Rite leaders in Eráti addressing the importance of behavior change, the dangers of the types of information provided to the girls, concrete steps to be taken to promote behavior change during the initiation rites, the inclusion of health staff in the ceremony (specifically for the circumcision procedure) and the need to be tested for HIV. This activity took place with the full cooperation of traditional leaders who developed a plan to disseminate the information to their communities.

1.6 BUILDING CAPACITY WITHIN COMMUNITIES TO ADDRESS WASH CHALLENGES

These activities are focusing on non-WASH districts, taking advantage of the SCIP integrated approach.

In year 3, 208 CLC members (109Q1 + 31Q2 + 33Q3 + 35Q4) were trained in CLTS as community leader trainers in 5 of the non-WASH districts of Ribáuè, Moma, Angoche, Mogovolas and Nampula City and have/will replicate this activity in their own communities.

1109 volunteers, animadoras and CLs (236Q2 + 228Q3 + 645Q4) were trained in diarrhea prevention, water treatment and conservation and CLTS as well as the importance of hand washing.

1.7 COLLABORATION WITH DPS AND SDSMAS

Several activities occurred this year to improve the coordination between SCIP, DPS and SDSMAS. A coordination meeting between DPS, SDSMAS and SCIP was held in quarter 2 with the participation of the National Director of Public Health, the Provincial Director, the Provincial Medical Chief, the Head of Planning and Cooperation, and SDSMAS Directors from the 14 districts. The COP, Director of Operations, Health Component managers and District Coordinators participated from SCIP. Overall, coordination is good and there is a healthy level of support. The majority of the districts experienced difficulties in communication but this issue has since been resolved. This meeting provided a good opportunity to clarify the situation of the SCIP-supported HF rehabilitation work as this was a point of concern for the district government.

SCIP also participated in the 2013 Planning Exercise (PES) as well as the Provincial Coordination Council of the Health Sector. These two activities were very important to the improved implementation of activities at the provincial level. During the planning exercise we were able to include the activities that SCIP proposes to support during the next year, particularly in terms of community involvement. In general, after the provincial-level activities, the district coordinators participated in the same exercise at the district level.

In the fourth quarter there were two review meetings – one for HIV and the other for EPI/MCH. The district medical chiefs and the responsible officials for EPI and MCH attended, with the objective being to review the activities of each for January – August 2012. The area of EPI and MCH saw improvements,

as the vaccine coverage is generally greater than 80%, but we need to improve the completion of monitoring tools, motivate the providers to facilitate health talks and include FP in all their consults.

TECHNICAL ASSISTANCE AND SUPPORT PROVIDED TO SDSMAS FOR PREPARATION AND FOLLOW UP OF QUARTERLY REVIEW MEETINGS INVOLVING NGO PARTNERS (SHARE WORK PLANS, REVIEW ACTIVITIES PROGRESS AND STRENGTHEN COORDINATION).

Holding quarterly meetings in the districts involving other health partners and led by SDSMAS has been a challenge, as staff are poorly prepared to conduct and support critical analysis and joint planning at the district level. Despite this, all districts have carried out these meetings at least once during year 3. Once these have been carried out, the districts realize how important this process is to improve their activities.

SCIP continues to provide logistical support for the monthly statistical review meetings of SDSMAS.

1.8 AVAILABILITY OF COMMODITIES

DPS/SDSMAS SUPPORTED IN CHOLERA RESPONSE

In year three there were several diarrhea outbreaks in the province. Per the request of SDSMAS, SCIP was able to support the responses in Nampula City, Mecubúri and Eráti with fuel, health promotion on hand washing and water treatment, hygiene and sanitation material, and supply and use of *Certeza*.

AVAILABILITY OF COMMODITIES

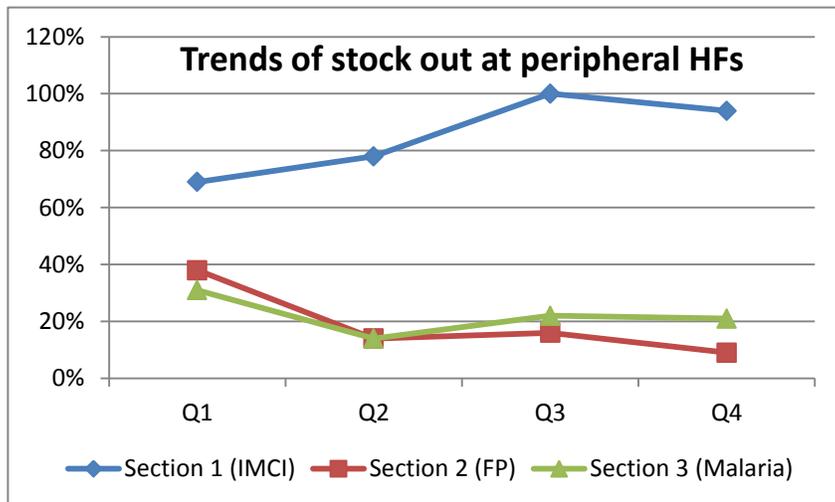
Indicator 1.3, the number of USG-assisted SDP experiencing stock-out of specific tracer drugs, measures product availability (or lack thereof), and serves as a proxy indicator of the ability of a program to meet clients' needs with a full range of products and services. SCIP has a rolling monitoring system and cannot capture all 143 units every quarter. The essential drugs to be tracked under SCIP are the same as the national list for Mozambique, and are divided into three sections:

Section 1: Child Survival and EOC tracer drugs, including Iodized salt 90mg + Folic Acid 1 mg; Mebendazol; Oral Paracetamol; Cotrimoxazole solution; Amoxicilin solution; Injectable Chloramphenicol; Injectable Gentamycin; Oral Rehydration Salts; and Salbutamol oral solution.

Section 2: Oral Contraceptive Pills.

Section 3: First-line Anti-Malaria Drugs.

The trends of stock out at the peripheral level for CS and EOC tracer drugs, as shown in the graph to the right, show that there is a serious problem of availability. The main reason is that the quantity of drugs ordered at the national level and sent to the provincial level is not sufficient for the needs. This is particularly relevant for Salbutamol, injectable Gentamycin and injectable Chloramphenicol. The trends of stock out at the peripheral level for oral contraceptives show improvement as shortages have decreased from 38% to 9%.



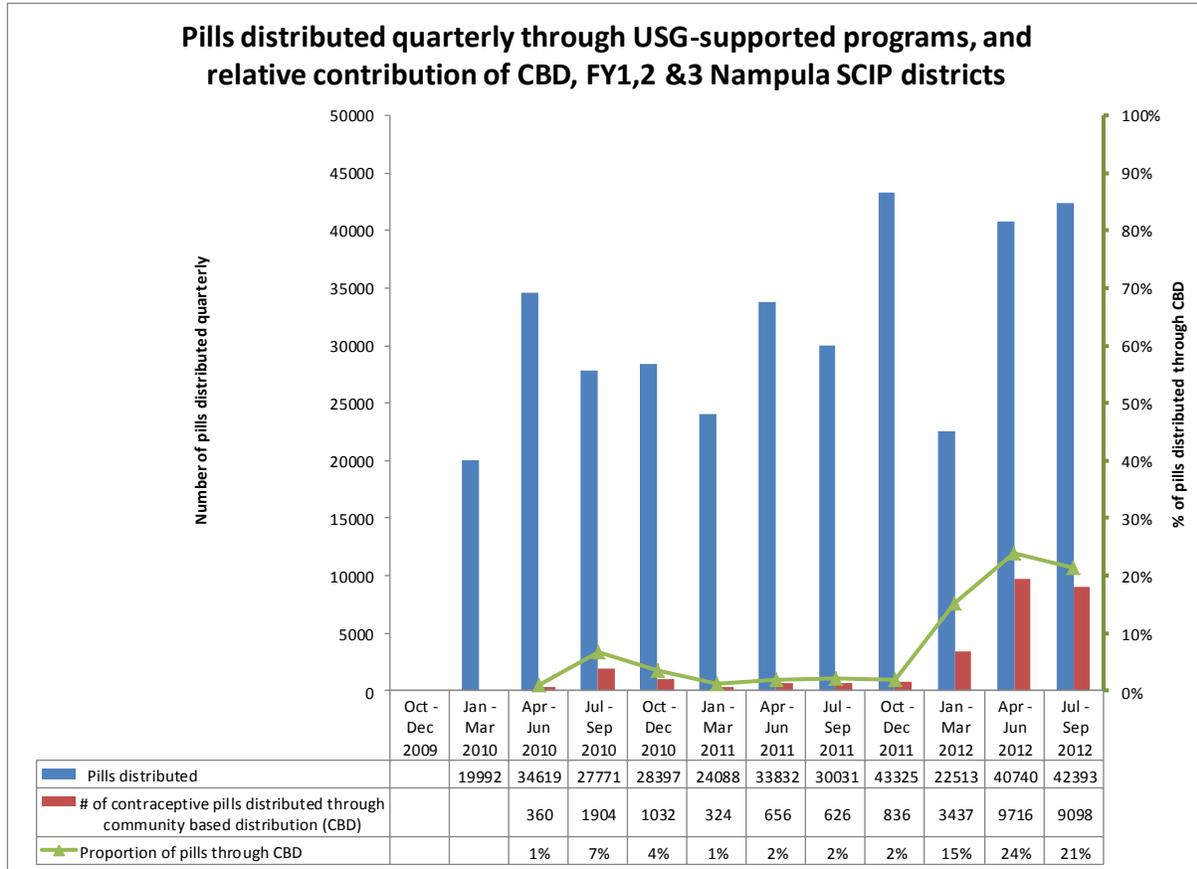
A promising trend has been observed for malaria drugs, yet 21% of HFs had stock out at the time of the visit which continues to be alarming. Additional efforts towards reducing stock out of malaria drugs will be tackled next year.

	Quarter							
	1		2		3		4	
Total # of HFs visited	16		37		67		67	
Stock out	#	%	#	%	#	%	#	%
Section 1	11	69%	29	78%	67	100%	63	94%
Section 2	6	38%	5	14%	11	16%	6	9%
Section 3	5	31%	5	14%	15	22%	14	21%

Table 4. Observed stock out, by quarter and section

NUMBER OF CONTRACEPTIVE PILLS DISTRIBUTED THROUGH CBD

At the beginning of the third year, there was a shortage of contraceptive pills at the central and provincial levels. SCIP received 40,000 pill packs from PSI at the end of the first quarter to boost CBD during the following quarters. That said, while CBD was occurring at the district levels by the animadoras and volunteers, this activity reflected in the monitoring system. We made a special effort to improve and obtain evidence for CBD, and in year 3, a total of 23,087 pill packs (836 Q1, 3,437 Q2, 9,716 Q3, 9,098 Q4) pill packs were distributed in the communities, thus reducing the burden on the HFs and increasing availability and accessibility to clients.

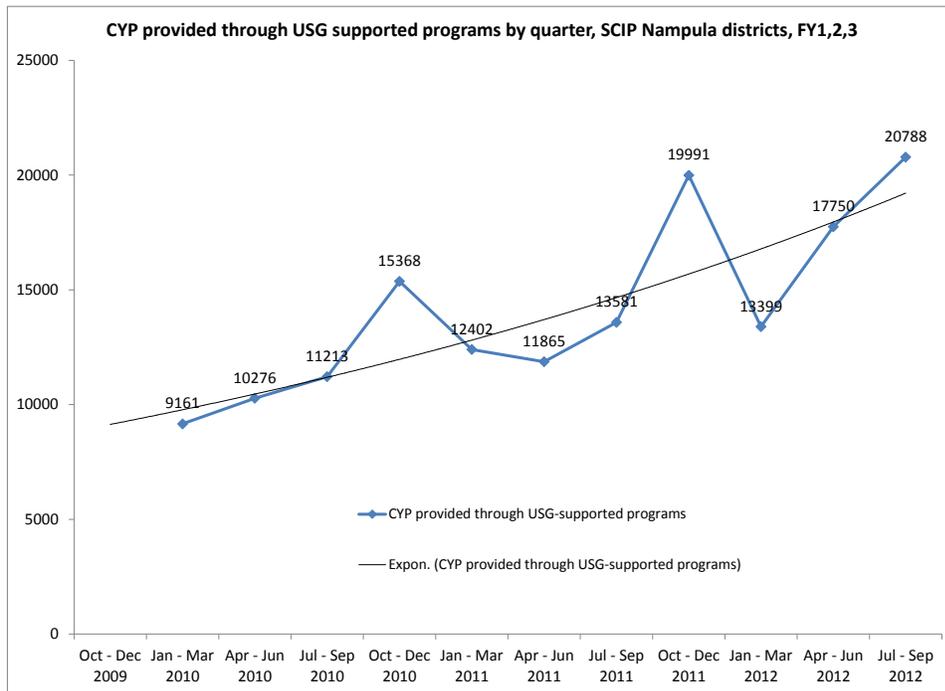


As shown in the graph above, the proportion of the pills distributed through the community health network has been increasing over the past 3 quarters. During FY2, there was a shortage of pills in relation to the demand required, and providers were not using the community health workers for distribution (so as not to further deplete already insufficient supplies). The shortage was alleviated in November 2011, as supplies for the National Health Week for Women and Children arrived. Thanks to the donation of 40,000 pill packs from PSI (overstock of *Confiança* pills) through SCIP, there were sufficient supplies (ensuring that animadoras would be provided pills for CBD) but the introduction of a new register book in January 2012 at the health facilities resulted in poor registration of pills distributed between January and March 2012. These challenges have been overcome and we are happy that more than 20% of the pill packs distributed were done at the community level.

CYP PROVIDED THROUGH USG-SUPPORTED PROGRAMS^R

This indicator estimates the level of protection provided by FP services based upon the volume of all contraceptives distributed to clients during that period. This indicator is calculated by adding the number of contraceptive commodities supplied (condoms, pill cycles) and services performed (IUD, Injection) by both facilities and CBDs over the quarter. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor to yield an estimate of the duration of contraceptive protection provided per unit of that method. The CYPs for each method are then summed over all methods to obtain a total CYP figure. Numbers for IUD, pills and injections are collected directly

from DPS, while SCIP District Coordinators collect condom distribution information from the health districts' warehouse.



The above graph shows CYP achieved by quarter, from October 2009 to September 2012, taking into account four contraceptive methods (IUD, condoms, depo-provera injection and contraceptive pills). The peaks observed in Oct-Dec 2010 and Oct-Dec 2011 are the result of the Maternal and Child Health Weeks, where there is increased emphasis on FP. Between January and September 2011, supplies of pills were discordant with the demands generated at the community. In January 2012, new registration books were introduced and family planning activities were poorly captured. Implants started to be offered in May and IUD insertion has been strongly promoted in the communities and at the HFs, resulting in increased uptake by women. Note that in the graph implants are not included as it is not included in the FP consultations register book.

1.9 NPCS

SCIP has collaborated with NPCS through participation in review meetings related to HIV/AIDS prevention activities, active involvement in thematic groups (VCT-C, Communication and Outreach), assistance in reactivation of various working groups (technical communication group of VCT-C, the condom management group, the M&E group), joint analysis of the yearly NPCS report and joint supervision for the Provincial Directorate of Transportation and Communications.

CHALLENGES AND POTENTIAL SOLUTIONS

- The continuous stock out of essential drugs (IMCI), in particular the following drugs: injectable Cloranfenicol; injectable Gentamycin, Salbutamol oral solution are consistently out of stock. Shortage of contraceptives and first-line antimalarial drugs at the national level at the beginning of the year (Oct-Nov 2011) was a challenge that has since been resolved.
 - Continue advocacy activities at the national level to encourage the acquisition of sufficient quantities of supplies.
 - We should continue training on stock management at the peripheral HF level as we continue to have a low percentage of stockout of contraceptives and anti-malaria drugs.
- Chronic staff shortages at periphery HFs and low motivation of health providers continue to hamper the provision of quality health services.
 - Continue to mentor staff at HF level to tackle shortages, improve quality standards, lack of skills, continue to empower the Co-Management Committee of the HF in their active participation of the management of the HF.
- Communication with SDSMAS and DPS was a challenge during the first semester of this year, therefore continuous attention remains important as a monitoring activity. All parties are committed to improving this relationship.
 - Regular meetings with SDSMAS and DPS to assess the activities conducted, resolve the constraints and plan future activities.
 - Courtesy meetings with SDSMAS and the district coordinator when the supervisory team goes to the district to address specific issues.
 - The Coordination Councils should be held at the district level where each is responsible to report activity progress.
- Shortage of funds and supplies (i.e. fuel for activities, medical and surgical equipment) of SDSMAS. Many requests are made to SCIP and at times it is not possible to resolve all requests.
 - EGPAF should increase their mentoring for accounting of the grants given to SDSMAS. In this context, SCIP will better coordinate information between EGPAF and SCIP.
 - Advocate at the district government level to reinforce the budget allocation to SDSMAS.
- Despite sensitization at the NPCS and NDCS levels, there remain challenges in terms of implementing quarterly monitoring meetings with district government members.
 - We are supporting the NPCS in the elaboration of a job description for a district government focal point who will be in charge of following up HIV activities at the district level; in the future we will support them to train these focal points.

UPCOMING EVENTS

- Provision of in-service training programs and mentoring for health care workers supporting the roll out of the MoH integrated package of MNCH services in communities (in FP/RH, child health, MNCH, M&E/surveillance, quality of care standards and guidelines, hygiene/water, malaria, community involvement for health and sanitation issues, etc.)
- Provision of trainings for providers on IUD insertion post-partum and implant insertion.

- Continue minor rehabilitation works of HFs, upgrading of health posts to health centers and (re-) establishment of the water supply for peripheral HFs.
- Continuation of activities with CLCs and CLLs to support the construction of waiting mother houses, provision of bicycle ambulances for referral of pregnant women to HFs, address WASH challenges and the facilitation of engagement with HFs through participation in Health Committees and community capacity building.
- Coordination with DPS to contribute to the extension of the APE program, as the new MoH curriculum for APEs has been finalized and is being implemented.

SMALL STEPS TOWARDS BIG CHANGE

COMMUNITY LEADER IN RIBÁUÈ STIMULATES DISCUSSION ON STIGMA AND GENDER-BASED VIOLENCE WITH SCIP SUPPORT

Since the end of 2011, the Behavior Change Communication team of the SCIP project has been implementing community-level discussions to sensitize and raise awareness on Stigma and GBV. In Ribáuè, the community of Ratane (Chica Locality, Namiconha Administrative Post – 30 km from district headquarters) stands out for their implementation of the activities with the 350 households and 1,397 inhabitants in the community.

Ratane, under the guidance of Community Leader Abílio Chande, has been very successful in developing and implementing community discussions on stigma and GBV with significant dissemination of lessons learned to the local population.

According to Mr. Chande (who also serves as discussion facilitator), prior to the SCIP intervention, the community of Ratane lived in an atmosphere of prejudice: both discrediting or rejecting individuals/groups of individuals because they were seen as different from the others as well as tolerating the behavior of men who assaulted women. After a series of courses given by the SCIP team, these issues diminished and GBV became less of an issue in the community.



Abílio Chande, facilitator of Stigma and GBV discussions

Abílio believes that “Efforts to address GBV and stigma will be unsuccessful if we continue to remain silent and believe that sex equality is a myth. All who are concerned with issues related to Stigma and GBV should look for ways to overcome the barriers to adopt more appropriate and less discriminatory behaviors. We must also be pro-active as elements of a process of change initiated within the community.”

According to Abílio, everyone is vulnerable to HIV and GBV. Therefore, it is critical that everyone take responsibility for their behavior and their lives: “There is a need for behavior change both in men and women...”

In the community of Ratane, the Community Leader Council is strengthening and providing leadership opportunities for women in order to improve their options, opportunities and bargaining power within and outside the home, thanks to the exemplary work of Abílio Chande, community leader and facilitator of Stigma and GBV discussions, with the technical support of SCIP.

BEST PRACTICE OF RESULT 1: QUALITY HEALTH GOODS AND SERVICES ACCESS AND AVAILABILITY IMPROVED

In Y3 we began to focus on identifying and documenting potential “best practices” in implementation in our various activities. Within Result 1, potential “best practices” were identified to reduce maternal and

neonatal mortality (through institutional deliveries and maternal waiting houses) and increase access to more FP options (through increased uptake of IUDS).

The SCIP team uses a 3-part strategy (demand generation at the community level, capacity-building of health providers, and nurturing the relationship between the two) to increase the number of institutional deliveries, thus contributing to decreased maternal mortality. A recent visit confirmed the quantitative data as well as provided qualitative data supporting the practice. This practice was presented at the National Scientific conference in Maputo (*Jornadas de Saúde*) in September 2012.

Data was analyzed to evaluate the potential “best practice” used in the district of Mogovolas to increase the number of institutional deliveries. Three situations were compared, according to the degree of implementation in the communities: communities with Hot Topics discussions, communities with TBAs who participated regularly in meetings with the MCH nurse, and communities with both activities. The 2 activities employed simultaneously (demand generation at the community level and a strengthened relationship between TBAs and the HF) resulted in higher numbers of institutional deliveries, observed in communities pertaining to the Muatua HF. We are currently in process of collecting data for other HFs in other districts to see if the results are similar.

Other promising practices that are being considered include the utilization of maternal waiting houses to decrease maternal mortality (Moma), the support of mobile brigades to increase vaccination coverage (Meconta) and the impact of “Hot Topics” debates to increase the number of institutional deliveries (Nacala Velha).

IR2: APPROPRIATE HEALTH PRACTICES AND HEALTH CARE SEEKING BEHAVIOR ADOPTED.

Indicator	Annual Target	Achieved Year 3 (%)	Achieved by quarter			
			Q1	Q2	Q3	Q4
2.1 # of eligible clients who received food and/or other nutrition services	4,582	123%	4,314	4,950	5,389	5,643
	We have surpassed our target, reaching 117% of our target for FY3. This is due to increased OVC participation in YFC activities.					
2.2 # of IEC materials produced and distributed	105,000	110%	10,000	20,540	31,536	52,000
	We have produced 114,076 IEC materials in FY3.					
2.10 # of deliveries performed in a USG-supported HF	104,089	114%	27,526	29,034	30,049	32,987
	There were 119,596 deliveries in USG-supported HF this year.					
2.12 # of ANC visits with skilled providers in a USG-supported HF	679,331	94%	166,864	164,056	163,436	143,141
	There were 637,497 ANC visits with skilled providers in a USG-supported HF in FY3. The numbers may be decreasing due to the introduction of new monitoring tools in which complete registration has replaced circles to be colored in for each visit.					
2.13 # of facility visits in a HF (FP visit and PNC)	230,698	122%	61,786	75,984	87,994	56,703
	In Y3, we have reached 282,467 FP and PNC visits. In Q1 and Q2, with the introduction of the new register books, there					

Indicator	Annual Target	Achieved Year 3 (%)	Achieved by quarter			
			Q1	Q2	Q3	Q4
	were errors in collecting the data at the HF level. It is likely that follow up visits were recorded as initial visits for FP.					
2.14 # of individuals reached through USG-funded community health activities (HIV/AIDS, Malaria, FP/RH)	947,853	119%	251,671	110,738	498,317	269,498
	1,130,224 individuals were reached through USG-funded community health activities this year. The number of households visited was higher than expected.					
2.15 # of target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	613,555	106%	277,923	38,916	272,811	59,451
	649,101 individuals of the target population were reached with individual or small group level HIV prevention interventions.					
2.16 # of health contacts by CHWs with individuals (HIV/AIDS, Malaria, FP/RH)	939,353	95%	252,310	98,404	266,845	271,470
	In FY3, there were 889,029 health contacts by CHWs with individuals for HIV/AIDS, Malaria and/or FP/RH.					
2.18 # of people tested and counseled for HIV and received test results	63,888	98%	11,997	11,364	18,585	20,410
	In FY3 we have tested and counseled 62,356 people. Low performance during Q1 and Q2 was related to stock out of tests. Following PEPFAR recommendations, SCIP is progressively targeting the most-at-risk populations. The proportion of tests that were HIV+ was 1.9% in Q1, 2.0% in Q2, 3.1% in Q3 and 3.7% in Q4.					
2.19 # of children less than 12 months of age who received DPT3 from a USG-supported program	121,646	142%	51,940	39,773	41,728	38,745
	We have surpassed our target for FY3, with 172,186 children less than 12 months of age who have received DPT3. In Q1, during the vaccination campaign it is possible there was double registration of children. In addition, there was increased emphasis on decentralized mobile brigades throughout Y3.					
2.21 # of children less than 12 months of age who received vitamin A from a USG-supported program	149,440	100%	101,472	19,230	16,501	12,287
	149,490 children less than 12 months received vitamin A supplementation.					
2.23 # of OVC served by OVC programs	36,140	107%	32,161	32,484	32,821	38,704
	We have reached 38,819 OVCs through OVC services in Y3.					
2.24 # of clients receiving HBC	2,155	95%	1,390	1,049	1,049	2,050
	While we have achieved 95% of our target, we are still unsatisfied with our coverage of HBC in the complementary districts.					

KEY REMARKS ON THE PROGRESS OF RESULT 2

SCIP recognizes that although improved access to health goods and services is necessary, improving the quality of life in Nampula also involves adopting the appropriate health practices and health care

seeking behavior. To this end, SCIP promotes behavior change in HIV prevention, safe water use, latrine and hygiene promotion and other health behaviors (including *Certeza* use).

Progress made in Result 2 is presented in five key programmatic areas: (i) Communication for Behavior Change; (ii) Addressing the needs of OVCs; (iii) Addressing Home Based Care and Positive Prevention; (iv) HIV counseling and testing integrated with FP and PMTCT; and (v) Gender and male involvement.

2.1 COMMUNICATION FOR BEHAVIOR CHANGE

EXPAND USE OF “PATHWAYS TO CHANGE” APPROACH AND TOOL AS A BEHAVIOR CHANGE METHODOLOGY

SCIP has continued to use the “Pathways to Change” game to promote behavior change in the third year of implementation, especially within the Hot Topics discussions on SRH with community leaders. The game is used during five afternoons of the training in order to identify barriers and facilitators of behavioral objectives addressed in the training of Hot Topics (i.e. the consistent use of condoms, the use of family planning and increasing the number of institutional births). The game is used by health providers to facilitate community discussions and to clarify the perception of local barriers on the topics of sexual and reproductive health. The training is always conducted first with health providers, who should then use the tool to facilitate the trainings with the CLCs in the catchment area of their HF.

During Q2, theatre groups used the “Pathways for Change” game during supervisory visits of the community theatre coordinator in order to assess barriers and facilitators of change in relation to a defined behavioral objective. The identified barriers on one side are incorporated into the play scenario and presented to the district coordinator and the rest of the local team for discussion and evaluation of the activities addressing behavioral interventions promoted by the SCIP project. The findings further serve to highlight identified barriers that all stakeholders should keep in mind throughout their work at the community level.

This year, SCIP trained 106 health providers and 14,195 community leaders in all 14 districts on Hot Topics discussions in SRH, using the Pathways to Change instrument as a tool to facilitate the dialogue. 1,905 community leaders used Pathways to Change in the training on Stigma and GBV. We will continue to expand this activity to more providers and community leaders in year 4.

DEVELOPMENT AND PRODUCTION OF IEC PRINTED MATERIAL

In quarter 4, the additional 14,000 *7 Reasons to Use a Condom* flier, 30,000 fliers on family planning and 8,000 posters on family planning and diarrhea prevention have been produced and distributed.

In year 3, SCIP produced:

- 30,540 comprehensive health education flip books for animadoras that cover malaria, diarrhea, family planning, nutrition, etc.
- 336 banners on Stigma and Discrimination of PLWHA, GBV for community leaders trained as facilitators
- 30,000 fliers on family planning for use by VCT-C counselors

- 30,000 fliers on *7 reasons to use a condom* for use by theatre groups and VCT-C counselors
- 8,000 posters for use at HFs: 2,000 on the importance of birth spacing, 2,000 on family planning post-partum, 2,000 on oral rehydration therapy and 2,000 on diarrhea prevention
- 200 obstetrical calendars for providers
- 15,000 fliers on family planning during postpartum for health providers at the HF

This year, SCIP was in the process of developing:

- 1 flip book job aid for CHW on family planning promotion
- 1 advanced flip book job aid on rainy-season crops for YFCs and
- 1 flip book job aid for WASH

PROMOTE BEHAVIOUR CHANGE THROUGH RADIO AND EVENTS

In the third year of implementation, SCIP produced and distributed various radio spots (in both Portuguese and Macua) addressing malaria prevention, HIV prevention, diarrhea prevention and GBV to the eight community stations in which it has established partnerships (Monapo, Eráti, Memba, Meconta, Nacala Porto, Ribáuè, Mogovolas and Angoche). The SCIP team developed the script for three new radio spots promoting FP. Featuring the voices of well-known local musicians, it was distributed to the eight SCIP-affiliated radio stations in quarter 4 for dissemination. New MoUs were signed with Monapo and Meconta, and the agreement will be renewed during year 4 in the other six districts. Spots are aired six times per day, three times in Macua and three times in Portuguese. Apart from the radio spots, radio stations also host discussions and interviews on WASH, malaria and HIV with community leaders twice a month.

In quarter 4, SCIP was able to take advantage of the good relationships with radio and media outlets to facilitate media coverage of the opening ceremony of the Riane HF in Ribáuè.

IEC materials are used in the communities by community leaders and other activists trained in the material during their community activities to support community discussions, lectures and replications of sensitization sessions aimed at changing behavior. We held a provincial-level workshop to review our inter-personal strategy, with the participation of representatives of community radios, representatives of community theatre groups, district coordinators, PSI communication and SCIP staff and NPCCS. The purpose of this meeting was to increase the demand for using IEC materials, as well as synergize the many communication sources in the field to maximize the impact of the prevention messages being communicated, as well as of products related to the prevention of HIV/AIDS and Diarrhea – namely *Jeito* and *Certeza*.

PROMOTE BEHAVIOUR CHANGE THROUGH INDIVIDUAL LEVEL AND/OR SMALL GROUP COMMUNICATION (COMMUNITY HEALTH NETWORK AND COMMUNITY THEATRE)

In year 3, 653,821 people within the target population were reached with HIV prevention interventions facilitated by peer educators, community volunteers, health providers, theater groups and *animadoras* through short training sessions, interactive theater interventions, small group discussions and HIV/FP

one-to-one counseling sessions targeting household members, YFC members, and community leaders. SCIP was able to reach this number, which represents 106% of the FY3 target, through interventions such as home visits (462,589), theater performances (172,817), discussions with CLs on Hot Topics in SRH (14,195) and Stigma and GBV (2,170), 2,050 in HBC.

Community volunteers of the community health network continue to conduct house visits to share preventive health messages based in IEC strategies, educating and encouraging individuals to monitor their progress in behavior change. Each animadora is responsible for training eight groups of 10 volunteers in different health messages, with two weeks to reach each group. Volunteers then share the information with each of the 10 families to whom she is responsible. New information is received every two weeks. Animadoras further support the families of chronically ill and OVCs, and conduct supervision to ensure families are receiving the health lessons. This strategy aims to mobilize the community to encourage behavior change for health and sanitation topics and to increase utilization of health services.

This year volunteers visited a total of 271,456 households in intensive districts, sharing messages on FP (different methods, advantages of reproductive health and benefits for the family), Maternal Health, HIV/AIDS (causes, signs, prevention and treatment) Child Health (immunization, pneumonia: causes, signs, prevention and treatment), Diarrhea (causes, signs, prevention, treatment) and Malaria (causes, signs, prevention and treatment). Hygiene and sanitation was also addressed during each visit.

There was a refreshment training of the entire community health network: supervisors, animadoras and volunteers, with the objective of upgrading the team on challenging issues as highlighted during the supervision visits. During year 3, we finalized the construction of the 37 supervisor houses in the intensive districts, so that all supervisors live in the community during the work week. These houses are strategically located in order to facilitate the supervision of the animadoras and volunteers. The supervisor is further able to closely interact with the health facility, communities and community leaders and saves on transport and accommodation expenses. At the end of the project, these houses will be used by the communities for health issues.

An important milestone this year is the consolidation of the “Model Family” strategy in the team of 52 supervisors and 421 animadoras. This strategy uses the families of supervisors, animadoras and ultimately, of volunteers as examples to encourage community transformation. In order to be recognized as a model family, they must fulfill a checklist of basic hygiene and sanitation requirements. By the end of this year, 89.3% of the supervisors and animadoras in Nampula City, Ribáuè, Mecubúri, Malema and Rapale have been certified as model families. Our goal for FY4 is to evaluate 80% of the 30,000 households of volunteers.

Community theatre continues to be an important medium to communicate behavior change messages to community members in the third year. To enhance self-awareness, group members were introduced to the Pathways to Change game to identify their own barriers and help to facilitate discussions with audience members following performances. All 14 theatre groups were trained in the contents of each

technical component (HIV, FP, WASH, Malaria, conservation agriculture). At the same time, a technical review of the existing plays was carried out by theatre group members in order to make the performances more simple, clear and understandable for the target population, presenting the key messages in an objective manner.

This year, we introduced a new methodology to theatre groups in which a dialogue is presented by two actors in front of the target audience. The performance quickly transitions into a participatory discussion with the target audience, where the main themes are HIV prevention, consistent condom use and the importance of being tested for HIV and knowing one's own sero-status. This year we also began working more closely with YFCs, providing technical support in theatre methodologies in select YFCs of 7 districts. We will continue to continue this activity in the coming year with more YFCs in order to energize their activities.

Theatre groups receive a guide for each topic of the theater pieces, and have the liberty to adapt the script to the realities of their own district. This year, a new play related to Stigma and GBV was designed for the district of Memba. In Eráti, women are already sensitized to the importance of FP, yet experience considerable resistance from their partners. In the locality of Samora Machel, the theater group devoted special attention to developing a piece in collaboration with the health provider that targets males about the necessity and advantages of FP.

In year 3, 172,817 individuals have attended community theatre performances in the 14 districts, fairly evenly distributed between males (87,002) and females (85,815). At the provincial level, the 15 – 24 year old age bracket is the best represented, with 48,207 (28%), followed by those 25+ (46,868; 27%), 12-14 year olds (40,635; 23.5%) and 10-11 year olds (37,107; 21.5%).

CHALLENGES AND POTENTIAL SOLUTIONS

- Turnover of volunteers in Nampula City is higher than in the rural districts. This situation is expected in the urban context as voluntary household education work competes with income generating activities. Some volunteers, while valuing the information learned do not pass the information on, and others feel they should be remunerated for the visits they do.
 - We continue to encourage volunteers of the importance for the well-being of their community in sharing the information that they learn.
 - We have replaced low-performing volunteers (those who did not share the information they learned) with new volunteers selected with community leaders.
 - We have strengthened the linkage with CLCs and the volunteer network, as well as the regular meeting of CLCs.
- This year, we have had to replace about 10% of our animadoras in the field for various reasons (death, relocation, poor performance). It is a challenge to find skilled replacements, especially as the position requires specific training that takes over two months and new supervisors need to be able to manage large groups of animadoras that already have three years of experience.

- We have started promoting high-performing volunteers to fill the role of animadoras, and will continue this process in Y4.
- In some communities, hand washing equipment (TipTaps) have been continuously stolen and vandalized at night. This has been demoralizing for the communities.
 - CLs have started discussions and mobilizing community members about the importance of these items in household and community hygiene improvement, to discourage vandalism and identify those responsible.
 - Households are also encouraged to mount the Tip Tap during the day and store inside at night time.
- Community radio stations have the potential to play a more pro-active role in the SCIP BCC strategy.
 - District coordinators should assume primary responsibility for the ongoing management of the partnership with community radio stations – to cultivate the relationship, generate opportunities in the communities and create potential links between health/other sectors and the community radio stations.

UPCOMING EVENTS

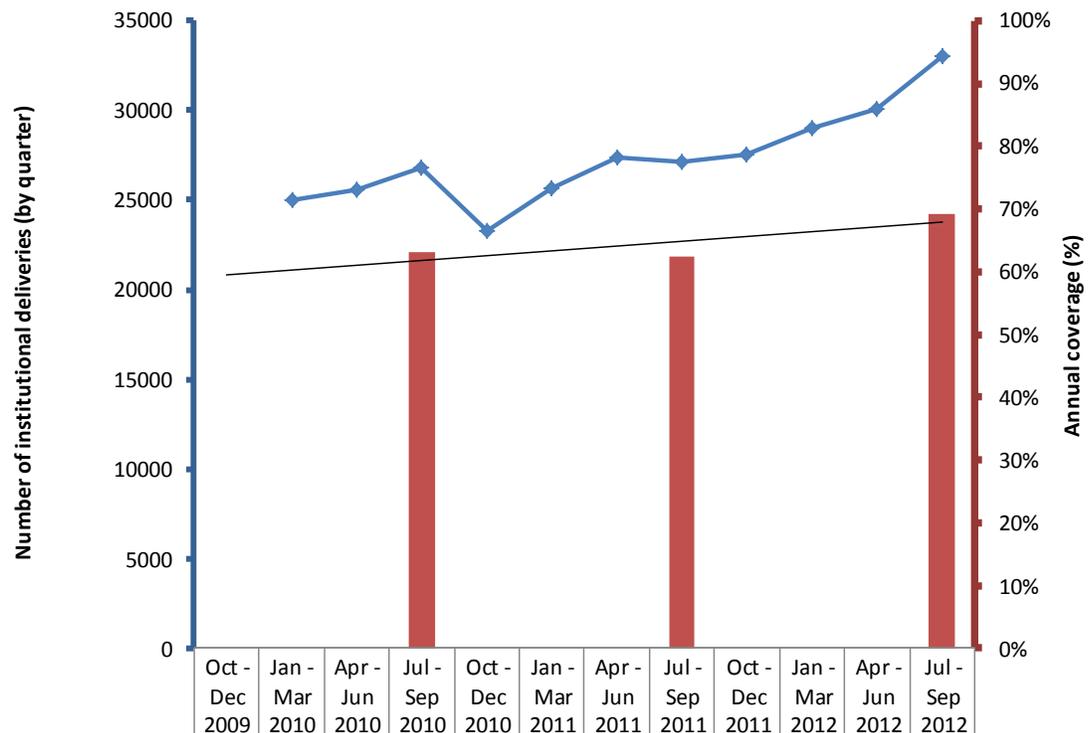
- In order to provide institutional strengthening to ICS and to reinforce the relationship with ICS and individual radio stations, MoUs will be renewed with ICS (the parent body of many of the community radio stations) instead of with individual radio stations. We anticipate collaborations with 2-3 new radio stations – 2 in Nampula City (Radio Encontro and HAQRFM) and 1 in Nacala Porto.
- In year 4, we will be actively involved in the FP campaign targeting youth, with activities primarily taking place in Nampula City and Nacala Porto.
- Continuation of training on Stigma and GBV, with a focus on replications of activities with community members.
- We expect to produce more banners on GBV to provide to community leader facilitators in accordance with new trainings
- Continue use of the Pathways to Change board game in Hot Topics discussions and Stigma, GBV, male involvement in family planning trainings.
- Theatre groups will increase their involvement in secondary/boarding schools through a formal agreement with school administration. They will focus on FP, employing interactive activities including theater, discussions, games, etc. involving the VCT-C counselor, the animadora, the health provider, and school administration.
- Continuation of the Pairs action theatre methodology to cover 14 districts.
- Complete the CHW family planning flip book, finish agriculture flip book, start animal husbandry and WASH flip books, review and produce flip books for CHW covering OVCs and chronically ill.
- Reprint 60,000 FP fliers and 60,000 *7 reasons to use a condom* fliers.
- We will continue to promote the Model Family strategy in the remaining communities, and initiate evaluation of the approach with community supervisors and animadoras. In Ribáuè, we will pilot the involvement of the CLCs in the Model Family strategy.

- Volunteers will also continue home visits, focusing on improving quality, to share health messages, encourage and confirm signs of behavior change as well as participate in bi-monthly training on various health topics from animadoras.
- Next quarter, volunteers will identify mothers with malnourished children in order to constitute specific treatment groups for moderately malnourished children between 0-2 years. These groups will meet daily for three weeks in order to increase their weight through practical educational lessons on enriched porridge, using locally-available products. The number of children reached by these groups will be reported.
- At the request of the SANA project, SCIP will support the handover of the nutrition activities from SANA to CLCs. SCIP will support the CLCs to continue to implement this activity.

ANALYSIS OF INDICATORS 2.10, 2.12, 2.13, 2.19, 2.21

SCIP has many activities to encourage institutional deliveries in the province, such as bicycle ambulances, maternal waiting houses, community discussions in Hot Topics, data analysis of community deliveries occurring at the CLC level, humanization of services at the HF, data analysis of institutional deliveries by the HF Co-Management committees as described in Result 1.

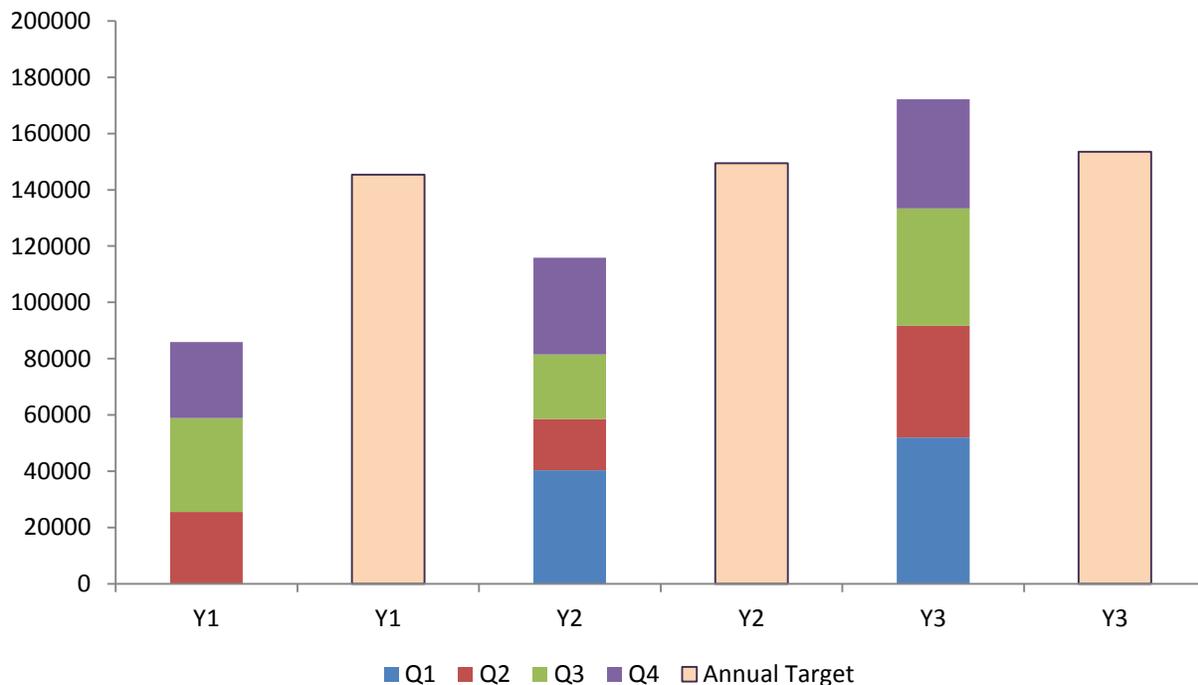
Quarterly numbers and annual coverage of institutional deliveries , FY1,2 &3 Nampula SCIP districts



Annual (Oct-Sept) Coverage of institutional deliveries				63.1%				62.4%				69%
# of deliveries performed in a USG-supported health facility		25012	25606	26821	23278	25662	27336	27160	27526	29034	30049	32987

The absolute numbers of institutional deliveries have increased 16% from FY2 (103,436) to FY3 (119,596), as has our coverage (from 62% in FY2 to 69% in FY3). It is difficult to increase coverage in the cities (Nampula City and Nacala Porto) as they already have 80% coverage and Moma and Angoche as they have 80% and 76% respectively. All the remaining rural districts have increased absolute numbers more than 10% apart from Nacala Velha and Ribáuè. In FY4, additional attention will be given to these two districts to strengthen the coordination between the different strategies previously mentioned.

of children less than 12 months of age who received DPTHePBHIB3 from USG-supported programs by quarter by years 1,2 & 3 SCIP Nampula



This year we have exceeded our target for the number of children less than 12 months who received DTP3 vaccination, as a result of increased outreach to communities through decentralized mobile brigades. The National EPI week was during November of 2011, also contributing to the high numbers of children reached this quarter. Data indicate that we have greater than 100% coverage, which suggests that we continue with registration and data consolidation difficulties at the HF and district level. Therefore, SCIP is working in close collaboration with the provincial EPI officer to facilitate trainings and supervisions. That said, it is important to remember that EPI coverage was one of the priorities identified in the baseline survey (63% +/-10%).

2.5 ADDRESSING THE NEEDS OF OVCs

SCIP uses two strategies to address the needs of OVCs. The first is based on the National Policy for OVCs (PACOV), which focuses on basic needs and social support. The second is the integration of OVCs into YFCs, the rationale being that these OVCs can be more proactive in acquiring skills and building their future. After OVCs are referred from different sources in the community, they are integrated into the YFC and receive vocational training on conservation farming (CF), nutrition, SRH and youth leadership

activities. Members also participate in recreational activities such as sports, dance and singing. In year three of implementation, we made progress in the areas of education, legal protection, housing, psychosocial support, food and nutrition and economic empowerment. OVCs are identified in a needs assessment during the home visits by the community mobilization network. This same network responds to the identified needs.

SCIP supports 38,704 OVCs in 14 districts, for “Food and nutrition service provided” and “Psychosocial, social and/or spiritual support provided” through participation in YFC and CHW home visits focusing on nutrition counseling, water treatment and conservation to diminish diarrheal diseases and malaria prevention. Animadoras in complementary districts were recently trained on how to distribute and use the contents of the Family Kit (soap, Certeza, a booklet on Family Health (addressing topics of Nutrition, HIV and Hygiene and Sanitation among other topics), etc.) and are currently distributing to OVCs and their families in the home visits.

In February of year 3, in accordance with the new guidelines for OVCs from the USG/PEPFAR, we committed to implementing the strategy of 1+6, in which economic strengthening is the priority (recognizing that a financially strong family is better able to achieve their other needs on their own) while continuing to provide the six services offered before. In year 3, we piloted this strategy with five OVCs and their families from 10 YFCs in each district. These OVCs were selected to develop family gardens to improve their diet and provide an income-generating opportunity. Using SCIP-provided seeds, the families initiated agricultural techniques learned from the demonstration plots of the respective YFCs. Community leaders identified this strategy as having the potential to revitalize traditions of community networks and solidarity. The results will be reported next quarter.

4,832 OVCs (2,507 males and 2,325 females) were newly enrolled in school in year 3 – as term starts in January, this number is the same as what was reported for the first semester. At present, we are focusing on improving the quality of services that we provide, through supervision and follow up in the schools in which OVCs were recently enrolled to ensure they have necessary school materials and that they attend class. In addition, we continue to provide psychosocial support, home visits to encourage the family and emphasize the importance of school attendance, household chores and nutritional support. Once a child finishes primary school, we assist the process of obtaining Poverty certification, a document which allows the student to attend secondary school without paying taxes or other costs. School materials were obtained through new partnerships with INAS (100 uniforms) and Helpeo (school supplies for 567 OVCs); 881 OVCs benefitted from school materials purchased with SCIP funds. Five OVCs, all girls, were enrolled in September 2012, with the support of SCIP, for the first year of the basic agriculture level at the “*Escola Agraria de Ribaué*”. The girls were enrolled with full accommodation (food, accommodation and school material) provided by the school for the next three years.

Through participation in YFCs, 5,643 OVCs (3,064 males and 2,579 females) between the ages of 10 and 17 have received vocational training in conservation agriculture, horticulture, food storage and handling, provision of seeds and other supplies for demonstration plots. OVCs also benefitted from education in WASH and SRH (including HIV prevention), as the activities are provided in an integrated manner. Of

these 5,643 OVCs, 67% (3,756) were between the ages of 10 and 14, with the remaining 33% (1,887) aged between 15 and 17.

In relation to referrals to HFs, 2,299 referrals from the community to the health facilities for OVCs took place in year 3.

In order to improve legal protection, the majority of CLCs continue to work on improving the situation of OVCs in their communities. Multi sectoral coordinating bodies – *Nucleo Distrital Multisectorial dos COVs* (composed of government institutions, NGOs, CBOs and civil society members) with the purpose of supporting OVCs in their communities were established this year in the districts of Angoche, Memba, Malema, Mecubúri, Mogovolas and Moma with the assistance of DPMAS and the support of SCIP. Workshops were conducted by DPMAS and focused on reinforcing the integration of activities for OVCs as part of the district's government program. CLs, the different district OVC service providers (education, birth registration, health, etc.), the head of the locality, the head of the administrative post and INAS participated in these workshops. This specific activity aimed to increase the responsibility of district government services and consequently to facilitate the link between the community activities related to OVCs. There were 5,253 OVCs (3,408 males and 1,845 females) who were officially registered between October 2011 and September 2012.

OVC services provided during FY3

OVC	OVC served Food and Nutrition						OVC served (enrolled at school)		OVC served (Vocational Training through YFC)				OVC served (legal protection)		OVC served Economic strengthening	
Districts	OVC reached through health family kit distribution and/or nutrition counseling		OVC reached through YFC						OVC reached through YFC							
			10 - 14 years		15 - 17 years		10 - 14 years		15 - 17 years							
	M Intensive districts	F Intensive districts	M	F	M	F	M	F	M	F	M	F	M	F		
Complementary districts						Complementary Districts				M	F	M	F			
Nampula City	5,597	6,083					314	338	63	83	59	82	2736	1179	10	15
Angoche*	-	-	164	107	85	45	0	0	164	107	85	45	0	0		
Erati	449	401					0	0	151	156	71	47	51	49		
Malema	1944	1873					295	312	99	68	42	43				
Meconta	961	623					0	0	180	175	109	95	234	232		
Mecuburi	2045	2209					710	656	125	130	68	128	29	25		
Memba	500	444					204	179	121	129	45	29	13	6		
Mogovolas	-	-	153	130	98	83	9	13	153	130	98	83			0	0
Moma	-	-	124	90	101	51	0	0	124	90	101	51				
Monapo	228	197					6	3	187	147	83	53	8	5		
Nacala Porto	-	-	200	159	51	23	49	51	200	159	51	23	65	69		
Nacala Velha	895	70					0	0	147	142	84	33				
Nampula-Rapale	3259	3041					558	448	71	39	92	56	120	111		
Ribaue	3224	2997					362	325	204	212	87	44	181	194		
SUB -TOTAL	19,102	17,938	641	486	335	202	2507	2325	1,989	1,767	1,075	812	3437	1870	10	15
TOTAL	32,704						4832		5,643				5307		25	

CHALLENGES AND POTENTIAL SOLUTIONS

- Working with the Ministry of Education, we have been able to facilitate education access for many children. Our new partnerships have helped us meet the needs of more OVCs for school materials yet domestic activities that children are required to assist with (going to the field, harvesting the crops, household chores) present a barrier, preventing them from attending school, or performing poorly due to low attendance.
 - CLs, the animadora, a school representative can visit the homes to work with families and emphasize the importance of attending school regularly.
- There are now two technical officers for OVCs, one for the Intensive districts and one for the Complementary districts. Despite this, it is still challenging for them to adequately cover all the districts.

UPCOMING EVENTS

- In year 4, we expect that 630 OVCs and their families will benefit from savings and lending funds and partnerships with ASS Microcredit, Coca Cola, mCel and agribusiness companies for seed production and promotion with 20-40 YFCs.
- Continuation of the strategy targeting OVCs and their families from YFCs in each district, developing family gardens to improve their diet and provide an income-generating opportunity.
- Continue to work on formalizing the structure of OVC subcommittees within CLCs who are dedicated to looking after the needs of OVCs in both intensive and complementary districts.

2.6 ADDRESSING HOME BASED CARE AND POSITIVE PREVENTION

Home-based care (HBC) for chronically ill patients is provided in the five Specialized Districts of the SCIP project. As of Year 3, 2,050 chronically ill individuals (848 males and 1,202 females) received HBC services, including psychosocial and spiritual support, referrals for treatment of opportunistic infections and other HIV/AIDS-related complications, nutritional counseling and training and support for caregivers. Of these, 1,520 (73%) remain in HBC, 100 (5%) were lost to follow-up, 234 (12%) passed away and 196 (10%) were discharged. 90% of the chronically ill patients were aged 15 or older.

This year, the Community Mobilization component educated groups and individuals from different communities on the importance of considering PLWHA as part of the community and integrating them into community events and social activities. Chronically ill patients are identified by volunteers and animadoras during their regular house visits. During these visits, the team educated the family on how to care for chronically ill patients unable to care for themselves. They also share messages on nutrition, hygiene and other aspects that will help the patient. This year the MISAU definition of “chronic illnesses” was expanded to include TB, diabetes, hypertension, epilepsy, arthritis, stroke, mental illness, cancer, blindness and serious burn victims.

We are strengthening our relationship with the HFs in the districts to facilitate the active search strategy, aiming to reduce the number of chronically ill patients who are lost to follow up. In order to increase

adherence to treatment, animadoras receive lists of chronically ill patients from the HF so they can encourage them to return to the HF for treatment. Animadoras also refer patients identified in the community who are not regularly adhering to the treatment using the referral and counter-referral process. They also refer chronically ill people who do not know their sero-status to the HTC-C counselor for testing. Additionally, SCIP funded training for HF HIV and psychosocial support focal points and District Head doctors on the GAAC strategy, for a total of 73 participants. These participants will organize GAAC groups at HF level and will link these groups to the animadora living in their geographical area.

Animadoras provide messages of Positive Prevention to chronically ill and their families during their house visits. In April 2012, 211 supervisors and animadoras received training on HBC in order to increase coverage so that all five of the intensive districts are fully covered. The training used MISAU-approved curriculum with the collaboration of DPS and SDSMAS. To improve the data, additional training for HBC indicators took place for district supervisors and animadoras. A month following the training, we could see improvement in the quality of the data reported for chronically ill patients. As a result of the training the animadoras received in HBC, they are better equipped to identify and discuss HIV with potential HIV+ chronically ill patients. A closer link to the VCT-C counselors has resulted in improved coordination and exchange of information, and the animadora refers the VCT-C counselor to the household of the chronically ill patient to provide counseling and testing. In the event that the individual tests positive, they are referred to the HF for follow up. At this point, the animadora follows up with the individual, delivering the 7 services of Positive Prevention over time. This strategy reflects the integration between the VCT-C counselors and the Community Health network, through the reinforcement of Positive Prevention activities and the support of chronically ill patients on the part of the community network.

We have seen a significant increase in the number of chronically ill patients referred by the community health network who have been counseled and tested for HIV by VCT-C counselors between Q3 and Q4 in FY3. In this higher risk group the HIV seroprevalence was 23%, in comparison with our % of HIV seroprevalence of all individuals tested by VCT-C counselors, strengthening the new USAID approach for VCT-C.

Chronically ill individuals identified by the community network and tested by VCT-C	Tested by VCT-C
Q1 & Q2 FY3	Data collection not yet initiated
Q3 FY3	94
Q4 FY3	241
<i>NB. This data was collected from the follow up notebooks of each VCT-C</i>	

Of the 241 chronically ill patients who were tested for HIV, 56 (19 male and 37 female), 23% were HIV+.

In the complementary districts, home-based care has commenced with an estimated 100 chronically ill people. As such, the animadoras and community supervisors are still facing difficulties in correctly completing the forms, and their data is not included in this report. Additional trainings in home-based care utilizing the curriculum from the MOH will take place in 2013 involving APEs and community promoters in order to cover additional areas and meet the SCIP target for year 4.

LTFU recovered by community network and VCT-Cs	Number of LTFU recovered by community network and VCT-Cs
Q2 FY3	106
Q3 FY3	167
Q4 FY3	145

CHALLENGES AND POTENTIAL SOLUTIONS

- It remains a challenge to locate HIV+ clients for follow up for two reasons. First, false addresses are provided at the HF. Second, HFs provide outdated lists of patients.
 - Joint SCIP/ICAP/DPS visits to ART HFs are carried out in order to strengthen coordination between the community network and the HF as well as to increase the quality of services at the HF level. There were three joint visits this year.
 - We need to request a regular update of the list of LTFU from HFs involved in ART. A stronger follow up of district coordinators should be done to analyze the efficiency of the active searches.
- More technical help would benefit the animadoras trained in HBC to increase the quality of services provided in the community.
 - Two possible strategies are being considered:
 - Increase the supervisory role of the ART focal points of the HFs towards the HBC animadora of their catchment area.
 - Increase the supervisory role of provincial SCIP community component supervisors, adjusting their tasks and responsibilities to integrate several technical components and a smaller geographical area.
- There remains an under-reporting of HBC activities.
 - An M&E workshop was held to strengthen the capacity of community supervisors. This workshop was replicated for the 400 animadoras during the months of August-September.

UPCOMING EVENTS

- Coordination with DPS to contribute to the extension of the APE program, as the new MoH curriculum (including HBC) for APEs has been finalized and is being implemented.
- Continue supporting meetings to strengthen the relationship between the animadoras and HFs.
- Continue to strengthen the relationship between the community health network and the VCT-C counselor.
- Build the capacity of the VCT-C counselors and animadoras to address the 7 packages of Positive Prevention.

- Continue to strengthen the coordination between the HF, the VCT-C and animadora to recuperate those LFTU.
- Greater involvement of community leaders in the creation of support groups in the community.
- Introduce a more comprehensive register book of Positive Prevention activities for VCT-C counselors and animadoras.

2.7 HIV COUNSELING AND TESTING INTEGRATED WITH FP AND PMTCT

During the year 3, 62,356 individuals have been counseled, tested and received their test results for HIV by VCT-C counselors. Of these, 52% (32,639) were men and 48% (29,717) were women. VCT-C counselors sensitize partners as to the importance of couple testing. 9,438 of the 54,830 counseling sessions were in couples or in families (17.2%). Of the 29,717 women tested, 2,802 were pregnant women (10%). The proportion of seropositive individuals has increased steadily from 1.9% (228) in Q1, to 2.1% (233) in Q2, 3.1% (583) in Q3 to 3.7% (761) in Q4.

VCT-C counselors provided FP counseling to 48,148 persons of which 22% were counseled as a couple and a total of 24,391 men were counseled. This highlights a great accomplishment of the SCIP project in mainstreaming male involvement.



VCT-C Teresa and client in Malema

This year we have continued to strengthen our implementation of VCT-C, reinforcing the concepts for selecting higher-risk target groups, such as partners of HIV+ pregnant women, HIV+ patients and chronically ill patients referred by the community health network. To reinforce follow-up of services of these high-risk groups we are strengthening the link and adherence of clients to treatment. In quarter 3, we allocated motorbikes for counselors in the districts to increase mobility in the monitoring of chronically ill and to support testing the partners of HIV+ pregnant women.

The VCT-C counselors are highly integrated in the activities of the other components, continuing to provide counseling and testing for the YFCs, the water committees, the CLCs, the CLL and for CHW including SCIP and SANA animadoras. In addition, we offered HIV testing at many different events, such as during health fairs at the teacher training institute and the prison (in coordination with a CDC-funded intervention); and TDM, PRM, the pedagogic university, the catholic university and the post office (in coordination with NPC). We also provided counseling and testing services for workplaces (Kenmare, INSS, road construction sites between Nampula and Cuamba, the construction site at the new airport in Nacala, Odebrecht) due to the high mobility of workers of these projects.

POSITIVE PREVENTION

This year all 33 counselors offered the seven services of Positive Prevention in their follow up visits to households. At present VCT-C counselors are registering visits and which PP service is being provided in their notebook. Through the course of the year we have improved considerably the numbers of HIV+ individuals who are being followed up, and the quality of the Positive Prevention services provided. The seven PP services are now routinely offered and considered one of the basic packages of services offered by VCT-C.

Our biggest challenge is in mastering the skills required for Positive Prevention by the VCT-C counselors and the animadoras. To address this, a full day of theory, practical exercises and simulations were provided for VCT-C counselors during the recent anti-stress activities. Upcoming supervisory visits will assess progress in Positive Prevention, complemented by on-job and refreshment trainings during supervision sessions and field visits.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

A focus area of VCT-C this year was to improve couples counseling and increase outreach to seropositive pregnant women. As a result, a training was given in October which focused on these areas as well as improving the quality of counseling and testing and following up on HIV positive cases within the context of the continuum of care.

As a result from strengthened relationships with peripheral HFs this year, VCT-C counselors received lists of 287 seropositive pregnant women who agreed to a home visit in order to provide counseling and testing for their partners and families. Of these, 105 were located and had community follow up visits conducted by their counselors in their homes where they offered HIV testing to their. Of these 105 cases, 70 partners agreed to couples' counseling. VCT-C counselors assist in integrating HIV+ partners into ART services. This activity demonstrates the strong coordination between the VCT-C teams and the HFs as well as the connection and communication with the community health network that assisted in locating the seropositive pregnant women.

Positive Prevention in the context of PMTCT	Pregnant women enrolled in the PMTCT program at the HF level	# of houses of pregnant women visited by VCT-C	# of partners tested by VCT-C
Q2 FY3	320	109	63
Q3 FY3	502	207	78
Q4 FY3	287	105	70
Positive Prevention and follow up of HIV+ clients identified by VCT-C			
Q2 FY3		210	
Q3 FY3		506	

CHALLENGES

- It remains difficult to conduct couple testing as frequently as we would like, due to the reluctance of partners.
 - Community leaders were trained in Stigma and GBV with the aim of creating a more conducive environment.
- Weak perception of nurses of the advantages of offering a list of HIV+ pregnant women for the follow up of their partners. Unclear client records from the consults with the MCH nurse, which complicates the collection of an efficient list with true information – often the women are not completely registered, lacking data on the residence, gestation period or HIV status.
 - To address this, explain to the MCH nurse the necessity of testing partners of HIV+ women in order to prepare a better continuum of care for the woman and child, with greater political support from the SDSMAS.
 - Along with the District Coordinator, strengthen the link between the VCT-C counselors and the HFs MCH nurse to improve the Continuum of Care in the context of the PMTCT; improve the planning of the monthly regular meetings with the HF MCH nurse to improve the follow up of PP for HIV+ pregnant women and their children.
- Continue to increase numbers of chronically ill patients tested.
 - While our relationship between animadoras and VCT-C counselors has improved, we need to continue to work on the integration of counselors with the SANA animadoras in the complementary districts.

UPCOMING EVENTS

- Intensify targeting of higher risk groups (HIV+ women/partners and their children, chronically ill, follow up of positives in order to offer PP) to reach our goal of 10% HIV+ of the total number of individuals tested (56,000),
- Target high risk spots (railway workers, construction sites, road works) and corresponding communities along the corridor between Nampula City and Nacala Porto.
- Hire four new VCT-C counselors primarily to support prevention along corridor
- Further consolidate the Continuum of Care and Positive Prevention strategies.
- Continue to provide counseling in mobile health brigades and on monthly health days.

2.8 GENDER AND MALE INVOLVEMENT

In the third year SCIP continued to train community leaders on GBV and stigma of PLWHA. Facilitated by Peace Corps Volunteers and SCIP staff, participants reviewed the themes through lectures, films and theatre performances. They used the Pathways for Change game to identify barriers to change in their own communities. Participants shared experiences and agreed to initiate and facilitate a series of discussions in their regions. They subsequently developed role plays in small groups on GBV and Stigma & Discrimination, and performed the pieces for the larger group. These performances served to stimulate discussion and resolve questions or remaining issues on the themes presented. Radio spots

are in the process of being finalized in order to support these activities. A play on GBV was developed in Memba to support community leaders in their sensitization activities.

269 community leaders, representing all districts have been trained as facilitators of trainings in Stigma and GBV. 1,905 CLs participated in replica sessions of the CL facilitators. 336 banners on these topics have been produced and distributed to community leaders to support their discussions.

SUCCESS STORY:

COMMUNITY LEADER CHANGES HIS BEHAVIOR, ADVOCATES FOR FAMILY PLANNING AND SANITATION IN THE CLC OF MOLIPIHA (DISTRICT OF MECUBÚRI)

João Roieque is very active in his community of Molipiha, serving as the President of the Community Leader Council (CLC) of Molipiha, the Local Population Council, the water committee, and the secretary of the neighborhood of Molipiha in the district of Mecubúri. In the religious community, João is the Rátibo and leads the prayer session on Fridays at his mosque.

Before the Hot Topics discussions in SRH in Molipiha, Mr. Roieque knew little about healthy hygiene practices or the benefits of family planning, often eating meals without washing his hands, and many people in his household would wash their hands in the same basin without using soap. João did not use Certeza to treat the drinking water for his family. As João did not use condoms, his wife became pregnant unintentionally – the two of them were unfamiliar with and poorly understood family planning.

The combined activities of the work of the community health network (volunteers, animadoras and the community health supervisor), the interactive performances of the Mopoli theatre group and the discussions in Hot Topics brought a new perspective to the family and community of Mr. João Roieque, as he fully understands the different methods of family planning. João understood that the condom, apart from preventing STI transmission, reinfection and HIV infection, can also be used as a method of family planning. As a community leader, he realized that it was up to him to set the example for others in his community to follow. It was following the Hot Topics discussions that Mr. Roieque really understood the importance of family planning to space pregnancies. As such, his wife chose the injectible contraceptive (Depo-Provera) family planning method and he distributes condoms – making the neighborhood of Molipiha the highest consuming neighborhood for condoms.

In terms of hygiene and sanitation, the signs of behavior change are visible in the life and family of Mr. João Roieque. The changes were small at first, but grew into sustained behavior change. João has a latrine, a Tip Tap, he always has soap and water in the bathroom, a place to air dry clean dishes and Certeza to treat drinking water.

Mr. Roieque is an active and effective participant in the discussions of the Co-Management Committee of the Mecubúri HF. His community is becoming a model community and his reputation has improved in the community. Now, João Roieque will support the community health animadora in community-based distribution of contraceptive pills through the creation of a subcommittee of family planning within the CLC of Molipiha.



João Roieque, washing his hands using the Tip Tap

BEST PRACTICE OF RESULT 2: APPROPRIATE HEALTH PRACTICES AND HEALTH CARE SEEKING BEHAVIOR

Under Result 2, potential best practices that were identified this year are related to SCIP implementation of the Positive Prevention package of services – in Memba, reducing the number of individuals LTFU and in Nampula City, increasing the follow up with partners of HIV+ expectant mothers. The link between PMTCT and Positive Prevention in the context of the Continuum of Care was presented in a poster at the National Scientific Conference in Maputo.

IR3: ACCOUNTABILITY OF COMMUNITY AND DISTRICT HEALTH STRUCTURES TO THE PEOPLE THEY SERVE INCREASED.

Indicator	Annual Target	Achieved Year 3 (%)	Achieved by quarter			
			Q1	Q2	Q3	Q4
3.1 # of community-based distribution systems	2,020	102%	1,943	1,945	2,043	2,058
	We have met our target for the # of CBD systems for FY3.					
3.2 # of HF meeting with CLC representatives at least quarterly to evaluate health issues (denominator = 143 HF)	40% (58)	56% (80)	37% (53)	44% (63)	57% (81)	56% (80)
	We have surpassed our target of 40% of HFs that meet quarterly with CLC representatives. This is an important step forward, showing the increased commitment of HF teams and the <i>chefe da localidade</i>					

KEY REMARKS ON THE PROGRESS OF RESULT 3

SCIP directs a substantial amount of effort on strengthening community-based programming, particularly in the area of health by increasing the number of community based distribution systems (Indicator 3.1). Crucially, SCIP community-based interventions are based on close collaboration with community leaders (civil, traditional, religious), especially through CLCs. The CLCs serve as SCIP’s entry point into the community and create a favorable environment for increasing the availability of community and facility-based services. As such, SCIP organizes meetings with CLCs to discuss community involvement in the 14 districts, and the percent of these CLCs that review data and support CHWs on at least a quarterly basis (Indicator 3.2) is an approximation of their accountability to the people they serve.

In FY3 there were 2,058 CBD systems based on the existence of “animadoras” in the complementary districts and 204 operational CLCs in intensive districts.

3.1 INITIATE CONSOLIDATION OF COMMUNITY BASED SYSTEMS ESTABLISHED

CBD SYSTEMS OPERATIONAL THROUGH SUPERVISION AND MENTORING, INVOLVEMENT OF CLCS AND LINKAGES WITH HFS

Our performance in CBD has improved over year three, the result of increased effort directed at this activity. In quarter 1, 23,087 pill packs were distributed in the community; 836 in Q1, 3,437 in Q2; 9,716 in Q3 and 9,098 in Q4. Animadoras are strongly motivated to promote this activity because they feel their communities support and benefit from the services. When the woman is able to receive her pills in the community, rather travelling to the HF, her adherence to family planning improves and she is better protected. There remain some difficulties for the animadora in reporting activities to her supervisor or HF on time. Despite the improvement in this area, the link between animadoras and the HF remains a challenge. The importance of this link is emphasized during supervisory visits, as well as the need for ownership by the provider of this activity. As previously mentioned, providers and representatives from CLCs meet regularly with “animadoras” to include them in the process and provide support.

3.2 STRENGTHENING ACCOUNTABILITY INVOLVING COMMUNITY LEADERS

HEALTH COMMITTEES SUPPORTED AT HFS

The Co-Management Committees of the HFs take place with improved regularity in all districts in comparison with previous quarters. Some groups meet more than once per quarter to discuss problems, analyze data and plan future activities together to improve the services offered in the communities. At the end of year 3, 80 HFs met with community leaders, TBAs and APEs. In Ribáuè, Mogovolas and Mecubúri all peripheral HFs have Co-Management Committees. We have met our goal of 80 Health Committees that meet regularly in year 3.

CLCS ANALYZING C-HIS DATA

The objective of the C-HIS analysis by CLCs is to discuss the data collected by animadoras and volunteers during their house visits. During this meeting, community leaders discuss which problems they are able to resolve, such as the construction of latrines, sensitizing women to attend pre-natal consults and the importance of institutional deliveries. At present, 74 CLCs regularly analyze the data produced by the community network in the intensive districts, with observed effect, seeing as during the CLL *“Conselho Local da Localidade”* progress meeting community leaders noted a change in the habits of their communities.

CLL SUPPORTED TO REVIEW AND MONITOR THEIR ACTION PLAN

In year 3, four CLLs held a review workshop to assess progress in the last year in Ribáuè, seven CLLs in Monapo and two CLLs in Eráti. CLC representatives participate in these meetings and give information on the activities that are underway in their communities. Additionally, in Eráti, two CLLs participated in the initial training where CLLs were formed and activity plans were developed according to the issues identified.

CHALLENGES AND POTENTIAL SOLUTIONS

- At the beginning of Y3, low literacy of animadoras presented a challenge in completing monitoring instruments for CBD.
 - Involve community leaders in the activities and in the reporting of the animadoras
 - Introduce simpler forms for the animadoras and in the regular meetings ask the provider to help in the completion.
 - Continuous training and follow up of the community network has improved our data.
- It is a challenge to reinforce the joint elaboration of a six month plan for the HF Co-Management Committee.
 - SCIP district technical assistance must focus on the planning process during the next quarters.
- Another challenge is to integrate the preventive health officer (MISAU) in concrete supervision of CLCs in their HF catchment area.
 - Reinforce the implementation of this task at the DPS Coordination Council 2012.
 - Integration of this task in the HF Co-Management Committee six month plan.
 - Support supervisory visits of the preventive health officer with the help of the SCIP community supervisors.

UPCOMING EVENTS

- Continue to expand and support the continuation of regular meetings with HF Co-Management Committees in all districts. Discussion of chart listing the Rights and Duties of health system user.
- Training on community involvement for remaining CLCs which are not meeting regularly.
- Support the quarterly CLL workshops to analyze and strengthen data collection and planning.
- Hold meetings to improve the connection between the MCH provider and the community health workers.

IR4: COMMUNITY SOCIAL INFRASTRUCTURE SUSTAINED THROUGH A RANGE OF ALLIES AND NETWORKS OF SUPPORT THEY CAN DRAW UPON TO SOLVE HEALTH PROBLEMS

Indicator	Annual Target	Achieved Y3 (%)	Achieved by quarter			
			Q1	Q2	Q3	Q4
4.1 # of community groups developed and supported	1,088	144%	850	945	1,503	1,567
	We have surpassed our target. Mobilization and involvement of communities was supported through Hot Topics trainings at the CLC level. Subsequently, communities better understood the importance of the CLC.					
4.2 # of people (by type) trained in using conservation farming techniques as a result of USG assistance	24,600	223%	10,422	12,291	15,701	16,563
	As of Y3, we have trained 54,977 participants in training on conservation farming techniques. We have surpassed our target for the year due to greater than expected interest from YFC members. Participants have participated in multiple sessions throughout the year.					
4.3 # of people (by type) trained in safe food handling, use and storage techniques	10,000	408%	6,757	7,353	12,361	14,302
	By Y3, we have trained 40,773 participants on safe food handling, use and storage techniques. We have surpassed our target for the year due to greater than expected interest from YFC members. Participants have participated in multiple sessions throughout the year.					

KEY REMARKS ON THE PROGRESS OF RESULT 4

Activities under this result are designed to contribute to the establishment of a community platform that brings together different actors working for overall health improvements and development. For SCIP, strengthening community social infrastructure involves working with CLCs, Youth Farmer Clubs and water committees (Indicator 4.1). The groups come together through a series of meetings and workshops during which they share experiences about challenges and priorities for improving health in their communities. Through these meetings, members gain specific skills to participate actively in tackling health and development issues. At the same time, participants also gain community trust and improve their confidence in their ability to solve community health problems.

4.1 COMMUNITY GROUPS DEVELOPED AND SUPPORTED

SCIP strengthens community structures and networks through the establishment of YFCs and by nurturing linkages between YFCs and community leadership (CLCs, CLLs). Community participation in the process of establishing YFCs is fundamental to its success and sustainability, and contributes to the perception of the YFC as a member of the intricate social networks in the community. SCIP YFC services are introduced in the community following a needs assessment with the CLL and community leaders express interest in supporting youth development and organization. Once integrated into community structures, YFC activities become accountable to community leadership. As such, the integration of YFC in community structures is essential to community network sustainability.

In year 3, 177 YFCs were established. 5,363 new members (3,188 male, 2,175 female) were integrated into the YFC. This achievement contributed to the total of 698 YFCs with 23,287 cumulative members (13,017 male; 10,270 female). There are a total of 18,695 active members (11,345 males, 7,350 females) at the end of year 3. The SCIP YFC component has reached 93% of its target of integrating 25,000 youth, and 82% of the target of 850 YFC established.

217 water committees have been visited regularly. 652 CLCs are active. 1,567 community groups were developed and/or supported this quarter.

NUMBER OF COMMUNITY GROUPS DEVELOPED AND SUPPORTED ^R

Community group	FY2	FY3	FY3							
			Q1		Q2		Q3		Q4	
	Total	Target	New	Total	New	Total	New	Total	New	Total
CLC	142		18	160	58	218	419	637	15	652
YFC	521		40	561	29	590	74	664	34	698
Water committee	109		20	129	8	137	65	202	15	217
Total	772	1088	78	850	95	945	558	1,503	64	1,567

4.2, 4.3 AND 4.5: STRENGTHENING YFC CAPABILITIES IN FARMERS ASSOCIATIONS, CONSERVATION FARMING AND FOOD HANDLING AND STORAGE, ENGAGING FAMILY AND COMMUNITY MEMBERS ON ADOPTION OF CF PRACTICES

TRAINING ON CONSERVATION FARMING

The SCIP YFC component is training community youth in conservation farming techniques. YFC members are being trained on five messages with basic principles of CF: early land preparation, mulching the soil, superficial tillage, not to use burning practices and crop rotation. It is expected that the benefits of this training will extend beyond club members and that community members themselves will adopt CF principles. Training on CF is based on seasonal farming activities – demonstration plots for both rainy season and irrigation crops. In the rainy season, maize, cowpeas, peanuts and pigeon peas were selected for demonstration plots. Seasonal horticulture activities considered onions, lettuce, cabbage, green pepper, tomatoes and carrots using an illustrated flip book and demonstration plots. This year, we established a total of 636 demonstration plots, of which 256 were for rainy season crops and 380 for horticulture with irrigation. Training also included compost preparation, organic fertilizers and organic pesticides and how to use all for soil fertilization. There was also training on pest control and multi-use of water in the context of establishing demonstration plots for horticulture.

This year, 16,563 young farmers (10,059 males and 6,504 females) were trained on CF techniques including both rainy season and irrigation crops.

TRAINING ON FOOD HANDLING AND STORAGE

The SCIP YFC component also conducts training on food handling, food conservation and nutrition.

Sessions cover the process of food collection, processing, conservation (drying, smoking, cooking and salting) and the consumption of vegetables, fruit, fish and meat as well as locally available staples such as root crops (cassava, sweet potatoes), greens (leaves from cassava, cabbage, pumpkin), and fruits (mango, banana). Cooking recipes and intrinsic nutritional aspects of roots, vegetables, fruits, fish and meat are also addressed. This year we also held a training on post-harvest practices for rainy season crops – the main practice promoted was the improved peanuts dryer, which helps to reduce the aflatoxins.

During year 3, 14,302 YFC members (8,697 male and 5,605 female) participated in training on food handling, conservation and nutrition, with the participation of 519 out of 698 YFC.

ENGAGING FAMILY AND COMMUNITY MEMBERS ON ADOPTION OF CF PRACTICES

SCIP YFC development activities are expected to facilitate behavior change at the community level. Therefore training and learning activities are oriented to use young people to influence community attitudes and behavior. In fact, all the messages learned from the YFC are reinforced using different forms of community communication, such as singing, dancing, theater and field demonstrations to community members. Likewise, each member is responsible for influencing the adoption of good practices first at the family level and then at the community level.

To promote the adoption of farming techniques by community families, demonstration days were held and coordinated by YFC Monitors and Assistants, Community Leaders and SANA promoters. All districts reported families adopting some of the five CF principles and best practices on crop management and nutrition under the influence of the YFC member's actions.

4.4 COLLABORATION AND EXCHANGE WITH PARTNERS

SCIP has made progress in providing technical support to the Agricultural Directorate this year at the provincial and district levels. At the provincial level SCIP provided reports of activities and ensured that YFCs were adopted in the planning framework of the directorate (PES 2013). At the district level, collaboration (joint activity planning, implementation and report sharing) was facilitated by the fact that YFC assistants are based within the SDAE. Collaborative activities include sharing experience as well as production inputs. For example, in Ribáuè, the SDAE provided potato seeds and 20 kg of fertilizer for the YFC.

We further organized agriculture fairs in the districts of Nacala Porto, Mogovolas (Iulute) and Nampula City. SCIP was involved in the organization and the support of the National Farmers Day in Namina, Mecubúri, with the launching by the Minister of Public Administration and the Provincial Governor. This

year, SCIP has supported the DPA to implement the burning prevention campaign with the development and production of a poster. At the district level, we organized the discussion of the poster with the CLLs.

YFCs actively explore potential opportunities local partnerships can provide. Five YFCs (Mogovolas 3, Malema 2) are engaged in developing the revolving credit and savings program with Ophavela, a local microcredit NGO. The YFC of Rieque has also been contracted by OLAM, an agribusiness company, to produce three hectares of peanuts. OLAM has agreed to purchase the entire peanut harvest. Other economic strengthening activities for OVCs are described in result 2.

CHALLENGES

- Poor quality of the YFC inputs, materials and equipment that require substitution in short periods of time. Distributed seeds in different districts were reported to be of low quality.
 - A claim was made to suppliers (Pannar and Semoc for seed quality) to address this issue. For the next season, germination tests were done with samples submitted by different suppliers. The results showed that there are quality concerns – some crops were found to be of poor quality. These suppliers were not invited to submit proposals for the next season.
- The main challenge in the adoption of best practices in food handling and conservation is related to cultural practices. Consumption habits leading to high rates of malnutrition can restrict the adoption of best practices. Furthermore, poor conservation conditions in some communities result in the short life of produce.
 - Local leadership was mobilized to raise the awareness at the community level of best practices in food handling and conservation.
 - Continue to strengthen the partnership with SANA.
 - Next quarter, trainings on food preparation will be undertaken in order to promote more balanced and diversified diets alongside the nutrition training.
- At the provincial level it is still challenging to maximize SCIP technical assistance and integrate the YFC approach into DPA planning.
 - Dedicate more time for technical assistance by SCIP to the DPA.
 - Include the DPA as the main partner in the preparation and leading of the YFC conference, which is expected to be held in April 2013.
- Challenges remain in building local partnerships at both the district and local level with agribusiness companies, even with the help of AGRIFUTURO.
 - This process is improving, due to the existing mechanisms of farmer associations and cooperatives assisted by SANA and a shift in strategy of agribusiness companies to engage farmers in trust-based relationships.
 - Involve local agribusiness companies to support specific YFC, facilitating their promotion at the upcoming YFC conference.

UPCOMING EVENTS

- Continue to consolidate linkages between YFC and community leaders to facilitate the adoption of conservation farming practices at community level, as well as integration of YFC members

into the CLC. Continue strengthening the adoption of food handling and conservation practices as well as nutrition behaviors at community family level with support of CLC members.

- Follow up and expand the number of OVC families participating in the implementation of the family gardens for vegetable production strategy. Continue strengthening local partnerships at the community level for OVC family based strategy implementation.
- Continue negotiations with agribusiness companies (OLAM, Horfipec, IKURU, Corridor Agro, Pannar) for seed production and promotion contracts with 20-40 YFCs.
- Raise awareness on land management and land tenure rights through the partnership with local NGO Forum Terra.

SUCCESS STORY – MORINGA IN MATARYA YFC, RIBÁUÈ

After demonstrations on food handling and conservation using locally available product, the Matarya YFC in Ribáuè has created an income generating opportunity with dried Moringa leaves. Moringa is valued for its nutritional benefits, such as high vitamin A & C; and minerals (potassium, calcium and protein). The leaves are sun-dried, then ground into a powder to add to sauces or porridge. Moringa is especially beneficial for children and chronically ill people. After processing, the club sells the product to an established group of clients. The Matarya YFC has turned this into a profitable activity, and the practice is being replicated in the districts of Moma, Mogovolás, Mecubúri and Nacala Porto.



Moringa leaves and powder

BEST PRACTICES OF RESULT 4: COMMUNITY SOCIAL INFRASTRUCTURE SUSTAINED THROUGH A RANGE OF ALLIES AND NETWORKS OF SUPPORT THEY CAN DRAW UPON TO SOLVE HEALTH PROBLEMS

There are several success stories of YFC activities that deserve further attention as to whether they can be developed to qualify as potential Best Practices. The process for establishing relationships with the private sector, thus enhancing the economic opportunities for YFC members is an activity that could be worth sharing with other YFCs. This year we completed the baseline for YFCs, and we are waiting to analyze the results

We are developing the instruments to assess the degree of acceptance of CF activities with the families and communities of YFC members – this activity is anticipated to occur in Q3.

IR5: AVAILABILITY AND USE OF CLEAN, MULTI-USE WATER INCREASED

Indicator	Annual Target	Achieved Year 3 (%)	Achieved by quarter				Total Y3
			Q1	Q2	Q3	Q4	
5.1 # of water sources repaired / constructed	58	114%	18	12	32	4	66

Total							
Boreholes	56	116%	18	12	31	4	65
Shallow wells	0	-	0	0	0	0	0
Repaired	32	125%	9	12	17	2	40
Constructed	24	104%	9	0	14	2	25
Small urban systems	2	50%	0	0	1	0	1
	We have exceeded our target this year, achieving 114% of the target.						
5.3 # of people trained in safe water	672	166%	266	263	348	240	1,117
	We have exceeded our annual target due to an increase in the number of water sources repaired/constructed.						
5.4 # of localities with integrated water and health committees	20	160%	10	14	32	32	32
	We have exceeded our target for this year. This is a cumulative indicator for the 5 WASH districts.						

KEY REMARKS ON THE PROGRESS OF RESULT 5

The SCIP water component is implemented in five of the fourteen districts of Nampula province: Erati, Memba, Nacala Porto, Nacala Velha and Monapo (aka WASH districts). In each district, WASH activities are integrated with other SCIP components. There is a WASH official and two social technicians who belong to a local organization (AMASI). The government is represented through the DPOPH/DAS and district governments through SDPIs, and is involved in the entire process and implementation of the project.

This year we achieved a total of 66 water sources were achieved by the project, of which 65 boreholes were fitted with an AFRIDEV manual pump, one well newly equipped with a hand pump, and 40 repaired hand pumps. 93 water committees were trained this year, 66 of whom benefited from water sources and 27 of whom received training and whose water sources are in progress.

5.1 CONSOLIDATE AND EXPAND WATER COMMITTEES

The water and health committees are integrated on issues such as community health, hygiene and sanitation promotion and operation and maintenance of water sources. Management committees are trained with each established water source and are responsible for the control, operation, and maintenance. Water committees were shown how to use excess water in the pump area to grow vegetables and also how to use local materials to build fences to keep out animals. These committees are responsible for reporting diarrhea outbreaks to health facilities. Members also serve as role models to the community which means they are expected to have proper water and sanitation infrastructures. Members of the water committees also participate in the Co-Management committees of the HFs, support talks on health days and actively participate on mobile brigades.

This year, 93 water and sanitation committees were established and trained in the five WASH districts (22 in Monapo, 39 in Memba, 11 in Nacala Velha, 5 in Nacala Porto and 16 in Erati).

5.2 FACILITATE WATER COMMITTEE ACCESS TO WATER PUMPS SPARE PARTS

To facilitate the maintenance of water pumps by the WASH committees, the commercialization of spare parts in shops of local vendors and shop owners is a priority. The SCIP project aims to strengthen water committees and refer clients when there is a need for pieces by the communities. Technicians inform water committees where they can obtain spare parts, and share a list with prices for each piece. This saves the water committees considerable amounts of time and money and increases their capacity to maintain their pumps. There are four shops in Memba and three shops in Nacala Velha that sell spare parts that were established by the InterAid project and used by all SCIP-supported water committees. In Monapo, two shops have been supported by SCIP and are operational. There are four shops, two in Nacala Porto and two in Eráti which are in process of procuring the startup kit, signing the MoUs, etc. We expect that these shops will be open and functioning at the beginning of FY4. These spare parts shops will be expanded to each administrative post.

5.3 REPAIR OF NON-FUNCTIONING WATER SOURCES

In all of the districts, SCIP, in collaboration with the SDPIs, identified damaged pumps as well as the causes. In January 2012, the DPOPH list of damaged water sources/pumps reported that in these five WASH districts, 89 were in need of repairs: 12 in Memba, 31 in Erati, 17 in Monapo, 14 in Nacala Velha and 15 in Nacala Porto. During this quarter, DPOPH informed us that of the 89, some water sources will be removed from the DPOPH database as they had dried out, or could not be included due to high salinity or insufficient water pressure. None of these were constructed by SCIP.

In FY3, SCIP has contributed with the repair of 40 of them; five in Memba, 12 in Erati, 13 in Monapo, 7 in Nacala Velha and three in Nacala Porto. Following the assessment, the pumps were categorized according to the type and degree of damage. Some were repaired by water committees, some by local artisans and in the event that special equipment is required, by contractors. This process includes the establishment and training of water committees.

5.4 OPENING OF NEW WATER SOURCES

The multipoint system of Netia, in Monapo district was completed and handed over in year 3. The water source is from a borehole which was rehabilitated in coordination with ESSOR. This multipoint system is benefitting 15,000 people and was constructed by local artisans and community members under the technical guidance of a SCIP WASH technician. Another multipoint system in Nacololo, also in Monapo, is in the finishing stages; all the steps in charge of SCIP were done; to do the hand over, SCIP is waiting for the government/EDM to complete the electrical works needed to bring energy from the post to the house pump, which are nearly complete; we expect to hand over to the district government at the beginning of year 4. To build the system in Nacololo, which brings water from a spring, SCIP contracted an enterprise. 5,000 people in that community will benefit from this water source.

Water tenders were prepared in Q2, contractors were selected and contracts signed in Q3, and work initiated for new boreholes in the five districts. In Memba, 14 water sources were completed during Q3 and Q4. 33 of the 47 water sources tendered in Q2 are still in progress: one in Memba, nine in Nacala Velha, nine in Nacala Porto, eight in Monapo and six in Erati. We expect all 33 will be completed during

the Q1 of FY4. The approach of requesting the list of communities far in advance has been effective in reducing last-minute changes, and increasing the efficiency of contractors in the community.

5.5 ENGAGING COMMUNITIES ON THE ADOPTION OF SAFE WATER STORAGE AND WATER TREATMENT

Activities continue in this intervention area, with communities being instructed on how to take, carry, store and use water in their families. Closed 20 liter jerry cans are now preferred by the communities, instead of the traditional open buckets made of local materials which allow contamination. The project also informs communities on the necessity of treating water with *Certeza*, and boiling to make water potable. The use of solar disinfection (SODIS) and moringa leaves will be introduced as alternative forms of water treatment.

5.6 MULTI USE OF WATER

Water committees are taught how to use the excess water around the water pump for vegetable gardens and to construct fences to avoid animals. 89 YFCs in WASH districts were instructed in how to maximize the little water available for food cultivation – as taught in the principles of conservation agriculture, routinely covering the soil maintains the humidity longer.

5.6 PARTNERSHIPS WITH CBOs

In year 3, the project renewed the contract with AMASI, a local organization providing community mobilization and education. AMASI has delegated two technicians per district working under the supervision of the district SCIP WASH technicians.

5.7 COLLABORATION WITH GOVERNMENT AND PARTNERS

In year 3, SCIP continues coordinating with provincial and district government through the DPOPH/DAS and SDPIs, who are involved in decision-making, development of contracts for drilling new boreholes, the evaluation of technical and financial proposals as well as the management of contractors. Community selection is done in coordination with the government who supervises, jointly with the SCIP technician, the work and construction of water sources.

CHALLENGES AND POTENTIAL SOLUTIONS

- As mentioned in previous reports, the difficult hydrological situation presents a significant challenge. A number of negative boreholes were identified before reaching a set number of positive boreholes as shown in the table below:

	Memba	Nacala Velha	Erati	Monapo	Nacala Porto
Total # of Trials	35	7	9	10	5
# Negative	15	5	3	3	4
# Positive	20	2	6	7	1
% Negative of Total	42%	71%	30%	30%	80%

Nacala Porto, Nacala Velha and Memba had the most negative boreholes (these are boreholes without water, high salinity or insufficient water pressure). The situation in Nacala Porto is aggravated by the depth of the water table which makes the installation of an Afridev pump impractical. This demotivates the communities as even though they have met the criteria to be eligible for a water pump, at times the physical conditions prevent us from responding to their water needs.

- The project has attempted to address the situation by broadening the target area and installing a pump at a distance greater than the 500 meters recommended by the National Water Policy. Even though the population may have to travel to obtain water, the population from the original community may still be able to benefit. The project could further test other types of pumps, such as *Bluepump* or *Afrideep* that are more suitable for deeper water tables.
- In places with no potable water sources, the project can increase the education in communities around the treatment of water with *Certeza*, boiling, the introduction of moringa or SODIS.
- Another challenge is the existence of other WASH projects, such as MCA and Helvetas, that provide the initial kit of free spare parts for pumps. This influences the motivation of the WASH committees and reduces the enthusiasm of vendors to consider selling spare parts as a profitable enterprise.
 - During recent DPOPH coordination meetings, the WASH component has begun to negotiate improved harmonization of project implementation, including the commercialization of spare parts.
- There was a tendency by local government to select communities where previous attempts have been unsuccessful.
 - SCIP began to request the list of communities prior to launching the tender in order to avoid last-minute changes. There is documentation of communities where it is considered impossible to obtain water to prevent sending companies to the same areas.
- Weak logistical capacity of the contractors compromises their ability to fulfill their contracts on time. Although the tender process was completed in time (in May), 15 boreholes have not been completed as yet.
 - As a large number of drillings are ongoing, the project contracted an additional surveyor to monitor more closely the new borehole construction process, which we expect will result in less delay by contractors.
- There is greater demand for water sources than the project had planned to supply. Communities contribute through latrine construction, but not all are benefitting from water source construction.
 - The project can increase the education in communities around the treatment of water with *Certeza*, boiling, the introduction of moringa or SODIS.

UPCOMING EVENTS

- Continue the rehabilitation and construction of water sources (boreholes, rehabilitation of an existing system in Namapa) in the five WASH districts.
- Increase the number of people trained in safe water while also including topics on SRH and FP.
- Expand the number of localities with integrated water and health committees.

- Increase the representation of women in leadership positions on water committees.
- Train community leaders as trainers for water treatment: awareness of use of *Certeza*, SODIS to make water potable and to encourage safe water storage practices.

IR6: SANITATION FACILITIES AND HYGIENE PRACTICES IN TARGET COMMUNITIES IMPROVED

	Annual Target	Achieved Year 3(%)	Achieved by quarter			
			Q1	Q2	Q3	Q4
6.1 # of households with latrines	6,344	187%	3,967	71	4,209	3,614
We have exceeded our target during FY3, with 11,861 latrines. Community involvement was higher than expected in the 5 WASH districts. Integration of multi-sectorial topics help sensitize communities to the importance of sanitation.						

6.1 CONSOLIDATE AND EXPAND OPEN DEFECATION FREE COMMUNITIES

Sanitation constitutes an important aspect for the health of communities, as adequate sanitation reduces water-borne diseases and minimizes the health impact for both the communities and the HFs.

The construction of family latrines is a focus of the project. PHAST and CLTS are the two approaches being used by the project to mobilize and promote community involvement, participation and behavior change. The training content and approach encourage communities to improve their sanitation facilities using locally available materials, with a focus on the construction and consistent use of latrines, and hand-washing using the “Tip-Tap” method. The training emphasizes the need for participation and commitment of the entire community in order to achieve complete elimination of open defecation, and the importance of hand washing after defecation and before eating. Participants also learn that each latrine type has a specific cost to the participating household. Careful consideration of the latrine type is a key factor in subsequent use and maintenance. The CLTS approach is both participatory, as the community itself leads the process; and efficient, as communities initiate plans for latrine construction (6.1). These activities should encourage behavior changes in terms of increases to the percentage of the population using improved sanitation facilities (6.2, discussed in the baseline survey) and to the percentage of caregivers who demonstrate proper personal hygiene and food hygiene behaviors (6.3 and 6.4, discussed in the baseline survey).

The project continues to strengthen communities by empowering them to resolve their own problems through locally-available solutions. In this context, the Community-Led Total Sanitation (CLTS) strategy is the most often used, by which communities lead the process through their own local leaders. In year 3, a total of 1,117 community leaders were trained as facilitators of the CLTS methodology: 60 in Nacala Porto, 264 in Monapo, 134 in Nacala Velha, 192 in Eráti, 467 in Memba were trained to be facilitators of this strategy, and are responsible for regularly informing technicians of the number of latrines constructed in the communities. The strategy makes a direct connection between feces, flies and diarrhea, as well as emphasizes the importance of the construction and proper use of latrines, among other activities. Each household in the community has mounted a hand-washing station (Tip Tap) and built a covered landfill for trash, thus completing all the aspects of sanitation. Following a certain period of follow up of latrine construction by community leaders and technicians, once latrine coverage is 100% in a community, they write a letter requesting a visit to confirm that they have actually reached 100%. If no feces are found during the evaluation, they are declared “Open Defecation Free” and receive a plaque for the entrance to the community.

This year, a total of **11,861** traditional latrines were built. This helped 75 communities become certified as ODF (Livro do Fecalismo a Ceu Aberto – LIFECA) during external evaluations which took place in November 2011, July and September 2012. The evaluation is conducted by a multidisciplinary team of government officials from the Provincial Directorates of Public Works, Education and Culture, Health, the Environment and other District Government officials, as well as project technicians and other interested parties.

During year 3 SCIP constructed four blocks of latrines in Monapo and Erati districts, two for each district. The selection process for the schools that would receive latrines was led by the SCIP district coordinator together with the District Department of Education and Technology. Training for teachers and students on proper latrine cleaning and maintenance and hygiene practices such as hand washing took place in June 2012.

6.2 ENGAGING COMMUNITIES ON THE ADOPTION OF PROPER HYGIENE BEHAVIORS

Behavior change has been addressed systematically in the communities where SCIP implements its activities in year 3. Community discussions, spots on community radio and theater pieces highlight the key messages of healthy hygiene behavior such as washing hands before meals, after using the latrine and before preparing food. Other messages related to environmental sanitation, the value of maintaining a clean yard, digging sanitary landfills, how to treat drinking water, the importance of constructing fences for animals, appropriate treatment of children's feces, etc. are also addressed.

CHALLENGES AND POTENTIAL SOLUTIONS

- Some community members are resistant to constructing latrines as it is a new concept to them. Other barriers are generational taboos around sharing a latrine with a mother or father-in-law.
 - Some effort has been made to encourage behavior change and overcome taboos, led by the communities themselves.
- Families continue to resist constructing animal pens.
 - To address this, the project has continued to sensitize communities by combining the participatory strategies of CLTS and PHAST where communities discuss and identify behaviors and hygiene habits they feel are healthy.
- The ground is weak where the latrines are constructed, causing the latrines to be easily destroyed during the rainy season.
 - As such, CLCs would benefit from technical assistance on how to construct rain-resistant latrines.
 - Another option is to join the Red Cross program (where active) where communities contribute stone, sand and water to make cement covers for latrines.
 - Communities are also encouraged to use the same quality poles that are used in house construction to construct their latrines, to separate the latrine and the bathing area as well as to cover the latrines to prevent collapse during the rainy season.

UPCOMING EVENTS

- Continue to mobilize communities for the construction of latrines;
- Continue assessment of Open Defecation Free communities – we are expecting an additional 175 communities to be declared Open Defecation Free by September 2013 (35 per WASH district);
- Training of community leaders, YFC members and water committees in hygiene and sanitation.

BEST PRACTICES OF RESULT 6: SANITATION FACILITIES AND HYGIENE PRACTICES IN TARGET COMMUNITIES IMPROVED

There are 2 districts reporting successful implementation of the CLTS strategy. In the locality of Samora Machel, in Eráti, community members have been able to increase the number of latrines in the community as well as access to water through their implementation of the CLTS and increasing availability to spare parts. To assess the impact on health, data on diarrheal diseases at the local HFs is being collected for the period prior to and following the interventions in the communities in the catchment area. Data will be analyzed both for communities that are ODF and those that are not ODF in order to see if there is a difference on the incidence of diarrheal diseases between these groups.

MONITORING & EVALUATION AND OPERATIONAL RESEARCH

During year-3, particularly this last quarter, SCIP M&E team has consolidated its machine to better inform SCIP interventions and to track progress with better quality. Key M&E and Operational Research interventions included:

1. STRENGTHENING SUPPORTIVE SUPERVISION WITH FOCUS ON DATA QUALITY VERIFICATION USING BOTH MANUAL PROCEDURES AND THE RDQA TOOL

Keeping in mind that this is an ongoing intervention, continuously performed by both M&E Officers and Programmatic Officers, we proceeded as follows:

- i. Established a monitoring week for all 14 districts. During this monitoring week all technical team from the district (with support from provincial team) worked on the target sites in order to eliminate all outdated forms that were contributing to poor data quality (including avoidable duplications), to check data quality and provide on the job training;
- ii. Based on the lessons learned we developed and tested a simplified supervision guide that focuses on data quality issues and articulates an action plan to overcome any identified data problems or gaps;



M&E team assessing data quality

- iii. The three provincial M&E Officers were assigned specific districts (cluster districts) for them to pay particular attention, reducing the data errors in the system;
- iv. Continued to implement the RDQA tool for a selected list of indicators.

2. INCREASE SUPPORT TO THE PROVINCIAL HEALTH AUTHORITIES M&E SYSTEM

Because many indicators reported by SCIP have their data collected/gathered, processed, analyzed and shared by the DPS and because concerns about data quality from the public health system remain, we adopted a new supportive approach: the establishment of a **provincial monthly day of health statistics**. This is the day agreed by all provincial health partners under the leadership of DPS to sit altogether as one team and discuss data quality and progress around selected indicators. During the first monthly day of health statistics held September 5th and led by the provincial health director, SCIP made a presentation proposing the methodology, to be based on three questions for each selected indicator:

- What is the current data quality of this indicator (have all health units submitted data and was it found to be complete, correct and consistent?);
- What is the current progress in relation to target population? and;
- What can we do in order to improve the situation?

Experiences gained from this provincial monthly day of statistics will be expanded to the district level.

3. REFRESHER TRAINING SESSIONS TO PRIMARY AND SECONDARY DATA COLLECTORS

Due to the supportive supervision visits that were intensified it was possible to identify major skill gaps of the implementers at the community level, particularly the Animadoras (intensive districts) and Promotores (complementary districts). In response, we held two ToT courses targeted to health managers, provincial supervisors, district M&E Officers and supervisors. After being trained, these participants trained the Animadoras and Promotores. The monitoring topics covered CBD of contraceptives, OVC, Chronically ill/HBC and community health lessons as well as the construction of Success Stories. For more details, please see Table XX.

Table XX – Refresher training to community implementers, quarter 4, FY3, SCIP-Nampula

Type of monitoring training	Facilitated by	Workers involved
ToT for intensive districts – Community activities (CBD of contraceptives, OVC, Chronically ill/HBC and community health lessons)	M&E Director and 1 provincial M&E Officer	1 Manager of community health component; 4 provincial supervisors, 2 provincial M&E Officers and 5 district M&E Officers
	Manager of community health component; provincial supervisors, district M&E Officers and provincial M&E Officers	52 District supervisors and Coordinators of Community Component
Training of intensive districts	District supervisors and	420 Animadoras

Community activities (CBD of contraceptives, OVC, Chronically ill/HBC and community health lessons)	Coordinators of Community Component	
ToT for complementary districts – Community activities (CBD of contraceptives, OVC, Chronically ill/HBC and community health lessons)	M&E Director and provincial M&E Officers	3 provincial supervisors, 3 provincial M&E Officers and 9 district M&E Officers
Training of complementary districts – Community activities (CBD of contraceptives, OVC, Chronically ill/HBC and community health lessons)	District M&E Officers and provincial M&E Officers	70 Promotores from vitrine localities

4. DATABASE DEVELOPMENT AND USE – *SISTEMA DE MONITORIA SCIP* (SCIP MONITORING SYSTEM)

After some delays, we have revitalized the process of the Access database for the SCIP project in year 3. There has been significant progress, but the process has been slower than hoped. The database, called the *Sistema de Monitoria SCIP* is now partially ready and being tested in the districts. We expect that the final version will be ready by December 2012, and to be able to replace most of the Excel databases currently in use.

5. PREPARATION TO MONITOR INTEGRATION INDICATORS

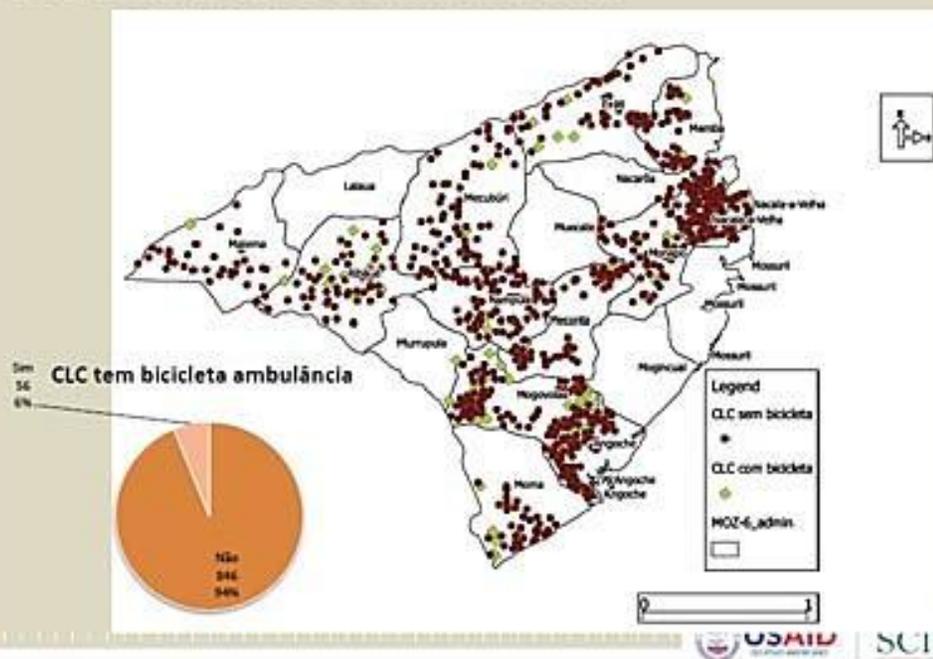
In developing the SCIP Integration Concept Note, new indicators were proposed that are not in the PMP. So, we decided to establish a specific monitoring matrix to track progress around integration. During FY4, monitoring integration will be one of the M&E priorities.

6. MAPPING OF SCIP INTERVENTIONS

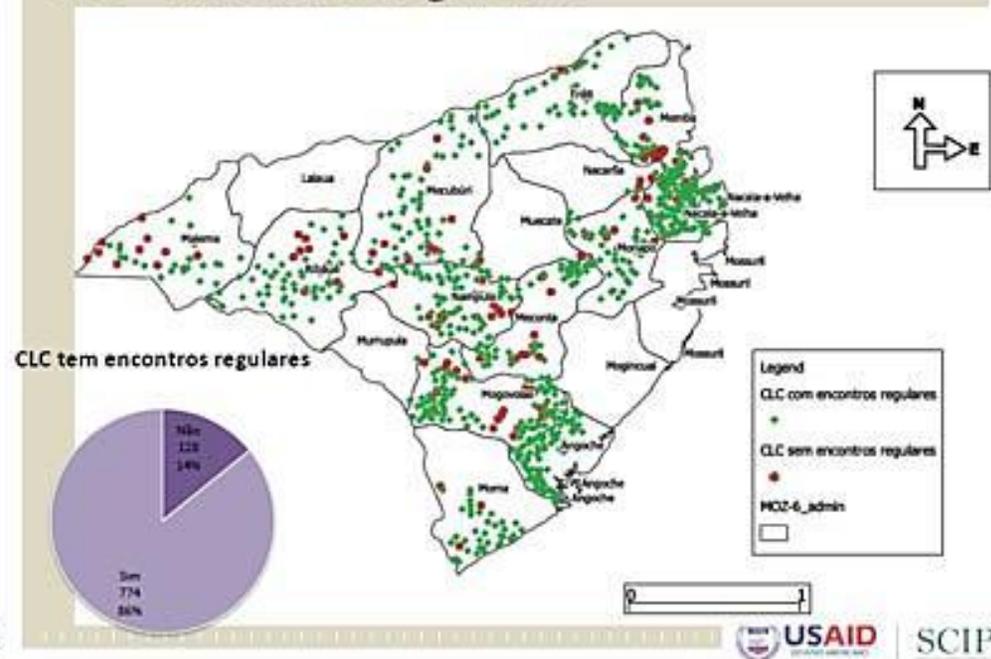
This year we undertook a mapping exercise, using mobile phones, of our interventions in the 14 SCIP districts. Analysis of the mapped data was been completed and we developed important information that has been used to re-orient SCIP interventions, particularly for the next FY work plan. Key interventions mapped include: Community Leader Councils, Youth Farmer Clubs, Water sources, Health Facilities with Co-Management Committees, Health Committees, Schools, Community Counseling and Testing activities, Theatre sessions, work of the traditional birth attendants and role of the volunteers (Animadoras).

See some of the maps developed below.

CLC com bicicleta ambulância



CLC - Encontros regulares



An illustration of some maps developed from the Mapping of SCIP interventions, August 2012

7. OPERATIONAL RESEARCH STUDIES AND DISSEMINATION

The data collection of the Youth Farmer Club baseline survey has been completed and data analysis and reporting will proceed in the next quarter.

As part of the efforts to disseminate or share scientific experiences generated by SCIP, during this year we participated in three events:

1. ICASA conference in Addis Ababa where SCIP presented the abstract *“Integration of a multisectoral approach: the experience of HIV counseling and testing at community level as a booster to health-related behavior change in Nampula, Mozambique.”* The research looked into how SCIP has integrated HCT-C into the program’s main mobilization events and community networks and made recommendations on how to strengthen positive prevention through as well as linkages within the community.
2. The International Conference on *Integration for Impact on Reproductive Health and HIV services in Sub-Saharan Africa: bridging the gaps and delivering the promise* where SCIP presented its work entitled: *“Community-level Integration of Family Planning (FP) and HIV Counseling and Testing (HCT) in Nampula, Mozambique: Increased and Improved Service Delivery through Linked, Home-Based Services”*
3. National Health Congress *“XIV Jornadas de Saúde”* where SCIP delivered 2 presentations and one poster:
 - a. *Integração a nível comunitário do Planeamento Familiar e Aconselhamento e Testagem em Nampula, Moçambique: aumento do acesso através da combinação de serviços – Oral presentation*
 - b. *Efeito Dose-Resposta Aumenta Significativamente o Uso do DIU em Mulheres na Idade Reprodutiva de Nampula – Oral presentation*
 - c. *Garantindo continuidade de cuidados no âmbito da ligação entre serviços PTV e Prevenção Positiva na Comunidade - Poster*

CHALLENGES AND PROPOSED SOLUTIONS FOR FORMATIVE RESEARCH, MONITORING AND EVALUATION

- Limited monitoring capacity of CHW (Voluntárias, Animadoras) and staff; concerns around the quality of data from community interventions remain;
 - Organize refreshment monitoring courses to all community workers
- Supervision to improve data quality is still poor at all levels;
 - Increase supportive supervision.
- Program staff continue to see data collection as the role of M&E; need to strengthen the culture of data use.
 - Strengthen monthly and quarterly meetings to analyze data.

LIST OF UPCOMING EVENTS

- Intensify supervision mechanisms and use RDQA for the most problematic indicators and districts

- Train provincial and district supervisors for community interventions of effective ways to gather data of high quality
- Generate periodic monitoring reports and feed the SCIP quarterly reporting system
- Finalize and roll out the database *Sistema de Monitoria SCIP*
- Finalize data analysis of the baseline survey for Youth Farmer Clubs
- Continue cultivation of best practices and other operational research, focusing on broader dissemination.
- Develop and implement tools to monitor the Model Family strategy.
- Conduct two operational research studies: one analyzing experiences, perceptions and attitudes of CBD for modern contraceptive methods, the other assessing the Continuum of Care, addressing the linkage between PMTCT, positive prevention and the role of the community.

FINANCE AND ADMINISTRATION

In the area of Finance and Administration, Year 3 was greatly supported by Pathfinder Central office through the Director of Operations and the Internal Auditor. Activities focused on adherence to internal control, procedures and strategies to improve the logistical support for field activities. Major achievements in SCIP administrative and financial areas were noted in the following activities:

1. Restructuring of the Finance and Administration Department
2. Reduction of bulk cash payments
3. Trainings of Procurement Committee members
4. Pre checks of vouchers submitted to HQ

1. RESTRUCTURING OF FINANCE AND ADMINISTRATION DEPARTMENT

An analysis of the functioning of the Administration and Finance Department of the SCIP project Nampula was carried out. We restructured such that more staff report to the Administration and Finance Coordinator. In this restructuring process, admin and finance staff job descriptions have been revised and some staff were rotated in order to improve the current dynamic that the SCIP Project demands.

2. REDUCTION OF BULK CASH PAYMENTS

Administrative measures have been taken to reduce large cash payments. This measure implied the obligation of payment in check or transfer to the suppliers and service providers.

3. TRAININGS OF THE PROCUREMENT COMMITTEE MEMBERS

As members of the Procurement Committee are rotating regularly, the procurement Committee received various trainings and guidance for compliance and quality improvement of procurement processes.

4. PRE CHECKS OF VOUCHERS SUBMITTED TO HQ

Due to the increased demands on quality of administrative and financial processes through the feedback received by HQ, a check list was developed to pre-check vouchers before submission to HQ. This is contributing to the high quality of the vouchers sent and currently approved in-country.

STRENGTHENING PROJECT COMPLIANCE WITH USG LEGISLATIVE AND POLICY REQUIREMENTS

In FY3, Pathfinder staff engaged in an extensive strengthening and work planning exercise with regards to the project's compliance with US government legislative and policy requirements (Tiarht) at the different levels. We are committed to the thorough monitoring of Tiarht Amendment compliance at Pathfinder government- and NGO-implemented projects. Pathfinder believes that volunteerism and informed choice are an essential component of all C/FP programs.

STRENGTHENING PROJECT COMPLIANCE WITH MOZAMBIKAN GOVERNMENT REQUIREMENTS

Pathfinder, as leader of the SCIP consortium, is in agreement with the following requirements: the Code of Conduct, partner agreements, project activities included in the PES, yearly report to MISAU, UCODIN, and the Ministry of Foreign Affairs. District quarterly reports are sent to district governments and other "*Serviços Distritais*". Provincial quarterly reports are sent to DPS.

FUTURE ACTIONS

Future actions in the operational area include the consolidation of internal control measures through the continuous monitoring and technical training of personnel aiming to improve the quality of processes and to follow-up the recommendations of internal and external audits. In addition, Year 4 will start with the addition of a coordinator for the Admin area in order to reduce the workload of Finance overseeing admin and to continue improving and accompany the needed logistical support for field activities, which will be growing in Y4, in the 14 districts.

COLLABORATION WITH OTHER DONOR PROJECTS

- There were two two-day workshops involving all consortium partners to introduce and implement the Community Care Costing exercise per the request of USAID, with technical support of H20/20.
- Participation in Title II program monitoring (MYAP-SCIP Nampula, Zambezia) to discuss progress of MYAP and coordination between the two interventions. Behavior change communication, growth monitoring and WASH-Nutrition linkages were addressed. Meetings took place at the provincial level every 6 weeks. At the district level, meetings take place weekly as programming is together.
- SCIP participated in the annual review of the USAID-funded project for MARPs led by PSI in Nampula Province. Quarterly meetings are carried out at the district level in Meconta, Nacala Porto and Nampula City.
- Regular meetings are undertaken with MCA in order to value the investments of MCA through strengthening operationalization of WASH committees for future maintenance in non-WASH districts.

- In order to boost the economic strengthening component for OVCs, SCIP has coordinated with AGRIFUTURO to identify partnerships with agribusiness companies for seed production and promotion contracts.

EVALUATION/ASSESSMENT UPDATE

Completed during the reporting period:	
Mapping of the SCIP project	July 2012
<p>This year we undertook a mapping exercise, using mobile phones, of our interventions in the 14 SCIP districts. We interviewed Presidents of CLCs to geographically locate and validate occurrence of activities such as Community Leader Councils, Youth Farmer Clubs, Water sources, Health Facilities with Co-Management Committees, Health Committees, Schools, Community Counseling and Testing activities, Theatre sessions, work of the traditional birth attendants and role of the volunteers (Animadoras). This has confirmed that communities, with the support of SCIP, are developing many activities in an integrated manner, to varying degrees. Recommendations for the next year will be to reinforce, as much as possible, integration of activities.</p>	
External Audit	September 2012
Findings to be reported next quarter	
Baseline survey of YFC	September 2012
<p>A baseline survey for YFC was completed in September 2012 with a total of 36 YFCs in 6 districts, of which 6 were already-existing clubs and 30 were recently established. All club members were interviewed about demographic characteristics, conservation agriculture, safe food handling/storage and health topics. The data is in process of being analyzed and findings will be reported next quarter.</p>	
Underway during the reporting period:	
Pathfindings study: Evaluating the coverage of, communication by, and cost of community health worker programs in Nampula and Gaza provinces	December 2012
<p>HH questionnaires and semi-structured interviews were conducted in Ribáuè and Mogovolas districts to assess the coverage of and communication by community health workers. Data collection is expected to finish in October 2012, and data analysis should be complete by December 2012.</p>	
Planned:	
USAID planned Mid-term review	TBD by USAID mission



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MOZAMBIQUE

SNAPSHOT

SUCCESS STORY

Bicycle ambulances contribute to improve access to maternities for pregnant women in Namaime



Namaime is a community in Muatua District, Mogovolas Province, Nampula, with 381 inhabitants and located 11 km from the Muatua HF. The community leader council is one of the active community groups in Namaime, where the majority of the population practices subsistence agriculture and animal husbandry.

One of the major concerns of the CLs was the lack of means to transport critically ill individuals and pregnant women to the HF. CLs and TBAs, prompted by the community discussions around the dangers of community births, decided to mobilize to obtain a bicycle ambulance. Community members were nominated to form the Management Committee, and the community of Namaime contributed with 20% of the total cost of the bicycle ambulance.

Their efforts were successful, and the bicycle ambulance was handed over to the community at the end of 2011 with the participation of the district health authorities, CLC members and SCIP staff.

Since January 2012, the bicycle ambulance of Namaime transports between 6 and 9 pregnant women per month to the Muatua HF.

The CLC president declares “Namaime is very grateful to the SCIP project for its support, starting from the revitalization of the CLC. From there, we had a forum to address health issues such as Hot Topics in SRH and facilitated the acquisition of the bicycle ambulance. These discussions have contributed significantly to the understanding of the idea of risk of the CLs (as well as other members of the community of Namaime). We are very happy that we were all involved in the process of social mobilization.”

He further emphasized that “the changes in behavior are clear, seeing as the great majority of pregnant women now deliver in the Muatua HF. Women are attending their pre-natal consults and bring their children to the HF for their vaccinations.”

As such, this bicycle ambulance has contributed significantly to the increase of the number of institutional deliveries and the reduction of the deliveries that take place at the community level.

ANNEX – STATUS OF SCIP DELIVERABLES AT A GLANCE, FY3

Key areas	EXPECTED DELIVERABLE BY YEAR THREE	SCIP PROGRESS APRIL 1 – JUNE 30
RESULT 1: Quality health goods and services access and availability improved		
1.1 Support health system strengthening for infrastructure, logistic and management focusing on peripheral health units	10 health facilities rehabilitated/upgraded	In Y3, 9 HF's were rehabilitated or upgraded: 6 in Q2 (the construction of Riane and Murralelo HC's; the rehabilitation of Quissimanjulo, Sangage and Naherengue HF's; the construction of the MCH waiting porch of Meconta HF, and 3 in Q4 (the rehabilitation of the roof of the Mutuali HF and the MCH waiting porches of Nacala Velha and Naherengue were completed).
	On the job training on management of service provision including rearrangement of services flow for 56 HF provided	In Y3 46 HF's were mentored.
	800 mobile brigades through maintenance of motorbikes	In Y3, 1,875 mobile brigades (mainly decentralized) were supported in the 14 SCIP districts (516 in Q1, 389 in Q2, 501 in Q3 and 469 in Q4).
	80 bicycle ambulances supplied for selected CLCs for referral of pregnant women and patients	In Y3, 65 bicycles were distributed in 7 districts in the province: Mogovolas (25), Angoche (3), Moma (11), Ribáuè (18), Meconta (4), Monapo (2), Eráti (2)
	15 maternal waiting houses built	In year 3, a total of 11 maternal waiting houses were constructed and handed over to their respective communities and SDSMAS in 7 districts: Eráti (Kutua, Samora Machel), Meconta (Corrane), Mogovolas (Iulute), Memba (Lurio, Pavala, Caleia), Nacala Velha (Barragem), Moma (Pilivili, Metil) and Malema (Nataleia).
	2 campaigns of national health weeks supported	The Campaign against Filariasis was supported in Q2. The National Maternal and Child Health Week was carried out in Q1.
	90 providers trained on the integrated package of data collection for quality assurance and good control of statistical data	During FY3, the integrated package of data collection for quality assurance was provided for 30 providers during Q3. DPS suggested that on-job training through supervision will be more effective.
	Engagement of 80 health committees in HF's planning and monitoring facilitated	80 health committees are engaged in HF planning and monitoring in FY3.
1.2 Improve the quality of service delivery at peripheral level	Mentoring of service providers from 56 HF's in the provision of FP provided	46 HF in 10 districts benefitted from mentoring on quality of care.
	On the job training on the quality based performance standards and other tools provided to 56 HF's	46 HF in 10 districts benefitted from mentoring on quality of care. 12 HF's were formally assessed for quality standards.
	Use of NASG (Nonpneumatic anti shock garments) for PPH prevention piloted in one district (Mecuburi district)	This activity is still under negotiation with DPS and MOH.
	10 districts auditing maternal and neonatal deaths	In Y3, 9 districts (Nampula City, Memba, Nacala Velha, Mecubúri, Nacala Porto, Eráti, Moma, Monapo, Ribáuè) held discussions on maternal and neonatal mortality.
	MoH supported to finalize training materials for the roll out of "Pacote Integrado de Formação Continua na área de Saúde Reprodutiva/Materna, Neonatal e Infantil"	The training materials have been finalized by MISAU with the support of partners. The package is currently being piloted in some HF's in Nampula Province. The roll out is contingent on the results of the pilot.
1.3 Strengthening provision of integrated services	120 facility based providers trained in integration of FP with EPI, Child survival and safe motherhood	In Y3, 127 health providers were trained in integration of FP with other topics.
	33 CT counselors updated for couples counseling for HIV testing and FP	Activity completed in Q1 (October 2011).

Key areas	EXPECTED DELIVERABLE BY YEAR THREE	SCIP PROGRESS APRIL 1 – JUNE 30
1.4 Support the continuum of care between HFs and communities in close collaboration with clinical partners for PMTCT and ARV	DPS supported to train 80 health TARV providers in GAAC	In Y3, 84 providers were trained in GAAC (54 Q1, 18 Q2, 13 Q3). 96 GAAC members from Nampula City were also trained.
	Monthly meetings held between health community networks	Ongoing activity.
	Refresher training of SCIP community supervisors (55) and counselors (33) conducted on the contents of adherence, confidentiality and on the mechanism of coordination between the HF PS support unit and the community network	Activity done.
	407 community “animadoras” trained on HBC and the contents of adherence, confidentiality and on the mechanism of coordination between the HF PS support unit and the community network	96 animadoras and supervisors were trained in FY2. In FY3, 356 animadoras and supervisors were trained.
	Home based visits conducted by “animadoras” based on the list of defaulters with incomplete or incorrect address provided by the HF	In FY3, 418 defaulters (106 Q2, 167 Q3, 145 Q4) were re-integrated into ART by the community network (“animadoras” or VCT-C counselors).
	Strategic meetings with CLCs conducted	Ongoing activity.
	315 SANA “animadoras” and community leaders trained in continuum of care for chronically ill patients and OVCs in one additional locality in each of the 9 complementary districts	270 promotores/animadoras were trained in the continuum of care for chronically ill patients and OVCs in Y3.
1.5 Strengthening linkages between community and health facilities	80 health committees are established and functioning at the health units including TBA and APE	In FY3, 80 health committees are established and functioning including TBAs and APE.
	Quarterly meetings to monitor the CBD systems with “promotores” & “animadoras” from complementary districts are facilitated	Ongoing activity.
	80 health providers trained from peripheral HFs in conducting CL trainings in the content of comprehensive RH	In year 3, 106 providers (14 Q1, 15 Q2, 0 Q3, 42 Q4) were trained as facilitators of Hot Topics discussions for the communities in their catchment areas.
	4,000 CLCs trained in comprehensive RH, HIV/AIDS & STI	In Y3, 14,095 CLs were trained (2025 in Q1, 2938 in Q2 4092 in Q3, and 5040 in Q4).
	407 Care Group Animators trained in child health and maternal care, RH, Water and sanitation, SIS-C and conservation farming, OVC support, Communication methodologies, Community Involvement strategies and strengthening of communities and HF linkages	This training was already carried out during the first year of the project; a refresher week is planned in Quarter 4.
	30,000 Care Group volunteers trained on child health and maternal care, RH, water and sanitation, SIS-C, OVC support, and conservation farming.	Activity done.
1.6 Building capacity within communities to address WASH challenges	250 community supervisors, promotores and community leaders trained as trainers (ToT) in CLTS	In year 3, 208 CLC members (109Q1 + 31Q2 + 33Q3 + 35Q4) were trained in CLTS as community leader trainers in 5 of the non-WASH districts of Ribáuè, Moma, Angoche, Mogovolas and Nampula City
	2000 CLC members trained in CLTS by community facilitators	1,130 volunteers, animadoras and CLs (236Q2 + 228Q3 + 666Q4) were trained in diarrhea prevention, water treatment and conservation and CLTS as well as the importance of hand washing.

Key areas	EXPECTED DELIVERABLE BY YEAR THREE	SCIP PROGRESS APRIL 1 – JUNE 30
	WASH committee (3 people) in possession of a water pump trained	1 WASH committee (with 11 persons) in the community of Namuatho B, in the periphery of Nampula City, was organized and trained in management and maintenance of the water pump, treatment and conservation of water; the management register book of the water source was introduced and the pump was repaired.
1.7 Collaboration with DPS and SDSMAS	TA and support provided to SDSMAS for preparation and follow up of quarterly review meetings involving NGOs partners, in order to share work plans, review activities progress and strengthen coordination	Ongoing activity.
	TA and support provided for elaboration of the DPS/SDSMAS annual plan ("Exercicio de Planificação Integrada")	Activity done.
	Formative and integrated district visits conducted with DPS to HFs for mentoring and quality standards	9 districts benefitted from mentoring and quality standards with DPS.
	TA provided to the monthly SDSMAS data analysis meeting, supporting indicator review, adjustment of planned activities and other operational decision taking; Drug and other health commodities shortages will also be monitored.	This activity occurs monthly in all districts. TA is also provided for logistical management of supplies, not only during this meeting but also according to the needs of the district.
	TA to the annual review meeting involving main SDSMAS partners ("conselho coordenador annual distrital") provided.	This activity occurs at the provincial level.
1.8 Availability of commodities	Participation in the contraceptive security meeting at Maputo level to advocate and improve forecast for contraceptives needs in Nampula as well as to support transportation of commodities.	This was accomplished in Maputo by the technical team of Pathfinder, which composes part of the technical group of the MOH.
	DPS/SDSMAS supported in cholera response through logistic support and BCC	In Y3, support was provided to Nampula City, Mecubúri and Eráti, districts which experienced outbreaks of diarrhea, with fuel, health promotion, hygiene and sanitation material and supply and use of <i>Certeza</i> .
	Distribution of ITNs supported upon arrival	This activity supported in the districts in accordance with the necessities of SDSMAS.
1.9 NPCS	SCIP HIV related activities are included in the PEN III operational plan for Nampula.	Activity completed in Q1.
	NPCS supported to operationalize the quarterly meetings of the thematic groups and condom availability to the CBOs and community work	SCIP participated actively in the NPCS thematic groups (ATSC; Communication and outreach). Analysis of the yearly report of NPCS integrating main activities of partners was carried out (Feb.)
	NDCS supported to operationalize quarterly follow up meetings with civil society partners	Ongoing activity, even if not very regular.
	Planning and implementation of international AIDS day (1st December) supported	Completed in Q1.
RESULT 2: <i>Appropriate health practices and health care seeking behavior adopted</i>		
2.1 Expand use of "Pathways to Change" approach and tool as a behavior change	459 frontline workers trained on BCC approaches and the Pathways to change tool	In Y3, a total of 404 frontline workers have been trained on BCC.
	Monthly supervision conducted by Nampula office as well as district teams to ensure that Pathways to Change and other BCC approaches are in use and intake monitoring forms are correct filled	Ongoing activity.

Key areas	EXPECTED DELIVERABLE BY YEAR THREE	SCIP PROGRESS APRIL 1 – JUNE 30
methodology	TG members trained in accordance with the SCIP BCC strategy	Done during Q2. TG play the game frequently to identify barriers linked to behavioral objectives. Results are shared with the rest of the district team.
	Posters on Cholera, FP with postpartum, FP and birth spacing. Review of flyers FP integrated with HIV and Condom use	In process of testing and approval by DPS.
2.2 Development and production of IEC printed material	85,000 IEC printed materials are produced and distributed for health facilities, leaflets for theater groups sessions and health fairs, scrapbook to support home visits and small group education sessions	There were 114,076 printed IEC materials in FY3: 10,000 in Q1, 20,540 in Q2, 31,536 in Q3 and 52,000 in Q4.
2.3 Promote behavior change through radio and events	Radio spots are aired promoting family planning	This is done in accordance with the thematic and seasonal schedule.
	Radio spots are aired promoting LLIN use and educating on Malaria	This is done in accordance with the thematic and seasonal schedule.
	Radio programs are aired addressing proper hygiene behaviors and importance to drink potable water as well as purification techniques	This is done in accordance with the thematic and seasonal schedule.
	Radio spots are aired promoting Conservation Farming	This is done in accordance with the thematic and seasonal schedule.
	Community debates conducted with the support of community leaders in the content of SCIP areas of work and by using mobile audio visual unit	HIV/AIDS community debates have been conducted since December 2011. GBV community debates have been conducted since February 2012. In Ribáuè, a mobile unit is used on a regular basis ("Caravana da Saúde"), since Q1, going through the different "localidades". Activities conducted by this caravan included debates that promoted AYSRH, inform about stigma and discrimination as related to HIV/AIDS, film presentation, theater performances, VCT-C and nutrition demonstrations
	Participation of journalists of community/local radios in SCIP community activities is facilitated to reinforce BCC messages through field visits to collect and register experiences to be aired in the community radio	Ongoing activity.
2.4 Promote behavior change through individual level and or small group communication	180,000 HH are visited through the Community Health Network	In Y3, 271,456 HH were visited through the Community Health Network.
	Uptake of reproductive health services at HFs through the 180,000 HH visits	Ongoing activity.
	Kits purchased and distributed to equip the volunteers and "animadoras"	Ongoing activity. Purchases are carried out on as-needed basis.
	Supervisors and "animadoras" certified to operationalize the community network model according to health and water sanitation categories	421 supervisors and animadoras were certified to operationalize the Model Family strategy in Y3.
	84,000 people reached by theater play presentations followed by small group discussions and distribution of educative materials and condoms as appropriate at HFs and communities	Q1 67,027 (Malaria 21,604; HIV 45,423) Q2: 60,190 (Malaria 24,531; HIV 35,659) Q3: 67,320 (Malaria 27,417; HIV 39,903) Q4: 73,238 (Malaria 21,406; HIV 51,832)
	210 debates conducted in specific age and sex small group discussions at community level to identify obstacles to behavior change and work with the community response to address these	Ongoing activity.

Key areas	EXPECTED DELIVERABLE BY YEAR THREE	SCIP PROGRESS APRIL 1 – JUNE 30
	obstacles and problem-solving	
	80 health committees discussing health issues to reinforce key messages in service delivery and at community level	80 committees met this year
	80 YFC members conducting face to face activities about HIV prevention, pregnancy prevention, gender based violence and ASRH with YFC members and their siblings and peers	80 YFC members, who are also AYSRH Peer Educators, are performing face to face activities. This activity is running in Ribáuè with great success.
	135 communities implementing CLTS	In FY2, 163 communities are implementing CLTS.
	20 CLL involved in spare parts availability	Ongoing activity.
	150 water committees reached in quarterly meetings to reinforce key messages in use of services at health facilities service delivery and at community level	202 committees met in FY3 (cumulative number).
	55 communities enrolled in small group discussion to promote gender based violence by using the Pathfinder video and others on violence against women to stimulate discussion on community norms and practices	269 CLs were trained as facilitators of discussions on Stigma and GBV (58 in Q1, 82 in Q2, 65 in Q3, 64 in Q4).
	50 Rites counselors trained to adapt their messages and practices in order to contribute to HIV prevention and early pregnancy through information sensitization and involvement of the health sector	In Q4, 30 initiation rite instructors in Eráti participated in training addressing the importance of behavior change, HIV prevention, delaying the first pregnancy and involvement of the health sector.
2.5 Addressing the needs of OVCs	50 OVC linked with economic opportunities	25 OVC are currently linked to Coca Cola since last year, and 25 additional OVCs are in process to be integrated in the program. Following the recommendation of the last meeting with USAID (Feb), SCIP is currently analyzing all existing opportunities to increase economic strengthening of OVC families: Savings and Loans groups, small business and agribusiness opportunities with private sector.
	"Family health kit" distributed to households with OVC by the "animadoras"	7,854 additional kits were distributed in FY3.
	32,000 OVC benefiting from the services	In Y3, 38,704 OVCs benefitted from various services provided by SCIP.
	COVs enrolled into the YFC	5,643 OVCs (3,064 males and 2,579 females) were integrated and assisted by YFC programs in Y3.
2.6 Addressing Home Based Care and Positive Prevention	Chronically ill people listed	Ongoing activity.
	2155 chronically ill people visited and referred	During Y3, HBC was provided for 2,050 chronically ill individuals (848 males and 1,202 females).
2.7 HIV counseling and testing integrated with FP and PMTCT	50.000 clients reached through counseling and testing	62,356 (11,997 Q1, 11,364 Q2, 18,585 Q3, 20,410 Q4) clients have been reached through counseling and testing services.
	33 counselors trained on activities to improve couple counseling and testing and to follow up HIV positive cases within the context of the continuum of care	Activity completed in Q1 (Oct 2011).
2.8 Gender and male involvement	Community discussions which include gender and male involvement topics	1,905 CLs have participated in discussions addressing gender and male involvement topics.
RESULT 3: Accountability of community and district health structures to the people they serve increased		

Key areas	EXPECTED DELIVERABLE BY YEAR THREE	SCIP PROGRESS APRIL 1 – JUNE 30
3.1 Initiate consolidation of community based systems established	1900 CBD systems operational through supervision and mentoring, involvement of CLCs and linkages with health facilities	There are a total of 2,058 CBD systems operational. There are 2,058 CBD systems based on the existence of animadoras in the complementary districts and 204 operational CLCs in intensive districts.
3.2 Strengthening accountability involving Community Leaders	80 health committees supported at HFs through the provision of technical and minimal logistical support to the peripheral HFs team	80 HFs are meeting regularly with their Co-Management Health Committees involving CLs of their catchment area.
	60 CLCs analyzing C-HIS data	74 CLCs met in Y3 to analyze C-HIS data in intensive districts.
	20 HF supported to develop plan of action and to present it to the CLL and or to SDSMAS	In Y3, 11 HF have developed plans of action in Mogovolas, Rapale and Memba.
	25 CLL supported to review and monitor their plan of action	In Y3, 15 CLLs were supported to review and monitor their plan of action.
RESULT 4: Community social infrastructure sustained through a range of allies and networks of support they can draw upon to solve health problems		
4.1 Community Groups supported	1000 community groups supported to establish CLCs, YFC and water committees.	In FY3, 1,567 groups were supported, of which 795 were new groups. There are 652 CLCs, 698 YFCs and 217 water committees. At the end of FY2, there were 772 groups supported.
	150 CLCs trained to strengthen their skills in community health management and support for FP, institutional delivery and use of HF services	Ongoing activity.
4.2 Youth Farmers Club	670 YFC including OVC membership established	In Y3, there were 698 established YFCs with a total of 23,287 members
	800 OVC integrated into YFC	2,409 OVCs were integrated into YFCs in Y3 (1,075 in Q1, 641 in Q2, 466 in Q3, and 227 in Q4). 19 OVCs were added from FY2 as they were not previously reported.
	50 new monitors selected and trained in close collaboration with SANA	In year 3, we have trained 56 new mentors (25 in Q2, 31 in Q3&4) to accompany the growing numbers of YFCs.
4.3 Strengthening YFC capabilities in Farming Association, Conservation farming and food handling and storage	3 trainings conducted (1 on horticulture and associations, 1 on agribusiness, marketing and animal husbandry and 1 on land preparation, seeding, irrigation technology)	The 3 trainings were conducted in FY3 for YFC assistants and monitors: 1 training on rainy season crops in Q1, 1 training on horticulture, food handling and conservation in Q2, 1 training on agribusiness and rainy season crops in Q4
	150 YFC developing activities (labyrinth game, Pathways for Change, debates etc.)	Ongoing activity.
	6000 fruit trees distributed to YFC	In FY3, 2,356 fruit trees were distributed during the trainings. Additional fruit trees will be distributed in FY4.
	Introduction of animal husbandry practices piloted in 35 YFCs	Planned for FY4.
	250 demonstration plots of rainy season crops	In FY3, 256 demonstration plots have been established for rainy season crops.
	250 demonstration plots for horticulture	In FY3, 380 horticulture demonstration plots were established.
	14 YFC provided and trained in use and management of water technologies	89 YFCs from WASH districts were instructed in use and management of water technologies.
	1 YFC annual meeting Awards during the Producers Day	This was held during Q1 of FY3.
4.4 Collaboration	30 Emerging YF (horticulture and rainy season crops)	The YFC of Rieque has been contracted by OLAM, an agribusiness company, to produce 3 hectares of peanuts.

Key areas	EXPECTED DELIVERABLE BY YEAR THREE	SCIP PROGRESS APRIL 1 – JUNE 30
and exchange with Partners	200 YFC linked to existing farmers associations in order to benefit from their knowledge and experience	In FY3, a total of 341 YFC members were affiliated with farmers associations. (134 in Q2, 133 in Q3, 74 in Q4)
	2,100 YFC members trained in healthy nutrition practices by the UniLúrio in the Nutrition department	This activity is no longer necessary as the SCIP “animadoras” and volunteers are able to provide nutrition services.
	30 samples of cereals and beans submitted for lab control test	Activity not realized.
4.5 Engaging Family and Community members on adoption of CF practices	Airing of Radio Spots to disseminate messages about CF practices and food handling and storage techniques	Done according to the seasonal schedule of the radio spots.
	140 meetings to discuss barriers to the adoption of CF practices and make use of Pathways to Change	Realized with CLL members to discuss burning control.
RESULT 5: Availability and use of clean, multi-use water increased (5 water specialized districts)		
5.1 Consolidate and expand water committees	109 existing Water committees operational	The 109 water committees established in fiscal years 1 and 2 continue to be operational.
	75 water committees revitalized	59 water committees have been revitalized in Y3: 21 in Q1, 19 in Q2, 16 in Q3 and 3 in Q4. These water sources were not repaired, only the water committee was strengthened.
	20 new water committees trained and operating	42 new water committees have been identified, organized and have started training. The training will be completed when the pumps are installed (maintenance module). The 42 includes the 24 of FY3 and the 18 planned for FY4.
5.2 Facilitate to the water committees access to water pumps spare parts	30 artisans identified and trained as local vendors for spare parts	10 artisans from Nacala Porto and Eráti have been identified and trained. In Nacala Velha and Memba, SCIP will not train artisans or local vendors for spare parts as coordination between InterAid, the district government and SCIP has defined. SCIP will only focus on the remaining 3 districts. 5 artisans from Erati, 5 in Monapo and 5 in NP are foreseen to be trained.
	109 water committees established in previous year and the 95 new and revitalized committees trained on the need to have financial resources for acquiring spare parts on a timely manner	In Y3, 195 water committees (109 from FY1 and FY2 and 86 new/revitalized committees) have been trained on the need to have financial resources for maintenance.
5.3 Repair of non-functioning water sources	60 water committee trained for repair and maintenance of water sources, including training or sensitization about the importance of drinking potable water	In Y3, 40 water committees were trained in repair and maintenance of water sources (9 Q1, 12 Q2, 16 Q3, 3 Q4).
	15 water pumps rehabilitated by artisans	Planned for FY4.
5.4 Opening of new water sources	Procurement for 20 new water sources	In Y3, tenders and contracts were completed for 42 new water sources. 14 water sources were completed in Memba. The remaining 28 water sources are in process with expected completion in Q1 of FY4.
	Trained water committee and contributions are in place for 20 new water sources	47 communities have made contributions for new water sources.
	Construction of the Multiwater Point in Netia and Nacololo are finalized	Netia PSAA was handed over in Q3 with donors. The multiwater point in Nacololo is expected to be handed over in Q1FY4.
5.5 Engaging communities on	WASH groups trained	54 water committees were trained in FY3: 9 in Q1; 12 in Q2; 30 in Q3; and 3 in Q4

Key areas	EXPECTED DELIVERABLE BY YEAR THREE	SCIP PROGRESS APRIL 1 – JUNE 30
the adoption of safe water storage and water treatment	IEC materials available, community radio spots, theater group	Ongoing process: one radio spot and one theater play created and used by 4 Community Radio stations (Memba, Eráti, Monapo, Nacala Porto) and 5 theater groups (1 per district) on a very regular basis.
	Airing of Radio Spot addressing proper hygiene behaviors and importance to drink potable water as well as water treatment techniques	This spot is aired according to the programming schedule or on an as-needed basis such as during an outbreak.
5.6 Multi use of water	YFC trained and supported in irrigation	In FY3, 89 YFCs were trained in irrigation management and pump maintenance in WASH districts.
5.7 Partnership with CBO	Addenda of the contract with the CBO or hiring the new one is established	The contract with AMASI was renewed and they are in the field.
5.8 Collaboration with government and partners	Activities coordinated between partners	The WASH component participates in the monthly Water meetings and coordinates with DPOPH through DAS, at a district level with SDPI and all the WASH actors.
RESULT 6: Sanitation facilities and hygiene practices in target communities improved		
6.1 Consolidate and expand Open Defecation Free communities	Certification process for the ODF (Open Defecation Free) of 20 communities is concluded	In Y3, 75 communities were certified as ODF through a joint multisectorial assessment involving DPS, DPOPH, DPEJTC, Direcção Provincial de Acção Ambiental (33 Q1, 23 Q3, 19 Q4).
	95 communities involved in CLTS	In Y3, 163 communities are implementing CLTS.
	The hand washing Tip Tap system is introduced in all HH of the 95 communities involved in CLTS.	Ongoing process.
6.2 Engaging communities on the adoption of proper hygiene behaviors	IEC component to produce radio program addressing proper hygiene behaviors and importance of hand wash and use of latrines is supported	This radio spot has been produced and is aired according to the program schedule.
	Health fairs and the monthly Health Days organized with DPS/SDSMAS, promoting use of Tip Tap	Ongoing process.
	Young farmers trained to promote hand washing and latrine building activities	89 YFCs were trained to promote hand washing and latrine building.
	IEC materials available, community radio spots, theater performances	Ongoing process.
Monitoring and Evaluation and Management		
Monitor program performance	Refresher training for M&E and program staff in monitoring conducted	2 refresher training sessions took place, one involving district M&E Officers in Nampula and the other involving senior (provincial M&E Officers) in Maputo.
Develop and implement project HMIS	Conclude development of database	We expect the database to be completed by December 2012.
	Train program staff in use of HMIS	Planned for Y4.
Evaluation	Conduct assessment of monitoring system	Ongoing activity.
	Conduct baseline for YFC component focusing on dissemination of conservation farming messages through YFC members.	Completed in Q4, to be reported next quarter.
Data quality assessment	Conducting data quality training(s) for key implementing agencies	The RQDA tool has been customized to the specifications of the project. Done in Q1.
	Conduct DQA	Done in Q1.

Key areas	EXPECTED DELIVERABLE BY YEAR THREE	SCIP PROGRESS APRIL 1 – JUNE 30
	Analyze data from DQA	Done.
Data audit and supportive supervision	Data audit and verification visits and spot checks conducted	Ongoing process.
	Support supervision (monthly) of database analysis	Supportive supervisory visits were conducted in all districts in Y3
Management	Training staff on the concept and evidenced methodologies for documenting best practices.	District Coordinators and M&E Officers were trained on Best Practices in January and February 2012.
	Documenting and disseminate best practices.	Ongoing process.