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FY2013

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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 Saude (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 Adesao 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 Economico Social
PHAST	Participatory Hygiene and Sanitation Transformation
PGB	Programa Geração Biz
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 Economico
SDP	Service Delivery Point
SDSMAS	District Health Women and Social Affair Directorate – Serviços Distritais de Saúde, Mulher e Acção Social
SDPI	District Public Works Directorate – Serviços Distritais de Planeamento e Infraestruturas
STIs	Sexually Transmitted Infections
TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendant
USG	United States Government
HTC-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

Life of Project: October 2009 – September 2014

Project Funding: \$47,600,000 USD

Geografic 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.

2. 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;
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 nine districts (Angoche, Erati, Meconta, Memba, Mogovolas, Moma, Monapo, Nacala-Porto, and Nacala-Velha) where Title II ¹ programs (e.g. the Food Security through Agriculture and Nutrition (SANA) project) were ongoing.

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

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 promotion of 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 “specialized package” is being implemented in four districts (Ribaue, 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.

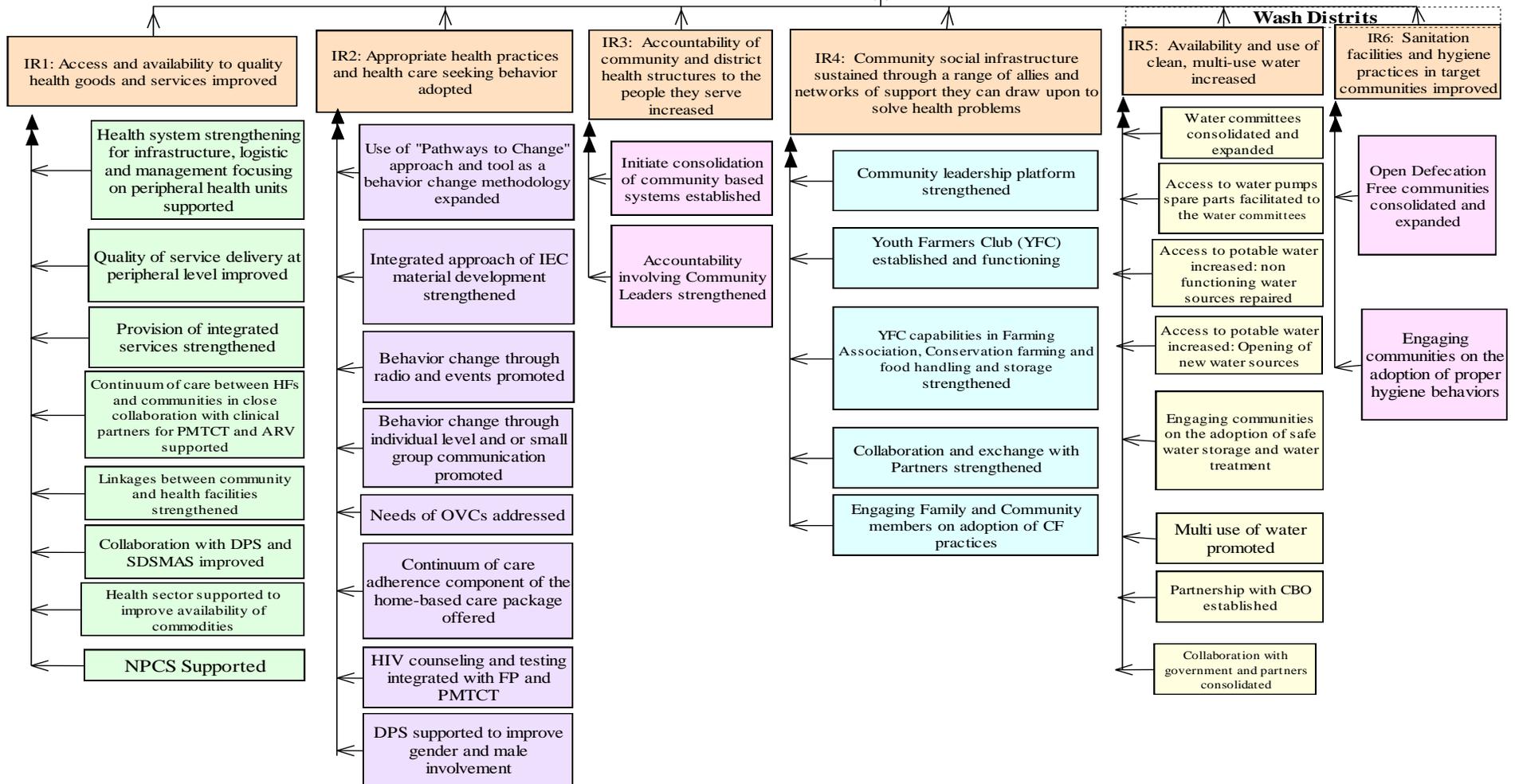
As depicted in the following diagram, the SCIP project is organized into 6 intermediate results.

RESULTS FRAMEWORK

SCIP RESULTS FRAMEWORK 2009 - 2014

USG support to Mozambique

More individuals enjoy quality of life at the household and community level by improving health and nutrition status and increasing household economic viability



3. OVERVIEW OF THE REPORTING PERIOD

According to the original cooperative agreement, at the end of FY4 we should have spent 77% of the 5 year budget. However, the cash flow (in relation to the demand) was significantly reduced during quarter 3, resulting in a temporary standstill of planned activities for FY4. At the end of FY4, we have spent 73% of the budget. All activities requiring investment were particularly affected, resulting in lower achievement of these targets (i.e. the number of HFs rehabilitated, the number of boreholes constructed).

Another important activity was the logistic and programmatic preparation for the USAID-mandated Mid-Term Review which took place between June – August 2013. This is a valuable activity that will provide insight and feedback to help guide the remainder of the project.

During the last quarter of FY4, we hosted USG Ambassador Griffiths and his wife during their visit to Nampula. The Griffiths' visited the Sanhote community in Monapo as well as several activities in Nampula City. Sanhote community members shared their many achievements since the start of the SCIP intervention: 289 additional latrines have been constructed after community leaders participated in CLTS training, 916 families now have access to potable water, 98 additional women have initiated family planning, 125 OVCs have been enrolled in school, 40 young farmers are practicing conservation farming techniques through the YFC and 70 OVCs have been assisted in obtaining their birth certificate.



Ambassador Griffiths in Sanhote.



Mrs. Griffiths interacting with Nampula City volunteers.

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

During FY4, SCIP continued to strengthen the FP program implementation throughout the 14 districts, consolidating CBD activities, reinforcing provider skills on IUD and implant insertion as well as FP uptake through community mobilization involving community leaders. An additional training activity promoting male involvement in reproductive health began in FY4, contributing to a more conducive environment for family planning and safe motherhood. We continued with health facility rehabilitations and encouraging community-led construction of maternal waiting houses.

SCIP also supported the EPI program in the hardest-to-reach communities through 2,124 mobile brigades over the course of the year, as well as training providers on administration of the new pneumococcus vaccine that was introduced during this period. 154,511 community members and providers have been trained in health topics during FY4. Provincial SCIP supervisors mentored staff of

90 peripheral HF's over the year, building technical skills and strengthening linkages between communities and providers.

The PEPFAR program has highlighted the importance to target adolescents for HIV and unplanned pregnancy prevention; premature pregnancy remains a problem in Nampula Province, contributing to maternal mortality and other pregnancy complications in young women. Furthermore, due to significant economic growth and major investment, Nampula Province is at risk of a rapidly expanding HIV epidemic. Taking into account the difficulties faced by the *Direcção Provincial de Educação* to replace graduating peer educators in the 50 secondary schools in the province, SCIP (together with DPE/DDEs) has supported the training of 180 grade 9 and 10 students and 12 teachers as *Programa Geração Biz* peer educator trainers.

IR2: APPROPRIATE HEALTH PRACTICES AND HEALTH CARE SEEKING BEHAVIOR ADOPTED

Behavior change lies at the core of SCIP, as it cuts across all technical components and is critical to empowering communities and ensuring sustainability. SCIP's behavior change strategy incorporates several channels and modalities that influence individuals and effect social and structural change. This year we have continued to build the capacity of CL facilitators to lead discussions and sensitization sessions in their own communities, focusing on Stigma and GBV, and Male involvement in SRH. Internationally recognized Community-Led Total Sanitation and Participatory Hygiene and Sanitation Transformation methodologies are also used to promote safe WASH behaviors. Community theater reached 457,336 individuals through small group discussions. Radio programs and outreach services performed by the community health network of over 30,000 volunteers complement the activities above, contributing to an environment conducive to behavior change.

In mid-November 2012, after receiving the FY2013 PEPFAR Country and Regional Operational Plan Guidance, SCIP staff refined existing strategies to better match the COP 2013 Technical Priorities with a specific focus on PMTCT, PwP, HBC, MARPs, Girls and Young Women, and how to increase the enrollment of new HIV+ individuals on treatment. Further operations strategies were defined with DPS to overcome the low achievement for HBC and PP in the complementary districts.

To match our HIV prevention strategy to the PEPFAR 2013 Technical Priorities, we introduced a new M&E instrument to consolidate activities with chronically ill individuals and to improve the quality of services provided to chronically ill patients: the *Livro de seguimento de doentes crónicos*. Each patient has a record that is used to follow up the individual over time, tracking longitudinally their progress in different Positive Prevention behavior change objectives, the circumstances of the individual and the HBC activities of each visit. The book is used by those who provide HBC and/or Positive Prevention Services: animadoras of Intensive districts, APEs of Complementary districts and HTC-C counselors.

FY4Q3 was marked by the formalization of OVC sub-committees in CLCs in order to consolidate the discussion of OVC issues. This strategy aims to improve and increase sustainability of assistance provided for 46,997 OVCs, with sub-committees serving as focal points for OVC issues, assisting the

animadoras and volunteers in overcoming barriers in assisting OVCs, facilitating the links between formal and informal institutions and promoting discussion/action plans for OVCs in their communities.

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 community bodies and highlight their role to facilitate linkages. With respect to the CLCs, a lot of effort was invested to guarantee a process of capacity-building, continuity and evaluation of 744 CLCs so that they can respond first to the needs of their communities. Throughout FY4, CLC representatives participated in 104 HF Co-Management Committees as well as in 41 *Conselhos Locais das Localidades* (CLLs). These concrete linkages reinforce the accountability process based on the regular review of community and institutional indicators (i.e. the number of households with latrines/TipTaps, the number of community deliveries, etc.) and were reflected throughout the year.

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

SCIP continued to strengthen community social infrastructure, with 744 CLCs, 826 YFCs and 253 water committees reported at the end of FY4.

These structures at the community level are a cornerstone of integration. The inclusion of water committee and YFC members in the CLC was subsequently reinforced this quarter and has facilitated 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 referral 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.

In the first semester of FY4, we established 537 demonstration plots (along with a protocol and manual) for rainy season crops (maize, cowpeas, peanuts, mung beans and pigeon peas). In the second semester of FY4, we established 441 horticulture demonstration plots for horticulture. In FY4 we had the support of 13 final year UniLúrio Nutrition interns who worked in 13 of the 14 SCIP districts, greatly enhancing existing nutrition knowledge in the communities through diagnosis and education on malnutrition, and working with 234 YFCs, 133 CLCs and 32 HFs.

In FY4 31 YFCs and 6 YFC monitors have been involved in economic strengthening initiatives and were linked to the local value chain, by selling vegetables, moringa, rainy season crops, chicken production and egg sales. 268 OVC families generated income from the sweet potato runner economic strengthening initiative.

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

2 small urban systems were completed during FY4: one in Nacololo, Monapo and one in Namapa, Eráti. These two systems will provide water for approximately 30,000 people in these communities. The governor of Nampula Province, together with the USAID representative, inaugurated both of these water supply systems. Furthermore, water source sustainability has been improved as spare parts shops are operational in each administrative post of the five WASH districts and water committees are using their water source management and maintenance books.



The Governor of Nampula Province opens the small urban water system in Namapa.

SODIS water purification methodology was piloted during this year, targeting communities without access to potable water.

IR6: SANITATION FACILITIES AND HYGIENE PRACTICES IN TARGET COMMUNITIES IMPROVED

In the 5 WASH districts, 88 communities have been declared open-defecation free and 13,978 latrines were constructed during FY4. Sensitization activities through PHAST and CLTS were strengthened by community structures and community leader facilitators. Building on our experience in WASH districts, we have expanded CLTS activities to communities in non-WASH districts.

4. SCIP RESULTS PERFORMANCE BY INDICATORS AND INTERVENTION AREAS

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

Indicator	Annual Target	Achieved Year 4 (%)	Achieved by quarter			
			Q1	Q2	Q3	Q4
1.1 # of rehabilitated HF	18	50%	1	1	2	5
	Nacavala (Meconta) was handed over in FY4Q1. Uala (Moma) was handed over in FY4Q2. Mucova (Rapale) and Popué (Mecubúri) were handed over in FY4Q3. Teterrene (Meconta), Muatuca (Monapo), Namachilo (Rapale) Quissimanjulo (Nacala Porto) and Namapa (Eráti) were handed over in FY4Q4. Two rehabilitations were cancelled, Calipo (Mogovolvas) and Mueria (Nacala Velha) due to reduction in funds. Seven rehabilitations are nearing completion with expected hand over in FY5Q1.					
1.2 # of health care workers who successfully completed an in-service training program within the reporting period relevant to HIV	40,000	119%	4,113	17,612	1,670	24,330
	We have exceeded our target for FY4. We made more effort in relation with CLs of CLCs in order to enable a receptive environment for improved HIV prevention and adherence to HIV services.					
1.3 % of USG-assisted SDP experiencing stock-outs of specific tracer drugs	40%	N/A	77%; 7%; 22%	80%, 12%, 38%	79%, 11%, 15%	82%, 10%, 20%
	Availability at the peripheral level for CS and EOC tracer drugs continues to be a problem in FY4Q4: 82% (75) of the 92 HFs surveyed did not have the complete list of tracer IMCI medications. 10% (9) of the 62 HFs did not have at least 1 contraceptive. 20% (18) of HFs did not have anti-malaria drugs.					
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	117,215	132%	49,305	56,110	48,266	830
	We have surpassed our target for FY4, with 154,511 people trained. The attendance of the community volunteers has remained higher than expected with less drop-out.					
1.5 # of contraceptive pills distributed through CBD	36,000	167%	10,412	12,422	17,943	19,226
	We have surpassed our target, distributing 60,003 pill packs due to higher numbers of animadoras who participate in CBD and improved monitoring and evaluation.					
1.6 CYP provided through USG-supported programs	80,000	105%	21,059	17,589	19,634	25,359
	We have reached our target, with 83,640 CYP provided.					

SCIP improves the access to and quality of health goods and services by working in collaboration with Provincial Health Directorates (DPS), the District Women, Health and Social Affairs Directorates

(SDSMAS), CBOs, NGOs, and CLCs. A primary objective of SCIP 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: Family Planning (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 increase the capacity of providers and caregivers to deliver quality services, and foster a community environment conducive to behavior change, such as increased attendance at HFs for pre- and postnatal services. Another 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). SCIP targets not only caregivers but also "*animadoras*" in the community who, in turn, can train other volunteers and CLC members.

In the 4th year of implementation, SCIP has consolidated activities aiming to improve access to and quality of health goods and services.

At the end of November 2012, SCIP participated in the National Advocacy and Experience-Sharing workshop to revitalize family planning, sharing the SCIP CBD experience in Nampula Province. The presentation of the CBD highlighted the importance of community-based services as well the link between animadoras and health providers. In year 4 SCIP continued to support national health weeks and activities (Women's Health Week, Child Health Week, World AIDS Day, National Women and Child Health Week) as well as distribution of medical-surgical supplies, medication and family planning (FP) cards.

Throughout the year we participated in integrated supervision of SCIP districts with DPS (MCH provincial supervisor, EPI supervisor) and other partners in order to provide technical support, and to verify the fulfillment of plans and recommendations provided during various meetings. In general, we need to improve commitment of providers to achieve better completion of register books and better management of supplies. Specific attention was given during the supervision to HIV programs and the situation is alarming due to very weak completion of registration books which impede the good management and follow up of clients.

We supported replica trainings and roll out of the new pneumococcus vaccine which was introduced this year for children up to 12 months.

It was further possible to hold review and planning meetings with CLCs and CLLs, an important activity that demonstrates transparency, accountability and improved performance of activities. PGB activists were trained this year, including students from schools without PGB activists. CLs were trained on Male Involvement in Family Planning in Mecubúri, Mogovolas, Ribáuè, Nacala Velha and Nampula City.

1.1 SUPPORT HEALTH SYSTEM STRENGTHENING FOR INFRASTRUCTURE, LOGISTICS AND MANAGEMENT

FOCUSING ON PERIPHERAL HEALTH UNITS

HEALTH FACILITIES REHABILITATED / UPGRADED

SCIP continued with health facility (HF) rehabilitations and expansions during FY4. SCIP and SDSMAS collaborated to identify HFs for rehabilitations and/or expansion with a maternity, taking into account population size, remoteness and potential coverage of service provision. Often HFs are in poor condition, unable to provide MCH services such as vaccinations, child weighing services and consultations for “at-risk” children. Rehabilitation works can include roof replacement, electrical fitting, painting, water systems and wall repairs.

In FY4 9 HFs were rehabilitated or upgraded to improve the comfort, quality of care and humanization of services, 44% of our Y4 target of 18. Works were completed in 7 districts (Nacavala HF in Meconta, Uala HF in Moma, Popúe HF in Mecubúri, Mucova HF and Namachilo HF in Rapale, Muatua HF in Monapo, Namapa HF in Eráti, Teterrene HF in Meconta and Quissimanjulo HF provider houses and MCH consultation porch in Nacala Porto). In addition, seven low-cost MCH porches were constructed in Moma (Mucorroge, Micane, Marrupanama, Metil, Nambilane, Pilivili and Savara).

SCIP also provided medical equipment for the HFs of Mucova, Popué and Uala.

2 rehabilitations of the 18 were cancelled due to lack of funds: Calipo HF in Mogovolas and the water supply at Mueria HF in Nacala Velha. Maternity wards in Saua-Saua (Rapale), Nambilane (Moma) and Samora Machel (Eráti) were cancelled due to the reduction in funds but not included in the target for FY4.

7 HFs are complete or nearing completion and expected to be handed over in FY5Q1: Namitoria in Angoche; Namigonha and Iapala Monapo in Ribáuè, the second phase of Mazua HF in Memba, Muatua in Mogovolas and Lardes HF in Moma. In Nantoge, Eráti, the district administrator visited the site various times to better understand the progress of the work.

Districts	HFs for Rehabilitation	Status	HFs for Extension	Status
Angoche	Sangage HF	Completed and handed over in FY3, Q2		
	Namitoria HF (water supply and pipe installation)	Planned for FY5,Q1		
Erati	Namapa HF (waiting area and MCH consultation rooms)	Completed and handed over in FY4, Q4	Nantoge Health Post	Construction concluding with expected handover in FY5, Q1
			Samora Machel Maternity	Cancelled due to reduction in funds but not included in target of FY4
Meconta	Teterrene Maternity	Completed FY2		
	Teterrene: external consultation block + roof	Completed and handed over in FY4, Q4		
	Meconta HF (porch and 2 consultation spaces)	Completed and handed over in FY3, Q2		
Mogovolas	Nacavala HF	Completed and handed over in FY4, Q1		
	Muatua HF	Expected hand over in FY5, Q1		
Monapo	Calipo HF	Cancelled due to reduction in funds		
	Muatuca HF	Completed and handed over in FY4, Q4		
Moma	Lardes HF	Expected hand over in FY5, Q1	Uala Health Post	Completed and handed over in FY4, Q2
			Nambilane Health Post	Cancelled due to reduction in funds but not included in target of FY4
Memba	Mazua HF (MCH maternity + external consultation space)	Expected hand over in FY5, Q1		
Nacala – Porto	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 HF	Completed and handed over in FY3, Q2		
	Quissimanjulo HF (2 provider houses and MCH consultation porch, including the weighing area)	Completed and handed over in FY4Q4		
Nacala – Velha	Nacala Velha sede (porch and 2 consultation spaces)	Completed and handed over in FY3, Q4		
	Mueria HC (water supply)	Cancelled due to reduction in funds		
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	Completed and handed over in FY4, Q3
Nampula Rapale	Caramaja HC	Completed FY1	Mucova Health Post	Completed and handed over in FY4, Q3
	Namachilo HF rehabilitation Maternity	Completed and handed over in FY4 Q4	Saua Saua Health Post	Cancelled due to reduction in funds but not included in target of FY4
Ribau	Namigonha	Expected hand over in FY5, Q1	Riane Health Post	Completed and handed over in FY3, Q2
	HP of Escola Basica Agraria	Completed in FY1		
	Rural Hospital of Ribau (water distribution system)	Completed in FY1		
	Iapala Monapo	Expected hand over in FY5, Q1		

MATERNAL WAITING HOUSES BUILT

Construction of maternal waiting houses is a strategy to increase institutional deliveries and reduce maternal and neonatal mortality. Often, women live in communities that are far from the HF. Maternal waiting houses offer a way for expectant mothers to arrive prior to delivery in order to ensure an assisted delivery. SCIP collaborates closely with SDSMAS to encourage community leader (CL) and community participation through memoranda of understanding and mobilization of construction resources.

In FY4, 7 maternal waiting houses were completed and handed over to their respective communities in 6 districts: Nacala Velha (Namalala and Ger Ger), Eráti (Jacoco), Mecubúri (Nahipa), Monapo (Netia), Ribáuè (Iapala Monapo – SCIP supported with paint, doors and electrical fitting) and Meconta (Mecua). This is 70% of our target of 10 for FY4.

Construction on maternal waiting houses in Mogovolas (Nanhupo Rio and Calipo) and Monapo (Muatua) is in the final stages and we hope to hand over next quarter

Maternal waiting houses in Angoche (Namaponda and Nametória) are delayed, but construction was re-activated in FY4Q4. SDSMAS asked that the house in Namaponda be attached to the maternity for increased comfort. Materials have been purchased for the waiting houses in Ribáuè (Chica, Iapala Sede and Riane). Work in Mogovolas (Muatua) and Mecubúri (Momane) remains ongoing.

Districts	Health Facilities Prioritized to get a Waiting House for Pregnant Mothers	Status
Angoche	Namitoria and Namaponda	Community mobilization process reactivated in FY4Q4
Eráti	Kutua and Samora Machel	Completed in FY3, Q1
	Jacoco	Completed in FY4, Q4
Meconta	Teterrene	Completed in FY2
	Corrane	Completed in FY3, Q1
	Mecua	Completed in FY4, Q4
Mogovolas	Iulute	Completed in FY3, Q1 and handed over in Q2
	Muatua	In process
	Calipo	Ongoing, in advanced stage of construction
Monapo	Nanhupo-Rio	Ongoing, in advanced stage of construction
	Muatua	In process
	Netia	Completed in FY4, Q4
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	Completed in FY4, Q4
	Namalala	Completed in FY4, Q1
	Barragem	Completed in FY3, Q2
Malema	Nacata and Mutuali	Completed in FY2
	Nataleia	Completed and handed over in FY3, Q4
Mecubúri	Momane	Construction nearly complete
	Nahipa	Completed in FY4, Q4
Ribáuè	Chica, Iapala sede and Riane	Material acquired, in process with community

	lapala Monapo	Completed in FY4, Q4 (SCIP supported with painting, doors, electrical fitting)
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SUPPORT OF MOBILE BRIGADES

Coverage of children completely vaccinated remains unsatisfactory in relation to the effort made. Health teams achieve full vaccination coverage of children, but after the children are older than 1 year, outside of the approved vaccination schedule. In order to improve this, during Q4 the EPI DPS Provincial supervisor visited Nacala Velha, Eráti and Memba. A focus of the supervision was to strengthen use of the categorization table to identify the location of the children with incomplete vaccination.

Decentralized mobile brigades continue to be a priority as HFs and CLs recognize the benefit of these activities in vaccinating children living in hard-to-reach areas. CLs contribute to deciding where the team should work and mobilize communities to participate. This year SCIP provided logistical support for 2,124 mobile brigades (mostly decentralized) in the 14 SCIP districts.

In April 2013 MISAU introduced PCV10, a new vaccine protecting against pneumococcus. Providers needed to be trained to be able to apply this vaccine, and most districts managed to complete this training before the vaccine was introduced. Despite this effort, providers have not yet received the registration books to record vaccine distributed, leading to poor data collection and aggregation for children vaccinated with PCV10. 187 Providers were trained in Angoche, Eráti, Memba, Meconta, Mecubúri, Monapo, Nacala Porto, Nampula City, Ribáuè and Rapale.

Recently-graduated providers participated in a training on EPI, highlighting the importance of coordinating and supporting community involvement in order to increase coverage.

We supported the DPS to purchase and distribute freezers for Mecubúri, Memba, Moma, Nacala Velha and Rapale as well as Lalaua and Moringcual (non-SCIP districts). Before, these districts lacked depositories so DPS distributed vaccine to every HF on a monthly basis as part of the “Reach every district” initiative. Decentralization of vaccine distribution to the district level, through the provision of freezers, will improve the quality of storage and facilitate regular distribution of vaccines to the peripheral HFs from district depositories in a more sustainable way. We further received 15,000 vaccination cards which were given to DPS for distribution in the districts.

Number of mobile brigades supported					
DISTRICT	Q1	Q2	Q3	Q4	Total
Angoche	60	16	70	45	191
Nampula City	47	57	55	70	229
Eráti	25	21	32	69	147
Malema	0	4	50	26	80
Meconta	12	11	32	36	91
Mecubúri	41	8	29	27	105
Memba	0	13	43	52	108
Mogovolas	52	41	43	54	190
Moma	56	10	28	37	131
Monapo	46	27	32	68	173
Nacala a Velha	0	46	40	38	124
Nacala Porto	21	19	48	34	122
Rapale	27	14	22	24	87
Ribáuè	91	39	133	83	346
Total	478	326	657	663	2,124

PROVISION OF BICYCLE AMBULANCES

The long distances pregnant women need to travel to reach health services is cited as a challenge by CLs. Bicycle ambulances are one strategy to address this barrier. 30 bicycle ambulances were distributed

during FY4 to increase referrals of pregnant women to the HF and subsequently increase institutional deliveries.

SUPPORT NATIONAL HEALTH WEEKS

This year there were three Women and Child Health Weeks in October 2012 (only in Nampula Province), December 2012 and May 2013. SCIP supported these activities through logistical support to transport vaccine from Maputo to Nampula, at the request of DPS. At the district level, SCIP supported the transportation needs of the campaigns through use of the SCIP vehicle and fuel. SCIP supervisors in the districts supported health providers by providing technical support and direct services to the target groups. These activities provided a mechanism to increase FP coverage.

1.2 IMPROVE THE QUALITY OF SERVICE DELIVERY AT THE PERIPHERAL LEVEL

MENTORING OF SERVICE PROVIDERS

We continue to assess 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, to decrease the number of missed opportunities and to improve the humanization of services.

After the evaluation the SCIP supervisors and HF team discuss the reasons why certain standards are not met. Physical constraints related to limited space, poor access to water and electricity remain important barriers as to why HF do not meet the standards. Despite the considerable efforts SCIP has dedicated to improving these conditions, the needs far exceed our capacity. Furthermore, the health budgets at the district level are diminishing, impacting the ability to purchase basic cleaning material and subsequently affecting the cleanliness of health facilities.

At the request of DPS, in Q4 baselines were undertaken for the Model Maternity Initiative for HFs in the district capitals of Mogovolas, Memba, Nacala Velha, Mecubúri and Malema as well as Namitória HF in Angoche and Namialo HF in Meconta.

Distrito	US	# of standards observed	# of standards achieved	%
Angoche	Namitória	63	13	21
Malema	Malema Sede	75	30	40
Meconta	Namialo	71	18	25
Mecubúri	Mecubúri Sede	74	22	30
Memba	Memba Sede	54	27	50
Mogovolas	Nametil	64	11	17
Nacala – a - Velha	Nacala-a-Velha	70	26	37

The main gaps encountered during the Q4 baselines were related to technical abilities and the care given by providers to clients who come to the HF. These HFs need continued technical support and on-the-job training in order to achieve 80% of the standards in the 3 month follow-up evaluation.

We continued to mentor and provide in-service training for health staff, especially at the peripheral HFs. This year we provided supervision for 90 HFs, providing on-the-job training on management and service delivery, improvement of the client registration process, promotion of family planning (FP) and safe deliveries. During the visits, which are mostly conducted with the responsible officer for MCH services, supervisors reinforced the link between providers and the community network in the catchment area of the HF to further improve the demand for available health services. They also support providers on counseling clients during both pre-natal and post-partum consults, as well as inclusion of partners in ante-natal consults. Supervisors also highlight FP during post-partum consults and promote IUD insertion. This exercise highlights the integration of FP within the pre-natal and post-partum consults.

SCIP also supported integrated supervisory visits of the SDSMAS and partners in Mecubúri, Mogovolas, Moma, Nacala Velha, Memba, Meconta and Rapale during FY4.

District		HF's which received mentoring in FY4Q3		HF's which received mentoring in FY4Q4
Angoche	5	Aúbe, Gelo, Namitória, Namaponda & Sangage	7	Aúbe, Gelo, Mirrepe, Namitória, Namaponda, Natir e Sangage
Eráti	7	Mirroto, Jacoco, Samora Machel, Kutua, 25 Junho, Alua & Odinepa.	10	Kutua, Mirrote, Namirroa, Jacoco, Samora Machel, Kutua, Namapa Sede, 25 de Junho, Alua e Odinepa.
Malema	4	Mutuali, Nacata, Nataleia, & Murralelo	6	Chihulo, Mutuali, Murripa, Nacata, Nataleia, e Murralelo
Meconta	5	Corrane, Japir, Mecua, Nacavala & Namialo	7	Corrane, Japir, Meconta Sede, Mecua, Nacavala, Namialo, Teterrene
Mecubúri	9	Naípa, Namina, Popué, Ratane de Muite, Issipe, Napai, Muite, Milhana & Malite	9	Naípa, Namina, Nahipa, Popué, Ratane de Muite, Napai, Muite, Milhana e Malite
Memba	6	Mazua, Caleia, Namahaca, Memba Sede, Napila & Cavá	6	Mazua, Caleia, Namahaca, Memba Sede, Napila e Cavá;
Mogovolas	6	Calipo, Iulute, Mecuntamala, Muatua, Murrerimue & Nanhupo Rio	6	Calipo, Iulute, Mecuntamala, Muatua, Murrerimue e Nanhupo Rio
Moma	6	Briganha, Chalaua, Guarneia, Mavuco, Metil & Savara	10	Briganha, Chalaua, Guarneia, Mavuco, Metil, Micane, Mucorroge, Pilivili, Topuíto, Savara
Monapo	8	Monapo, Netia, Samora Machel, Muatua, Mucujua, Natete, Itoculo & Chihir	6	Carapira, Meserpane, Netia, Muatua, Natete e Itoculo
Nacala – a - Velha	4	Sede de Nacala-a-Velha, Barragem, Mueria & Salinas	5	Sede de Nacala - a – Velha, Barragem, Ger- Ger, Mueria e Namalala
Nacala Porto	0		6	Mahelene, Murrupelane, Muzuane, Naherengue, Quissimanjulo e Urbano

Rapale	6	Anchilo, Namaíta, Namucaua, Namachilo, Maratane & Caramanja	6	Anchilo, Namaíta, Namucaua, Namachilo, Marratane e Caramanja
Ribáue	7	Chicá, Namigonha, Cunle, Mecuassee, Iapala Sede, Iapala Missão & Riane	6	Chicá, Namigonha, Cunle, Iapala Sede, Iapala Missão e Riane
Total	73		90	

During FY4Q4 on-the-job training was provided for 39 providers from Rapale (Anchilo, Rapale, Namaíta), Meconta (Corrane, Meconta, Nacavala, Namialo), Memba (Sede, Caleia, Namahaca), Nacala-a-Velha (Sede) and Ribáue (Cunle, Iapala Missão, Namigonha) improved their skills in implant insertion.

DISTRICTS AUDITING MATERNAL AND NEONATAL DEATHS

Reducing maternal and neonatal mortality is a priority of the health sector and various activities are being carried out. The Ministry of Health held a meeting to investigate the causes (on the part of staff: nurses and doctors) of maternal mortality as well as possible solutions.

In FY4 SCIP continued to support discussions of Maternal Deaths at the district level in Nampula City, Meconta, Angoche, Mecubúri, Eráti, Monapo, Nacala Velha, Mogovolas and Ribáue.

1.3 STRENGTHENING PROVISION OF INTEGRATED SERVICES

Integration of family planning 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. The amount of time spent by the patient when referred from one service to another within the HF remains a challenge. Encouragement to adhere to family planning should be given by every provider, with FP methods readily available. We have seen improvement in this during FY4.

162 providers from Nampula City benefited from refreshment training on biosafety topics integrating all different services with the objective of strengthening biosafety procedures.

District supervision found that providers have various difficulties in testing and re-testing clients during FP and post-partum consults. On-the-job training focused on the importance of this integration, as it improves the client experience and allows for better follow-up.

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

11 PLWHA in Mecubúri and 24 ART technicians from Meconta participated in GAAC training during this period. A main objective of this training was to expand GAAC groups and improve the referral of HIV+ clients to GAAC groups. In Angoche, GAAC members participated in a meeting with the objective of

revitalizing and motivating support groups so that member adhesion to GAAC and services is not compromised.

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

To reduce the number of defaulting clients who subsequently become LTFU, ART HFs with ICAP support provide (when possible) a list of clients to HTC-C, who then provide lists to the community network, who are responsible to find and orient clients back to the HF for treatment. While HFs have acknowledged improvement in retention, some specific points should continue to be addressed:

1. Outdated lists of those LTFU or those who have abandoned treatment (i.e. clients who are no longer LTFU, clients who have abandoned treatment in past years)
2. Incomplete registration of client addresses
3. Difficulty in determining if the patient is LTFU or has abandoned treatment.

In order to mitigate those problems, joint supervision visits with DPS and ICAP were carried out. They recommended the elaboration of the LTFU list using the FILA form produced at the pharmacy level as well as updating the book which registers patients who are delayed in picking up their medication.

To increase adherence, APEs in complementary districts were trained (with DPS approval) in the new curriculum of home-based care (HBC) which includes PwP topics. Since then, these skills are being used during APE visits in the communities and help to reduce LTFU. As much of their activities are preventive, APEs are now trained to identify, refer and provide care for chronically ill individuals. Data on those LTFU and recuperated into TARV services are presented 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

During FY4, 24 health providers from Ribáuè (10) and Moma (14) participated in training using the “Pathways to Change” board game to improve the quality of the trainings provided to CLs. As “Pathways to Change” is an interactive tool, challenging participants to reflect and define barriers and facilitators related to a defined behavioral objective, it helps to facilitate discussion and trigger the behavior change processes.

Due to the constant rotation in HF staff at the peripheral HFs, next quarter SCIP will facilitate refresher trainings with providers in the “Pathways to Change” methodology.

CLC TRAINED IN COMPREHENSIVE RH AND HIV/AIDS/STI

These participatory trainings continue to be facilitated by trained health providers during 5 afternoons in the catchment areas of the HFs, and have occurred in all the districts. Trained community leaders subsequently facilitate discussions in their communities to discuss these issues and reduce doubts about the services provided at the HF, especially FP.

There were 7,013 community leaders trained in Hot Topics by HF providers during FY4.

In FY4, we initiated ToTs for community leader facilitators on male involvement to increase male support for FP, as men influence whether a woman goes to the HF or not for care and services. This is a four day training that includes participatory activities including the board game “Pathways to Change”. The following topics were addressed:

- HIV and AIDS;
- The relation between HIV and STIs;
- The relation between HIV and tuberculosis;
- The use of male and female condoms, myths and barriers;
- Teen pregnancy and complications as well as danger signs during pregnancy, delivery and post-partum;
- The importance of male presence during the pre-natal consult;
- The importance of male support for women to deliver at the HF; and
- Benefits of FP for the mother and family, and the role of men to achieve better FP coverage.

In FY4 288 CLs participated in male involvement training from Ribáuè, Angoche, Eráti, Monapo, Mecubúri, Nampula City, Rapale and Nacala Porto.

There were several other trainings addressing SRH that took place during this period with other community members. 30 university finalists participated in training on FP, STIs and HIV/AIDS and communication skills prior to their transfer to the districts.

61 sex workers in Ribáuè were trained as peer educators. In addition to SRH, gender and sexuality, FP and STI & HIV prevention the training addressed risk and vulnerability of HIV infection in relation to risk behaviors, the relationship between HIV/alcohol and other drugs, human rights, violence, stigma and discrimination, aiming to empower participants to defend their rights and the rights of their peers. This training was especially important due to increased migrant workers working on road construction and complements the MARPs activities in Nacala Porto, Meconta and Nampula City.

During FY4 259 YFC AYSRH peer educators from Malema, Angoche, Ribáuè, Memba and Mogovolas were trained as AYSRH peer educators for their respective clubs. Themes covered include SRH, sexual and reproductive rights and HIV/AIDS with the objective of developing healthy communication skills, attitudes and practices.

3 SCIP supervisors participated in a TOT on the new curriculum for TBAs and supported the subsequent replica sessions held for providers in the districts. 231 TBAs from Mecubúri, Memba, Rapale, Ribáuè and Malema) were trained in the new MOH curriculum. MCH nurses also participated in these trainings in order to improve their teaching and communication skills as well as their relationship with TBAs. The main topics covered were: the importance of prenatal consultations, institutional deliveries, post-partum consultations, newborn consultations, FP consultations and PMTCT. The expected result is to increase the continuum of care.

UNFPA funding and technical support for *Programa Geração Biz*, a program that encourages adolescent and youth participation in their own behavior change as well as behavior change in their peers, was restricted this year. To fill this gap, 180 school-based peer educators from all over Nampula Province (Nacala Porto, Nacala Velha, Eráti, Ilha de Moçambique, Monapo, Meconta, Mogovolas, Moma, Angoche, Nampula Cidade, Rapale, Ribáuè, Malema and Morrúpula) were trained with SCIP support to promote behavior change in their own schools through *Programa Geração Biz*.

1.6 BUILDING CAPACITY WITHIN NON-WASH COMMUNITIES TO ADDRESS WASH CHALLENGES

SCIP continues to empower and mobilize communities to adopt appropriate hygiene behaviors in non-WASH districts, building on the integrated SCIP approach. Water technicians of WASH districts work as occasional resource persons to support hygiene activities in non-WASH districts.

In FY4 516 CLs from non-WASH districts were trained in CLTS involving sensitization and planning sessions. These community leaders replicate the sessions in their own communities. 1,167 community members were reported as participating in these replica sessions in FY4.

1.7 COLLABORATION WITH DPS AND SDSMAS

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

Collaboration between SDSMAS and partners at the district level is crucial, especially so that each partner can harmonize the activities they are implementing and avoid duplication. The SDSMAS should conduct review and planning meetings on a regular basis. Support for these meetings rotates between partners. This year coordination meetings with partners were held in Angoche, Eráti, Mogovolas, Nacala Velha, Meconta, Memba, Moma and Nampula City.

At the provincial level, health partners of DPS meet monthly through the NGO and association forum, aggregating 20 members. The secretary is led by SCIP, N'weti and AIFO, and facilitates the communication flow between DPS and the partners. During the last meeting, each partner presented their achievements for the year and plans for the next year. The effectiveness of this forum is increasing as both DPS and partners see the benefits of this: Partners are making more decisions jointly in order to respond to the requests of DPS; partners are sharing plans between themselves more frequently as well as building upon the strengths of each other. We have also seen improvement in the timely submission of reports for DPS and UCODIN, and the majority of the NGOs have current MoUs with DPS.

Supervisory visits from DPPC/DPS were undertaken in March and April 2013 in all 14 SCIP districts. After evaluating SCIP activities, the team concluded that it is beneficial to continue to improve coordination among all stakeholders, and that partners must continue to share plans and report activities carried out at the district and project level.

SCIP also supported the supervision of M&E by DPS staff in Angoche, Nacala Velha, Nacala Porto, Memba, Meconta, Monapo and Eráti districts. Furthermore, SCIP M&E at the provincial level supported

the DPS review of health data involving the DPS planning and cooperation department staff. During these meetings, SCIP staff highlighted existing inconsistencies in data reporting. In the 14 districts, district teams participated in the monthly statistics review meetings involving all responsible officers of the peripheral HFs. During these meetings, trends of primary health indicators are analyzed HF by HF. Community involvement and service quality strategies are shared and strengthened.

Throughout FY4, SCIP participated in the following meetings organized by DPS:

- 2 review meetings for the STI/HIV program
- 2 review meetings of the provincial health department
- The annual workshop for integrated planning of 2014
- The annual review meeting for the Malaria program
- The annual review meeting of health partners and organizations
- The *Conselho Consultivo Alargado* to improve coordination between SDSMAS and SCIP district teams

1.8 HEALTH SECTOR SUPPORTED IN THE LOGISTICAL MANAGEMENT OF COMMODITIES

DPS/SDSMAS SUPPORTED IN CHOLERA RESPONSE

Although the province declared a cholera outbreak in FY4, at the provincial level the number of reported diarrhea cases in the first quarter of 2013 (40,651) was actually lower than the number reported in the same period last year (45,591). 4 districts did observe increases in 2013 compared to 2012 – moderate increases in Mecubúri (6%) and Monapo (14%), and substantial increases in Angoche (46%) and Memba (41%). In Memba and Malema we supported the opening of diarrhea treatment centers. SCIP provided transportation for rehydration supplies and technical supervisory visits in the most-affected communities, as well as Certeza (through PSI) and water chlorination in the most affected communities of Nampula City. Some incidents of violence directed towards community leaders and community health activists were reported in Nampula City, Meconta, Malema and Nacala Porto.

AVAILABILITY OF COMMODITIES

Availability of contraceptives at the central and provincial level is good, with the exception of the implant. However, at the peripheral HF levels there are difficulties in stock management and in completing the forms reporting the stock in-house. These challenges are not only with the providers but with the pharmacists themselves, leading to stock outs of medications. SCIP has supported providers in assessing inventory and calculation of stock management not only with contraceptives but also with other medications and rapid tests for HIV and malaria.

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 table below shows stock out of the three sections over FY4.

	Quarter							
	1		2		3		4	
Total # of HFs visited	82		94		62		92	
Stock out	#	%	#	%	#	%	#	%
1: EOC tracer drugs	63	77%	75	80%	49	79%	75	82%
2: Oral Contraceptives	5	7%	11	12%	7	11%	9	10%
3: Anti-Malarials	18	22%	36	38%	9	15%	18	20%

The trends of stock out at the peripheral level for CS and EOC tracer drugs continue to demonstrate a serious problem of availability. The distributed kits as well as medications received through normal channels do not cover the number of consultations. This is particularly relevant for Salbutamol, injectable Gentamycin and injectable Chloramphenicol. Stock out at the peripheral level for oral contraceptives have improved over FY3, remaining steady at around 10%. Malaria medication stock out is unstable and can be considered as critical.

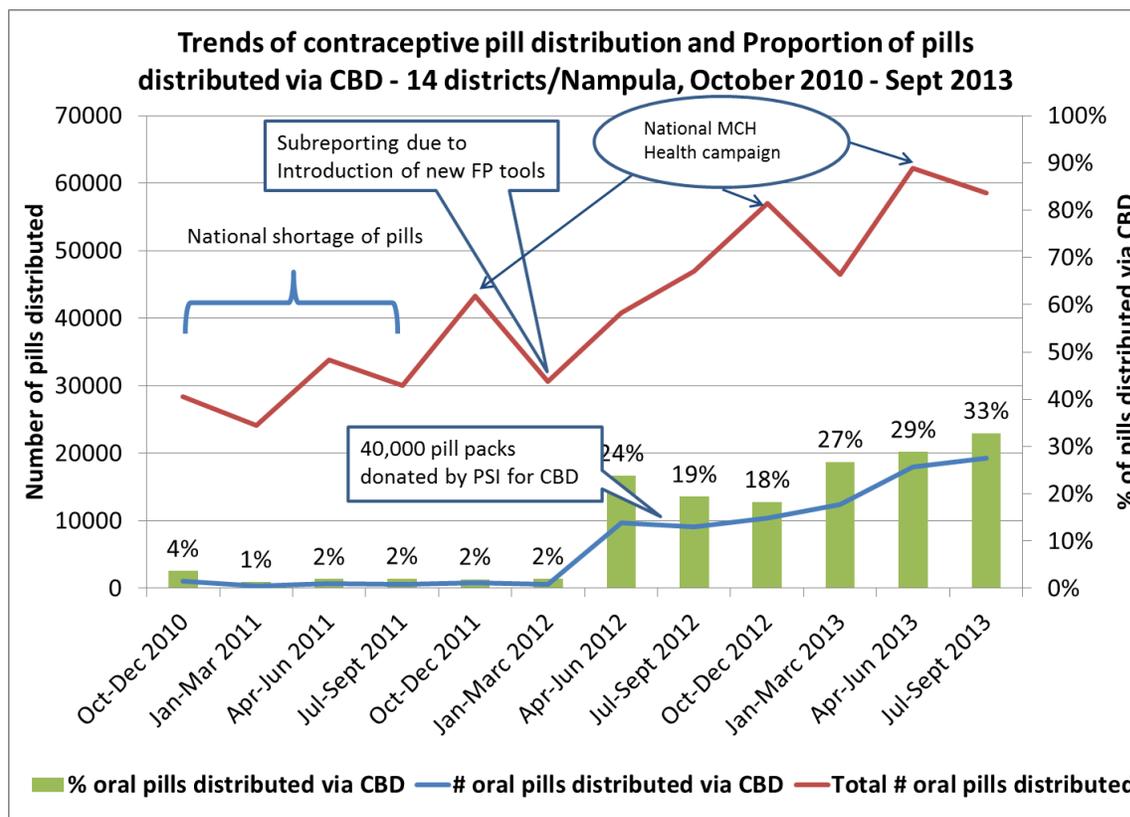
During FY4 we supported the distribution of diverse inputs such as bales of mosquito nets, medical-surgical material and IEC materials to all districts per the request of DPS. SCIP further distributed 20 IUD insertion kits, 20 obstetric calendars, 11 WHO FP eligibility wheels and material to improve organization of services during mentoring supervision visits.

NUMBER OF CONTRACEPTIVE PILLS DISTRIBUTED THROUGH CBD

We have exceeded our expectations in community-based distribution of contraceptive pills this year, with animadoras distributing 60,003 pill packs to clients in their communities, 167% of our annual target. More animadoras are distributing pills in the households they visit and our monitoring and evaluation through HF staff has improved to better reflect our achievement in this activity. Coordination meetings between providers and community network activists are more regular and effective.

Eight refresher trainings on community-based distribution of contraceptives were held this year with providers, promotores and animadoras of Mogovolas (350), animadoras and promotores of Angoche (341) providers and promotores of Nacala Velha (28), animadoras in Ribáuè (14), promotores, animadoras and providers in Moma (103) and animadoras, promotores and providers in Eráti (165) on an as-needed basis. In Nacala Velha, pharmacy technicians were included. One topic that needed to be addressed was the inclusion of CBD data in the HF registration book.

We supported the distribution of 45,000 FP user cards in the province to facilitate the identification of current FP users by providers and community health activists.



As shown in the graph above, 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. At the beginning of the FY3, there was a shortage of contraceptive pills at the central and provincial levels. 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, and to a lesser degree, between April and June 2012. SCIP received 40,000 pill packs from PSI in January 2012 to boost CBD during the following quarters. That said, while CBD was occurring at the district levels by the animadoras and volunteers, this activity was not fully 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) were distributed in the communities, thus reducing the burden on the HFs and increasing availability and accessibility to clients. In year 4, both the numbers of pill packs (10,412 Q1, 12,422 Q2, 17,943 Q3, 19,226 Q4) and the proportion distributed via CBD (18% Q1, 27% Q2, 29% Q3, 33% Q4) have continued to increase.

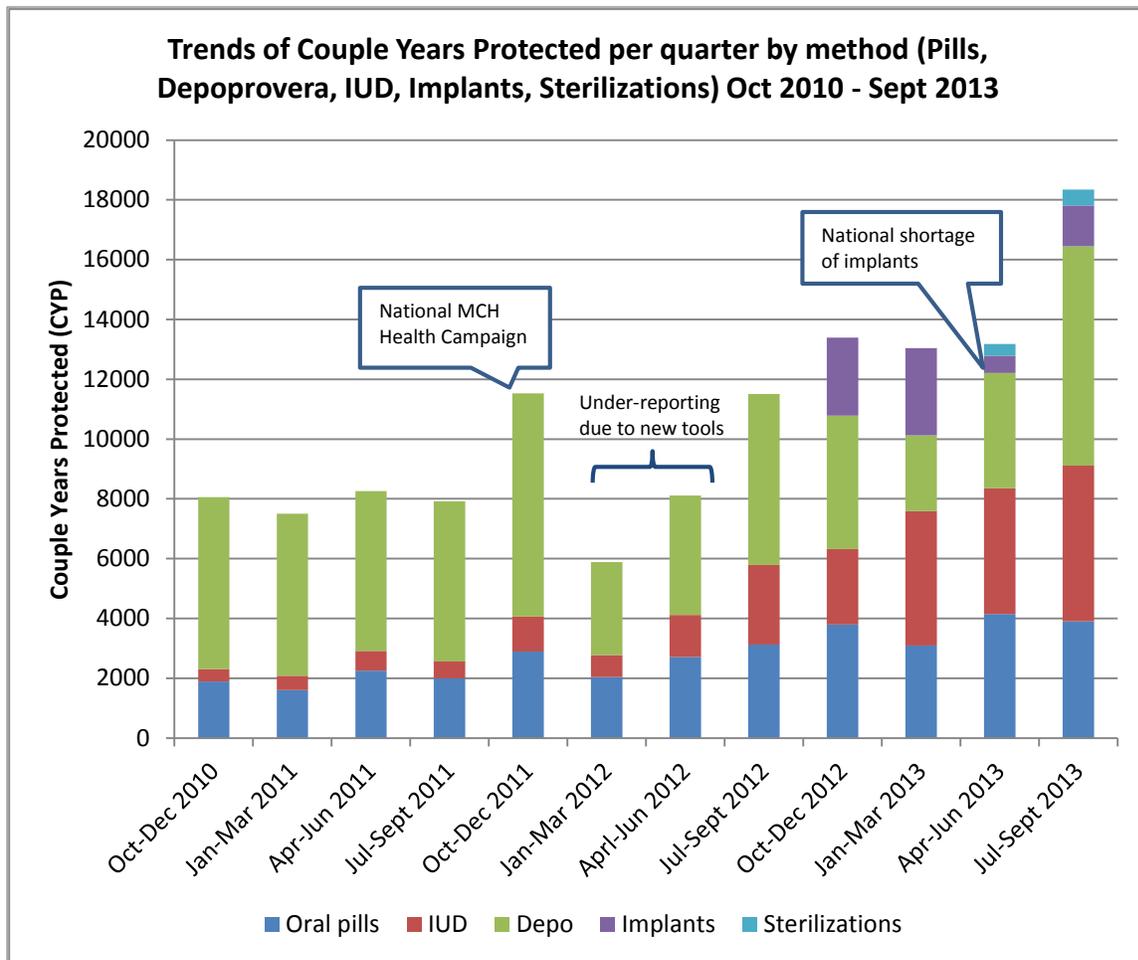
CYP PROVIDED THROUGH USG-SUPPORTED PROGRAMS^R

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, injectables, implants) 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, implants and injections are collected directly from DPS, while SCIP District Coordinators collect condom distribution information from the health districts' warehouse.

We continued to promote the implant as a family planning method in FY4, training providers from Mecubúri (11) and Ribáuè, despite stock out in February and March. Since then, the government has been purchasing implants, but demand far exceeds the supply. It is important that the method be available so that clients do not lose faith in the system.

USG policy governing FP is included during the on-job training conducted by SCIP supervisors so that MCH nurses are able to share the information with their clients.



The chart shows the quarterly trends of Couple Year Protected (by method, not including the condom) in the 14 SCIP districts in Nampula Province between October 2010 and September 2013. CYP has increased steadily from 8,000 CYP in December 2010 to 18,351 CYP as of September 2013. High achievement in December 2011 is due to the National MCH campaign, and underperformance between January – June 2012 is related to the introduction of new FP registration books at the HFs. Once implants were introduced from October 2012 (increasing the method mix availability in the province), they contributed approximately 12.9% to the CYP achieved (excluding condoms) during FY4. Implant uptake until now is only a fraction of the potential, as our first quarters of implementation have demonstrated the high demand for this method. Between April-June 2013, there was a national shortage of implants, compromising this activity. More implants were available between July-September 2013, but demand continues to exceed availability.

When including condoms, 83,640 CYP were provided through FP services in the 14 SCIP districts during FY4. 17.9% of this was through pills, 19.6% through IUDs, 21.7% through Depo, 8.9% through implants, 1.1% through sterilizations and 30.7% through condoms.

1.9 NPCS

SCIP continued to work closely with the NPCS through regular meetings to coordinate and plan activities as well as share technical information.

All districts supported World AIDS Day activities organized by NPCS and NDCS, this year focusing on PMTCT. SCIP participated in technical meetings throughout the year to improve support to NDCS in the district implementation of the National Strategic Plan, to develop the Provincial Communication plan, to define indicators for ongoing analysis and evaluation, and to discuss the consolidation of community-based counseling and testing with mobile units. SCIP agreed that its HTC-Cs would provide testing activities where mobile units occur. During Q4, NPCS presented their new budget, after years of being solely a regulatory and coordinating body. They plan to fund CBOs and local associations at the district level whose activities train and sensitize on the topics of reproductive health, PMTCT, the window period, stigma and GBV.

CHALLENGES AND SOLUTION STRATEGIES:

- Registration of HF data, especially for MCH data register books, continues to be a challenge for MCH nurses, although this has improved throughout FY4.
 - Continue to support DPS M&E staff to conduct regular supervision at the district level.
 - Strengthen the capacity and knowledge of the DMEO and DC so they are able to support data validation at the HF level.
- Difficulties for providers to correctly forecast contraceptive needs in order to avoid stock-outs at the peripheral HF.
 - We continue to offer on-the-job training for providers, to insist on the calculation of inputs and the completion of stock inventories for each input received.
 - We continue to sensitize pharmacy technicians responsible for management of district drug depositories to increase the minimum stock at the HF level in order to match the demand.

- Stock outs of the implant at the provincial level.
 - The situation is improving, but available implants are far less than the demand.
- Delays in the conclusion of maternal waiting houses.
 - We have contracted community-based artisans to accelerate progress on these houses.
 - Special attention was given to supply communities with the construction materials needed for completion.
 - 3 maternal waiting houses are complete and awaiting the official hand over. There are 7 which are still in process.
- District coordinators must support NDCS meetings and encourage the district focal point to hold quarterly meetings. Coordinators should contribute actively to the agenda development and identify indicators that should be followed.

UPCOMING EVENTS

- Official opening ceremonies for Mucova, Popué and Uala HFs.
- Completion of the HFs in process: Namitoria in Angoche; Namigonha and Iapala Monapo in Ribáuè; the second phase of Mazua HF in Memba; Larde HF in Moma; Muatua in Mogovolas and Nantoge HF in Eráti.
- Continuation of Maternal Waiting house support for community-led construction.
- Regional ToT for health providers of Hot Topics trainings in RH following the curriculum revision to include continuum of care (and the related barriers) as well as mitigation of chronic malnutrition for the 6 relevant districts.
- Continue to support decentralized mobile brigades
- Training of responsible district officers of the EPI program on management, community involvement and technical topics
- Training of animadoras to improve CBD in Nacala Porto and Memba
- Continue the ToTs on “Male involvement in FP”
- Continue mentoring visits and on-the-job training for health providers
- Elaboration of the Continuum of Care ToT training manual, training of district coordinators and provincial supervisors on the training curriculum for CL facilitators
- ToT of providers on Male Involvement in FP
- Based on the experience of the district coordinators, update the guidelines on how to formalize and strengthen CLCs in localities which need complete coverage of CLCs (Localities with HFs offering ART and localities which offer the specialized nutritional package)
- Elaboration of a training manual for Promotors related to the specialized nutrition package

IR2: APPROPRIATE HEALTH PRACTICES AND HEALTH CARE SEEKING BEHAVIOR ADOPTED

Indicator	Annual Target	Achieved Year 4	Achieved by quarter			
			Q1	Q2	Q3	Q4
2.1 # of eligible clients who received food and/or other nutrition services	6,100	115%	6,181	6,482	6,716	6,990
	We have reached 115% of our target, due to referrals between the community network and YFCs					
2.2 # of IEC materials produced and distributed	120,000	103%	0	0	122,505	840
	60,000 7 Reasons to Use a Condom flyers, 60,000 FP leaflets, 2,505 FP – CBD flip books and 840 GBV banners were received in FY4.					
2.10 # of deliveries performed in a USG-supported HF	122,700	110%	30,115	33,953	33,478	37,313
	We have exceeded our target, with 134,859 deliveries in FY4.					
2.12 # of ANC visits with skilled providers in a USG-supported HF	653,000	101%	152,157	183,611	169,867	154,092
	We have reached 659,727 ANC visits, 101% of our target for FY4.					
2.13 # of facility visits in a HF (FP visit and PNC)	217,000	125%	67,922	61,548	72,936	69,104
	We have exceeded the target, with 271,510 visits in FY4.					
2.14 # of individuals reached through USG-funded community health activities (HIV/AIDS, Malaria, FP/RH)	1,060,000	88%	261,482	366,501	33,318	268,744
	We have reached 930,045 individuals, 85% of our target for FY4. Lessons focused on malnutrition prevention, reduction of acute respiratory infections in children and safe motherhood in FY4Q3, accounting for the slight underachievement this year.					
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	374,000	112%	4,287	182,114	1,734	229,031
	Due to changes in the definition for this indicator (PEPFAR guideline Mar 2013, removal of theatre small group participants), we have adjusted the number reported in FY4Q1 from 45,539 to 4,287. Consequently, we have changed our FY4 target from 650,000 to 374,000. We have reached 417,166 individuals in FY4 (112%).					
2.16 # of health contacts by CHWs with individuals (HIV/AIDS, Malaria, FP/RH)	900,000	105%	269,589	368,610	37,030	273,576
	There were 948,805 health contacts by CHW for HIV/AIDS, Malaria and FP in FY4, 104% of the target for this indicator.					
2.18 # of people tested and counseled for HIV and received test results	65,000	109%	18,328	11,289	18,932	22,609
	71,158 people have been tested and counseled for HIV in FY4, 109% of the target. High achievement in Q4 is due to the request of DPS to use tests that were close to expiration.					
2.19 # of children less than 12 months of age who received DPT3 from a USG-supported program	128,000	120%	38,295	35,927	40,022	39,551
	153,795 children less than 12 months received DPT3 during FY4, 120% of the target. Data from FY4Q3 includes data from the national health week campaign. Despite this achievement, we are concerned that the number of children completely					

Indicator	Annual Target	Achieved Year 4	Achieved by quarter			
			Q1	Q2	Q3	Q4
			vaccinated is not as high due to the delay in completing the last measles vaccination before 1 year old.			
2.21 # of children less than 12 months of age who received vitamin A from a USG-supported program	156,000	209%	145,768	16,892	126,618	36,100
	325,378 children less than 12 months have received vitamin A, 209% of the target, primarily due to the 3 national campaigns carried out during Q1 and Q3. It is probable that some children received vitamin A supplementation more than once.					
2.23 # of OVC served by OVC programs	39,500	119%	40,184	46,687	46,997	46,977
	This is a cumulative number of OVCs from the inception of the program. We have achieved 119% of the Y4 target.					
2.24 # of clients receiving HBC	3,250	149%	1,801	2,109	3,712	4,832
	We have exceeded our target as we modified our strategy to have HTC-Cs and APEs follow chronically ill patients in ART services to increase adherence to treatment at the community level.					

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 (including *Certeza* use), latrine and hygiene promotion and other health behaviors such as institutional deliveries, family planning use, newborn consultations, etc.

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” board game to promote behavior change in the fourth year of implementation, especially within the Hot Topics discussions on SRH, Stigma & GBV trainings and Male Involvement in RH discussions 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 then use the tool to facilitate trainings with CLCs in the catchment area of their HF.



Community volunteers in Ribáuè learn about Stigma and GBV.

During FY4, SCIP trained 29 health providers from Ribáuè, Moma and Chalaua to use Pathways to Change during Hot Topics trainings. 6,924 CLs from Malema, Meconta, Angoche, Ribáuè, Moma, Monapo, Nacala Porto and Rapale played Pathways to Change during Hot Topics in SRH trainings during FY4. An additional 101 CLs from Ribáuè received refreshment training in how to use Pathways to Change during Q4.

During FY4 259 YFC AYSRH peer educators from Malema, Angoche, Ribáuè, Memba and

Mogovolas were trained to use Pathways to Change.

SCIP trained 364 community leaders from Mecubúri, Memba, Nacala Porto, Mogovolas, Meconta, Ribáuè, Malema, Nampula City and Nacala Velha on Stigma and GBV during FY4. Quarterly technical meetings at the district level were held to share experiences and review replica Stigma and GBV activities held by CLs.

In FY4 288 CLs participated in male involvement training from Ribáuè, Angoche, Eráti, Monapo, Mecubúri, Nampula City, Rapale and Nacala Porto.

DEVELOPMENT AND PRODUCTION OF IEC PRINTED MATERIAL

60,000 flyers on *7 Reasons to Use a Condom*, 2,505 flip books on FP – CBD and 60,000 leaflets promoting FP demonstrating the modern methods of contraception were received in FY4Q3. 840 banners for Stigma and GBV trainings were distributed in FY4Q4.

The flip book for continuum of care and the WASH flip book remain in process.

PROMOTE BEHAVIOUR CHANGE THROUGH RADIO AND EVENTS

We continue to work with community radio stations to share information on FP, HIV, malaria and diarrhea prevention. The radio stations broadcast spots (in Portuguese and Macua), host live radio discussions held in the communities, and broadcast interviews and testimonials.

In April 2013, MoUs were signed with ten community radio stations in Nampula: Nacala Porto (Rádio Watana & Rádio Comunitária), Monapo (Centro Multimédia Comunitário), Meconta (Rádio e Televisão Comunitária), Memba (Rádio e Televisão Comunitária), Eráti (Rádio Comunitária), Mogovolas (Rádio Comunitária de Iulute), Angoche (Rádio Comunitária Parapato), Moma (Rádio Comunitária Macone) and Ribáuè (Rádio e Televisão Comunitária).

SCIP further supported the production of radio spots for World AIDS Day 2012 as well as a USAID-funded evaluation of community radio stations by IREX (*Programa para Fortalecimento da Mídia em Moçambique*).

Radio spots were broadcast 9,334 times during FY4, addressing FP (165), diarrhea prevention (2,113), Malaria (454), HIV (3,045), conservation agriculture (2,144), MCH (480) and other topics (933). In addition, there were 21 radio discussions addressing FP (1), diarrhea (5), malaria (3), HIV (5), conservation agriculture (2), MCH (1) and Stigma and GBV (3).

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

During year 4, community volunteers of the community health network continued to conduct house visits in Intensive Districts 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 8 groups of 10 volunteers in different health messages, with 2 weeks to reach each group. Volunteers then share the information with each of the 10 families to whom she is responsible. As the volunteers have already completed lessons planned by the project, the bi-monthly sessions now focus on revision and consolidation of the material. 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.

During FY4, volunteers made 1,274,461 visits, sharing messages on many health themes: family planning (different methods, advantages of reproductive health and benefits for the family) and child health (malnutrition: causes, signs, prevention and treatment) in Q1; HIV&AIDS, TB and STIs, diarrhea and malaria in Q2; malnutrition (causes, signs, prevention, treatment), pneumonia (causes, signs, prevention, treatment) and maternal health in Q3; and nutrition (practical demonstration of preparation and storage of fresh vegetables) and HIV/AIDS (causes, signs, prevention and treatment) in Q4. 227,775 of the visits addressed FP, 410,753 addressed HIV, 166,022 addressed malaria and 237,412 addressed child survival topics and 232,499 addressed safe motherhood.



Learning how to conserve vegetables and fruit for the dry season. Food being stored for the dry season.

Animadoras in intensive districts began working with nutrition rehabilitation groups (*lareira*) targeting moderately malnourished 6 – 36 month old children identified through the community network in FY4. The objective of these groups is to train, practice and share methods for moderate malnutrition treatment using enriched porridge (composed of locally available ingredients) with the mothers.

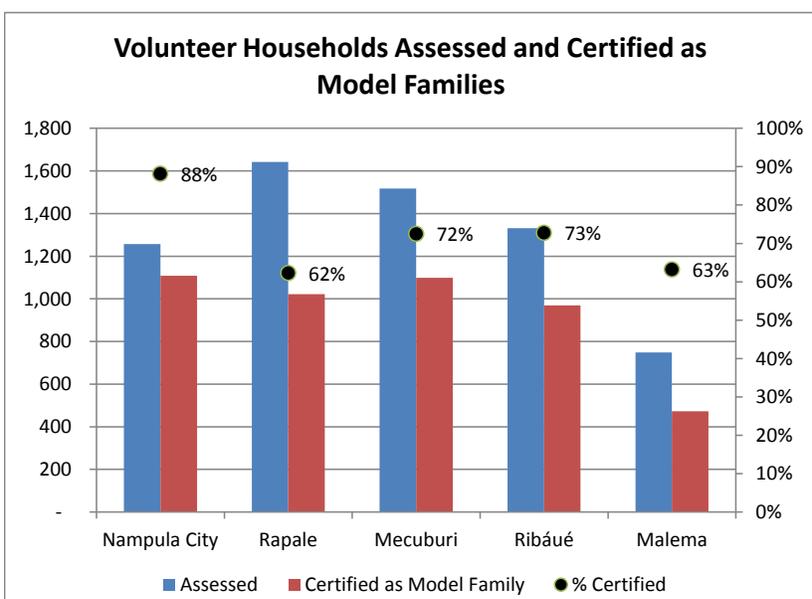
The strategy is as follows: Animadoras and volunteers work together to weigh all children between 6 – 36 months in order to identify those who are moderately malnourished according to the weight-for-age growth monitoring chart. Children who are moderately malnourished and not currently ill are included in nutritional rehabilitation groups organized by the animadoras. More serious cases of malnutrition as well as children who are ill are referred to the HF. As the animadora has 8 groups of 10 volunteers, she works with all the houses covered by one group of 10 volunteers per month, an average of 100 houses. Mothers and the animadora agree on a meeting point and mothers are asked to bring local ingredients for the porridge, such as peanuts, powdered pumpkin and manioca leaves, corn flour, sugar, oil, etc. The group meets daily for 12 days in a period of 14 consecutive days. There are a maximum of 15 mothers with moderately malnourished children participating in each group to allow for active learning. Every day a new group of 5-10 women (without malnourished children, with or without babies, pregnant or not) from the community are invited to participate to learn how to prepare the porridge. Children are weighed on the first and the last day of the 14 day process to assess progress made. The enriched porridge is prepared by the group of mothers with the direct guidance of the animadora and the volunteer and served to the children. At the end of the 14 days, the animadora will go on to form other nutrition groups as needed. If, at the end of the 14 day process the child has not gained the desired weight (>200 grams), the process should either be repeated or the child is referred to the HF to determine if there is another health problem apart from the moderate malnutrition.

The table below includes data collected from FY4. Data collection improved gradually and we started to report data for FY4 in FY4Q3.

District	Total # of malnourished children identified	# referred to health facility	Total # of children that participated 9-12 days	% of children who gained >400 g/child (A)	% of children who gained between 200-400 g/child (B)	% of children who made satisfactory weight gain (A+B)	% of children who gained <200 g/child and participated at least 9 days
Nampula Cidade	144	1	137	20.1	48.6	68.8	26.4
Rapale	1,121	0	1,121	29.1	48.8	77.9	22.1
Mecubúri	165	0	135	41.2	37.6	78.8	3.0
Ribáué	522	3	471	28.7	60.3	89.1	1.1
Malema	316	10	298	40.5	38.3	78.8	15.5
Total	2,268	14	2,162	30.9	49.2	80.1	15.3

In FY4, 2,268 children were identified as malnourished, 14 were referred to the HF. 96% of the children identified participated at least 9 of the 12 days in the program. Mobilization efforts are still needed in Mecubúri, where 19.0% ((165-135)/165) of children did not participate at least 9 days. 80.1% of children made satisfactory weight gain (30.9% who gained more than 400 grams per child, 49.2% who gained between 200-400 grams per child). 15.3% of malnourished children who participated at least 9 days gained less than 200 grams per child.

We finished certifying all the families of supervisors and animadoras as Model Families during FY4. In order to be recognized as a Model Family, they must fulfill a checklist of basic hygiene and sanitation requirements (availability and use of latrine, use of TipTap, sanitary landfill, a stand for drying dishes, use of a mosquito net) that is verified by the SCIP community mobilization team. In addition, if the household has children under 5 years old, the team



verifies that each child has an up-to-date Child Health card. 4,594 volunteer households were certified as Model Families out of 6,402 households who were assessed during FY4. In addition, 3,897 community households were assessed during FY4, 70% of which were certified as Model Families.

Community theatre activities continue, with each group focusing on the most relevant topics to the health needs of the district. Theatre groups address specific health themes during their performances

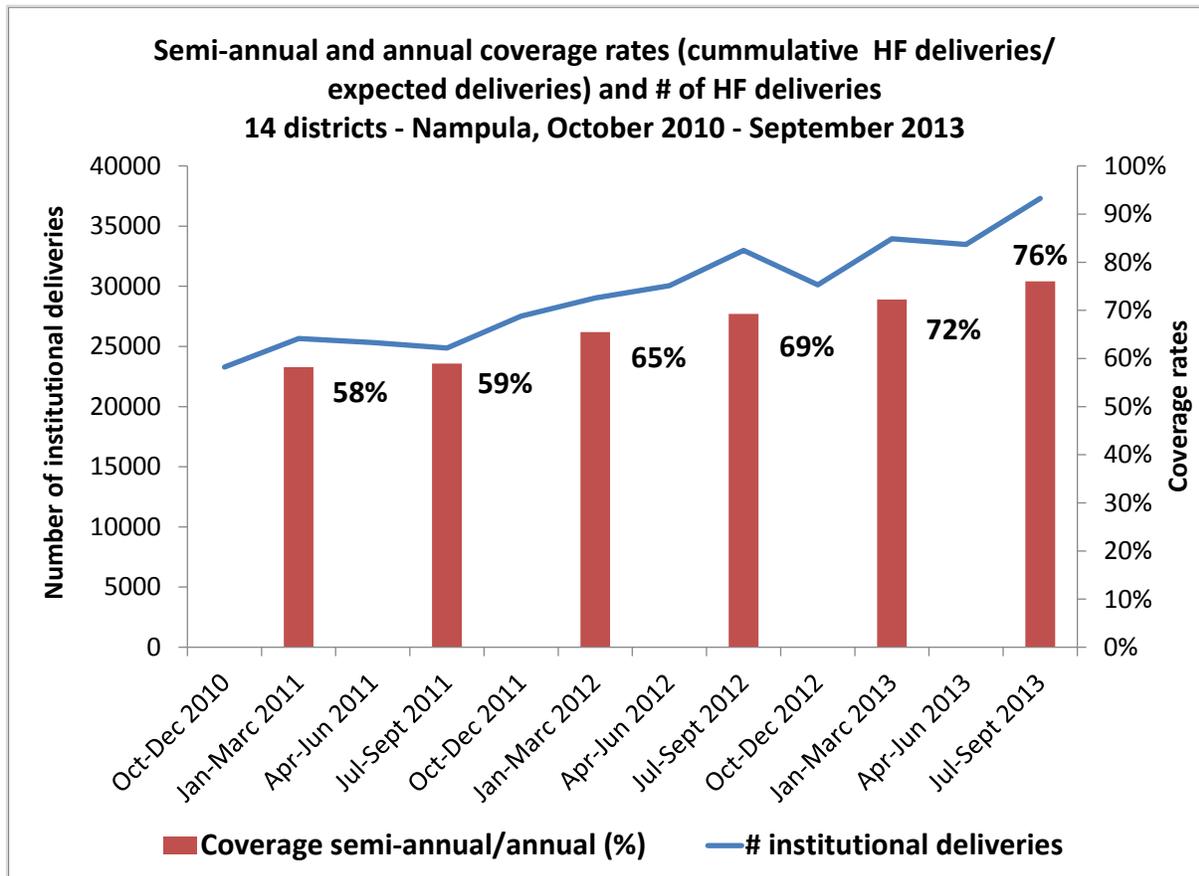
according to the topic schedule and actors facilitate small group discussions with audience members to clarify and consolidate information following the performance.

Apart from performances in the communities, SCIP began performing community theatre pieces on the train between Nampula and Malema, with the participation of 4 theatre groups (Nampula City, Mecubúri, Ribáuè and Malema). Actors developed peer-theatre pieces to interact with passengers and discuss healthy sexual behaviors. Condoms, FP and *7 reasons to use a condom* flyers were distributed during these activities. Geração Biz activists participated in technical trainings facilitated by the community theatre groups in Angoche, Monapo and Nacala Porto. The theatre coordinator trained 25 YFC members from Nampula City on the value of theatre in communication, sensitization and mobilization of communities for behavior change.

A number of new dramas were developed during FY4 addressing various topics: Malaria and Tuberculosis (per the request of KENMARE) and Nutrition in Moma and exclusive breastfeeding in Nampula City. A new dramatization addressing adhesion to ART is in development, with the collaboration of theatre groups and HTC-C counselors from each district. Central level supervisors supported theatre groups regularly throughout year 4, strengthening pieces on FP, Conservation Farming (dangers of uncontrolled burning) and WASH, purchasing and distributing props as needed and reinforcing integration with other components (YFCs, health, etc.)

The 14 districts reported a total of 3,227 performances in FY4 (1,076 HIV, 755 Malaria, 590 diarrhea, 568 FP, 238 conservation farming), with 457,336 individuals participating in small group discussions following the performance. Nacala Velha was without a theatre group in Q3 and Q4.

ANALYSIS OF NUMBER OF INSTITUTIONAL DELIVERIES (INDICATOR 2.10) AND PERCENTAGE OF INSTITUTIONAL DELIVERIES (INDICATOR 2.11)



SCIP has many activities to encourage institutional deliveries in the province, such as bicycle ambulances, maternal waiting houses, community discussions in Hot Topics, CLC level data analysis of community deliveries, humanization of services at the HF, data analysis of institutional deliveries by the HF Co-Management committees. The absolute numbers of institutional deliveries per quarter have increased steadily through FY4 as has our coverage.

SUCCESS STORY: A BICYCLE AMBULANCE IN NAMAIME MAKES ALL THE DIFFERENCE FOR PREGNANT WOMEN

Namaime is a small farming community in the Muatua locality of Mogovolas with approximately 75 families (381 inhabitants). The Namaime CLC is composed of 30 members, 9 women and 21 men.

One of the biggest concerns of the Namaime CLC was the lack of transportation to bring acutely ill patients and pregnant women to the Muatua HF. Hot Topics discussions facilitated by SCIP highlighted the dangers of community births and the advantages of institutional deliveries. These discussions brought CLs and TBAs to a consensus: Namaime needed a bicycle ambulance. CLC members were selected to form a bicycle ambulance management committee and the community raised 20% of the total cost of purchasing a bicycle ambulance.

The bicycle ambulance was handed over in an official ceremony at the end of 2011, with the participation of the district health authorities, CLC members and SCIP staff.

Since then, the Namaime bicycle ambulance transports between 6-9 pregnant women per month to the Muatua HF for delivery. The CLC president says “We are very grateful and happy with the SCIP project. SCIP has supported us in re-structuring our CLC, introduced discussions on health issues and assisted us in getting a bicycle ambulance. These activities have contributed significantly in improving community knowledge and understanding of health risks. We are so happy with all the support and the community participation in the process of community mobilization.”



Bicycle ambulance in action.

He further emphasized “We can see the behavior change taking place in our community. Now, the majority of pregnant women have delivered their children in the Muatua HF. They go to their pre-natal consults. Women want to use the bicycle ambulance, and their children are now on schedule to complete their vaccination course.”

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 four of implementation, we focused our efforts on the areas of education, legal protection, and

economic empowerment although psychosocial support, food and nutrition are the basic services that SCIP is offering on a regular basis. OVCs are identified in a needs assessment during the home visits by the community mobilization network. This same network, in coordination with community leaders and related government institutions, responds to the identified needs.

SCIP has reached a total of 46,997 OVCs in 14 districts with at least one of the seven services. OVCs who received the Family Health Kit are reported in “Food and nutrition service provided” and “Psychosocial, social and/or spiritual support provided”. OVCs assisted in enrolling in school are reported as receiving the Education service. OVCs assisted with obtaining birth certificates or poverty certification are reported as receiving the Legal Protection service. OVCs who have been referred from the community to the HF are reported as receiving the Health Care referral service, and OVCs who benefit from the partnership with Coca Cola (income generation through being vendors of soft drinks) or who have generated income from received seeds and/or sweet potato runners through YFCs are reported as those benefiting from the economic strengthening service.

SCIP began creating and training OVC sub-committees in CLCs in FY4Q3 and the activity is still in process. 124 OVC sub-committees have been established in the intensive districts (24 in Mecubúri, 17 in Nampula City, 2 in Malema, 70 in Ribáuè and 11 in Rapale) and 11 in complementary districts (2 in Nacala Velha, 3 in Monapo, 3 in Angoche and 3 in Moma) bringing us to a total of 135 OVC sub-committees. This strategy aims to improve and increase sustainability of assistance provided for OVCs, with sub-committees serving as focal points for OVC issues, assisting the animadoras and volunteers in overcoming barriers in assisting OVCs, facilitating the links between formal and informal institutions and promoting discussion/action plans for OVCs in their communities. The sub-committee is composed of at least 5 members: 3 effective (at least 1 woman and meeting at least one of the following criteria: member of the CLC, caregiver of an OVC, sensitive to the OVC situation, well respected in the community and have the capacity to negotiate and advocate for OVCs) and 2 OVC youth (1 male & 1 female between 15-17 and with capacity to represent other OVCs in the community).

Prior to the creation of the OVC sub-committees, all CLC members were trained on child rights, the OVC situation and needs, how to access public services available for OVCs, how to support animadoras and volunteers and how to promote discussions in the CLCs.

In FY4, 268 OVCs benefitted from the economic strengthening service. In Q4 we revised the definition for this indicator to count only the OVCs who have been able to generate income from received inputs, hence the lower achievement compared to FY4Q3. This means they have sold produce resulting from seed inputs or sweet potato runners they received for their gardens, or have generated income as a retailer through the Coca Cola partnership. In some cases, sweet potato crops were consumed by the families themselves and not sold in the market.

The multiplication of sweet potato runners was initiated in FY4. The strategy involves OVC families and addresses the nutritional and income-generating needs of the OVC through community multipliers. Each first-line multiplier shares the stems with one new multiplier and 5 OVC families. Sweet potatoes with orange pulp are rich in vitamins A, B, C, potassium and magnesium which can mitigate nutrition

imbalance. 9,800 kgs of sweet potato runners (700 kg per district) were distributed to first-line multipliers for future allocation to 700 families living with OVCs.

In FY4, SCIP supported 8,166 OVCs (4,363 males and 3,803 females) with the education service, either through facilitating registration in schools or by through the provision of school materials (exercise books, pens, etc.). District teams are beginning the process of identifying new OVCs to be integrated in schools next year.

4,883 OVCs were referred from the community to the HF during FY4.

In order to improve legal protection, we continue to support the multi sectorial coordinating bodies – *Núcleo Distrital Multisectorial dos COVs* (composed of government institutions, NGOs, CBOs and civil society members) with the purpose of supporting OVCs in their communities. These bodies aim to increase the responsibility of district government services and consequently to facilitate the link between the community activities related to OVCs.

5,357 OVCs (2,875 male, 2,482 female) benefited from legal protection services in FY4 through the facilitation of either birth certificate provision or provision of the poverty certificate. The poverty certificate is an important document that enables the bearer to benefit from free government-provided services (mainly in secondary school). A partnership between MCEI and SCIP provided financial and material support needed to obtain birth certificates, particularly in Memba and Angoche.

By the end of FY4, 45,757 OVCs had received the family kit and continue to receive the services of “Food and nutrition service provided” and 45,877 OVCs benefitted from Psychosocial, social and/or spiritual support” on a regular basis through the home visits of volunteers. All OVC families benefit from food and nutrition education sessions (which are directed towards the caregiver in the presence of the OVC), and includes information on locally-available food preparation for balanced diets in order to improve the nutrition status of children. This is a cumulative number from the beginning of the project.

Integration of OVCs into YFCs is the second SCIP strategy to address the needs of OVCs through the provision of socialization, training and livelihood opportunities.

7,049 OVCs (3,831 males and 3,218 females) have been referred to YFCs and benefitted from the activities as of FY4Q4. This is a cumulative number from the beginning of the project. These OVCs are counted as the number of eligible clients who received food and/or other nutrition services through their participation in YFC. During FY4, at least 5,655 OVCs participated in training on nutrition, at least 6,104 OVCs participated in trainings on conservation farming for horticulture and at least 5,528 OVCs participated in training on food handling. At least 3,865 OVCs participated in training on SRH during this period; this last number is lower than in the other trainings as it targets adolescents.

The table below summarizes the services provided during FY4.

OVC services provided as of FY4 (September 2013)

OVC	OVC served Food & Nutrition		OVC served (enrolled at school)		OVC served (Vocational Training through YFC)				OVC served (Legal Protection)		OVC served (Economic Strengthening)		Minimum # of OVC served through one or more services	
	OVC reached through health family kit distribution and nutrition counseling				10 - 14 years		15 - 17 years							
	Districts	M	F	M	F	M	F	M	F	M	F	M	F	M
Nampula Cidade	5,811	6,276	155	118	100	97	69	82	646	573	15	22	5,811	6,276
Angoche	-	-	672	568	164	121	100	45	218	242	7	3	672	568
Erati	449	401	185	143	213	224	122	47	157	140	2	0	449	401
Malema	2,109	2,257	524	503	222	225	106	107	304	326	10	12	2,109	2,257
Meconta	1,210	822	232	189	222	226	126	95	177	116	0	0	1,210	822
Mecuburi	2,045	2,209	652	592	150	182	88	128	161	109	5	7	2,045	2,209
Memba	846	705	83	58	153	173	55	33	456	360	18	13	846	705
Mogovolas	393	344	58	49	172	133	117	95	2	7	0	0	393	344
Moma	295	250	190	165	124	90	110	51	0	0	6	10	295	250
Monapo	655	532	33	26	228	185	122	57	142	135	3	8	655	532
Nacala-Porto	341	325	62	55	234	202	55	25	0	0	23	9	341	325
Nacala Velha	1,260	397	103	82	163	154	92	33	0	0	34	14	1,260	397
Nampula-Rapale	3,259	3,041	948	837	79	52	92	56	391	322	5	2	3,259	3,041
Ribaue	4,930	4,595	466	418	250	244	103	56	221	152	21	19	4,930	4,595
SUB-TOTAL	23,603	22,154	4,363	3,803	2474	2308	1357	910	2875	2482	149	119	24275	22722
TOTAL	45,757		8,166		7,049				5,537		268		46,997	

2.6 ADDRESSING HOME-BASED CARE AND POSITIVE PREVENTION

Home-based care (HBC) for chronically ill patients is provided in all districts of the SCIP project, with the objectives of reducing the suffering of chronically ill patients, reducing stigma and increasing adherence to treatment and HF consults. Chronically ill patients are identified by community leaders, APEs, HTC-C counselors and community health activists during their regular house visits. Activists educate caregivers on how to care for chronically ill family members and share messages on adherence to treatment, nutrition, hygiene and other aspects that will benefit the patient and family.

In order to increase our coverage of chronically ill patients in Complementary districts, this year we trained APEs to provide HBC and Positive Prevention (PP) services (when the patient is HIV+). These themes complemented the MOH APE curriculum introduced this year, and 145 APEs were trained from 6 districts (Angoche, Eráti, Meconta, Mogovolas, Moma and Monapo). As DPS has experienced some delays with World Bank funding, the training of the remaining APEs will take place in FY5. APEs also work with the HF and community network to recover those LTFU.

We introduced a new M&E instrument in FY4Q2 to consolidate activities with chronically ill individuals and to improve the quality of services provided: the *Livro de seguimento de doentes crónicos*. Each patient has a record that is used to follow up the individual over time, tracking longitudinally their progress in different PP behavior change objectives, the circumstances of the individual and the HBC activities of each visit. The book is used by those who provide HBC and/or Positive Prevention Services: animadoras of Intensive districts, APEs of Complementary districts and HTC-C counselors. We are supporting the monthly meetings between APEs and their respective HF.

At the end of FY4, 4,832 chronically ill individuals (2,086 male and 2,746 female) were followed up by animadoras, APEs and HTC-Cs, including psychosocial and spiritual support, monitoring of adherence to treatment and care services, referrals for treatment of opportunistic infections and other HIV/AIDS-related complications, nutritional counseling and training and support for caregivers. 4,499 were reported as alive and in treatment, 139 were LTFU, 188 passed away and 6 were discharged. We have exceeded our expectations, achieving 149% of our target.

IDENTIFYING NEW HIV+ CHRONICALLY ILL CLIENTS IN THE COMMUNITIES AND FACILITATING THEIR INTEGRATION TO CARE AT THE HF LEVEL

The community network continues to request HTC-C services; in case of sero-positivity the patient is referred to the nearest HF offering pre – TARV and TARV services. The HTC-C, APE and/or animadora work together to ensure the follow up of the patient for PwP as well as for HBC if needed.

Mapping activities in quarter 2 in some districts were quite useful, bringing together the MCH nurse, the animadoras, community leaders and HTC-C counselors working in the same HF catchment area. Together, participants mapped the location of their clients and it became clear how many chronically ill patients each animadora looked after, where they live and how to facilitate contact with the HTC-C.

We progressively increased the number of chronically ill individuals tested for HIV from quarter to quarter. Of the 3,166 chronically ill individuals tested during FY4, 1,474 tested positive for HIV, a 46.5%

positivity rate. We will continue our efforts in this strategy targeting this higher-risk population (as well as their partners and children), reinforcing the integration between HTC-C counselors and the community network.

Reporting period (Fiscal Year and Quarter)	FY3Q2	FY3Q3	FY3Q4	FY4Q1	FY4Q2	FY4Q3	FY4Q4
# of chronically ill individuals identified by the community network and tested by HTC-C	N/A	94	241	429	522	1,032	1,183

SUCCESS STORY: COMMUNITY COLLABORATION ENSURES QUICK ENROLLMENT IN CARE AND TREATMENT SERVICES, MAKING A HUGE DIFFERENCE FOR PLHIV

Linda, the community animadora, noticed that Maria had been ill for a while. Maria was in poor health, lacking even the minimum strength to complete her daily chores. Linda spoke with Maria about the importance of being tested for HIV and coordinated with Basilio Baltazar, the SCIP HTC-C, to visit the house. The following day Basilio came to counsel Maria, her parents, husband and son about HIV and asked if Maria and her husband would consent to testing. The couple agreed to do the test together. The test results were discordant, with Maria testing positive and her husband testing negative. This was a very emotionally tough moment: Maria was devastated and her husband was furious. After Basilio confirmed Maria’s results with a second test, he explained how to enroll in treatment, the importance of the continuum of care and how a discordant couple can live a positive life together.

Maria’s husband initially wanted a divorce. Over time, through several visits of active listening and counseling, Basilio explained the courage it takes to disclose one’s HIV status, the importance of supporting each other through the process and how condoms can be used to continue their life together.



Basilio with his thank you gift from Maria.

Less than a week after Maria tested positive for HIV, Linda accompanied her to the hospital where she met with Basilio. He brought her to the medical officer for psycho-social support, to initiate her treatment. When Basilio returned to visit Maria during follow up visits, he met a smiling and cheerful Maria as she was carrying water back home, clearly in a much better physical and emotional state.

Maria explained “I deeply appreciate the help I received. When I first got my positive result, I felt very depressed. Now I am feeling much better and I am grateful for all the support I received. My husband did not leave me.” Maria took the opportunity of Basilio’s visit to ask more questions and learn more about positive prevention, including how to have safe sexual relations.

REDUCING LTFU ALREADY ENROLLED AND IN CARE AT THE HF LEVEL

In order to increase adherence to treatment, animadoras/HTC-C/APEs retrieve lists of chronically ill patients from the HF so they can encourage them to return to the HF for treatment. Animadoras are especially important in preventing LTFU as they are in regular contact with chronically ill patients and their families.

During Q4, HTC-C counselors began collecting lists of those patients in pre-ART and ART services as well as those LTFU. Counselors follow up with these patients on treatment to emphasize the importance of adhering to their treatment and to the HF, as well as to offer PwP services.

Reporting period (Fiscal Year and Quarter)	Number of LTFU recovered by community network and HTC-Cs
FY3 Q2	106
FY3 Q3	167
FY3 Q4	145
FY4 Q1	170
FY4 Q2	133
FY4 Q3	205
FY4 Q4	169

677 patients reported as LTFU were recovered and returned to treatment at the HF in FY4. HTC-Cs were particularly effective in active search processes.

2.7 HIV COUNSELING AND TESTING INTEGRATED WITH FP AND PMTCT

71,158 individuals (35,694 male and 35,464 female) have been counseled, tested and received their test results for HIV by HTC-C counselors. HTC-C counselors sensitize partners as to the importance of couple testing. Of the 57,915 counseling sessions, 5,984 (14%) were in couples and 4,527 (8%) were in families. We have maintained our seropositivity rate (3.8%) from FY3, with 2,673 individuals testing HIV+ out of 71,158 who were tested. Reflecting on the data over the past 7 quarters, we observe growing trends in the numbers of sessions done in couples and families as well as in the number of individuals tested for the first time for HIV.

HTC-C counselors provided FP counseling to 54,337 persons, of whom 26,726 were male and 27,611 were female. Of these, 7,205 of the males were counseled together with their partner. 19,521 males were counseled individually about the importance of their role in FP, which is a great accomplishment of the SCIP project in mainstreaming male involvement.

At the end of FY4, we have 39 HTC-Cs working in the districts. 5 HTC-Cs joined the team this year in response to increased demand for services in the Nacala Corridor and were primarily allocated to localities with HFs offering ART and PMTCT services. In addition to the house-to-house testing and counseling services, in FY4 HTC-Cs provided outreach services in a variety of contexts, from both the private and public sector (i.e. the police force and inmates in Eráti and Nampula City, sex workers in Ribáuè, the secondary school in Nacala Porto, Cimento and Royal Plastic businesses in Nacala Porto, Millenium BIM waiting areas, a health fair at the Pedagogic University, etc.) as well as with other SCIP components (YFCs, CLCs, during trainings such as CLTS and Male Involvement in SRH).



A HTC-C tests a chronically ill patient referred by the community network in Eráti.

Prevention in their regular follow up visits to households of HIV+ individuals. 2,273 HIV+ individuals are followed up by HTC-C counselors (1,141), animadoras (883) and APEs (249) in the 14 districts.

In FY4 HTC-C counselors began registering visits, visit activities and which PP service is being provided in the new *Livro de Seguimento de Doentes Crónicos*, which has helped us increase the number of HIV+ people and improve the quality of PwP services being offered. The table shows the improvement over seven quarters in the number of HIV+ clients who are being followed up by HTC-C counselors, animadoras and APEs.

Prevention with Positives and follow up of HIV+ clients by HTC-Cs, animadoras and APEs (cumulative)	
FY3 Q2	210
FY3 Q3	506
FY3 Q4	507
FY4 Q1	970
FY4 Q2	1,445
FY4 Q3	1,619
FY4 Q4	2,273

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION

We continue to focus on improving couples counseling and increasing outreach to partners and children of seropositive pregnant women identified through prenatal consults in the HF. During FY4, HTC-C counselors received lists from HFs of 2,137 newly registered seropositive pregnant women. Of these, 866 partners (40%) were located and received follow up visits from HTC-C counselors in their homes where they were offered HIV testing. 713 (82%) of these partners were tested for HIV, with 470 (66%) testing positive for HIV. HTC-C counselors assist in integrating HIV+ partners into ART services. This



A HTC-C counselor provides PwP to a pregnant woman in Eráti.

activity demonstrates the strong coordination between the HTC-C teams and the HFs as well as the collaboration with the community health network that assisted in locating the seropositive pregnant

During FY4 SCIP participated in government meetings on the quality of testing services as well as the HTC-C technical commission to address out-of-date tests and mapping of organizations who offer HTC-C services in the province. During the last quarter we intensified meetings with medical chiefs, district directors, clinical partners and community networks to work on retention issues.

PREVENTION WITH POSITIVES

At the end of FY4, 39 counselors, 422 animadoras and 145 APEs offer the seven services of Positive

women. There has been some improvement in the accuracy of the addresses provided to HTC-C counselors compared to when we initiated the strategy. We will continue strengthening this activity as it is effective in identifying HIV+ partners.

This activity contributes to a more comprehensive strategy focusing on the family unit, rather than the individual. Working with the whole family leads to better understanding, sharing of sero-statuses and improved adherence to treatment.

Positive Prevention in the context of PMTCT	# of pregnant women referred by the HF/PMTCT to HTC-C to test partner at community level	# (%) of houses of pregnant women visited by HTC-C	# of partners tested by HTC-C	# (%) of partners who tested HIV+
FY3 Q2	320	109 (34%)	63	n/a
FY3 Q3	502	207 (41%)	78	n/a
FY3 Q4	287	105 (37%)	55	39 (71%)
FY4 Q1	313	126 (40%)	101	78 (77%)
FY4 Q2	593	220 (37%)	181	111 (61%)
FY4 Q3	698	234 (34%)	197	157 (80%)
FY4 Q4	533	286 (54%)	234	124 (53%)

2.8 GENDER AND MALE INVOLVEMENT

SCIP's GBV prevention interventions aim to reduce gender disparities at the social, political and economic level; through activities that challenge gender norms and cultural practices that promote inequalities. Activities further empower communities to interpret and apply, at the community level, government policies and laws that promote gender equality.

Aware of the importance of addressing gender barriers to decrease women's vulnerability to reproductive health issues (including unplanned/unwanted pregnancies), SCIP has developed a holistic and comprehensive approach for gender mainstreaming throughout the different components and subsequent activities implemented. Identification of gender barriers or facilitators to achieve an expected behavior change is a usual step carried out at community level by the SCIP technical team. Gender-related barriers are essential to identify and include in the design of community plans which support the behavior change processes. Usually, discussion with CLC members and other specific target groups address gender disparities and how they adversely affect mother and child health outcomes as well as how they prevent women from having control over and benefiting from resources, wealth, opportunities and services.

In FY4 SCIP continued to conduct ToTs for community leaders on GBV and stigma of PLWHA. 364 CLs from Meconta, Malema, Ribáuè, Mecubúri, Memba, Nacala Porto, Nacala Velha, Mogovolas and Nampula City participated in the workshop which was facilitated by SCIP staff with the support of Peace Corps Volunteers. 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.

Also in FY4, we initiated ToT for community leader facilitators on male involvement to increase support of men for FP, as they influence whether a woman goes to the HF or not. This is a four day training that includes participatory activities including the board game “Pathways to Change” and addresses male involvement in health issues, maternal and child health, FP, HIV/STI prevention and responsible paternity. In FY4 288 CLs participated in male involvement training from Ribáuè, Angoche, Eráti, Monapo, Mecubúri, Nampula City, Rapale and Nacala Porto.

CHALLENGES AND SOLUTION STRATEGIES

- Locating HIV+ clients for follow up is challenging 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. During this visit, the team verifies the organization and provides technical support specific to each service (TARV focal point of the HF, the pharmacy, the laboratory, receptionist (*ficheiro movei*), MCH) of the HF in order to provide quality TARV services and reduce LTFU. The team reviews the monthly list of LTFU and GAAC members and develops a plan for tracing defaulters.
 - Regular updating of the list of LTFU from ART HFs can improve with more coordinated pressure from DPS, clinical and community partners. Therefore, a stronger follow up by district coordinators should be carried out.
 - Community leaders will be trained on the importance of the continuum of care to foster a positive environment.
 - Health providers can improve their registration of clients: accuracy of addresses and verification of details provided at the HFs
- In some localities with high incidence of diarrheal disease, health workers working on health promotion and water purification have been threatened and accused of spreading disease in the communities.
 - We worked intensely on providing correct information about the real causes of diarrhea, identifying and including those responsible for spreading misinformation to participate in discussion groups facilitated by CLCs.
 - We should consider involving political leaders in addressing this recurring issue through specific trainings.
- Coordination with the HF (particularly the focal point for chronically ill patients) is better but there is room to improve, especially in relation with the LTFU lists provided by the HF.
 - We need to reinforce the mapping concept and weekly strategic work plans to reach chronically ill patients.

- SCIP staff should participate in the regular HF ART meetings to increase the linkage between the community network and the HFs.
- The greatest challenge in the PMTCT process is in locating the partners of the HIV+ women. This has improved slightly in FY4Q4 (locating 54% of partners) but we must work to maintain this percentage in FY5.
 - SCIP is focusing on increasing the involvement of the MCH nurse to collect accurate and detailed residential information of these HIV+ pregnant women who agreed to a visit by the HTC-C counselor. Residence is not collected in the register book of the pre-natal consult, so the MCH nurse must make an extra effort to collect this.
- At present, 9,225 OVCs have been reached in complementary districts through family health kit distribution. According to the SCIP strategy, these OVCs should be continued to be followed up for Nutrition counseling and psychosocial support services. The challenge is in ensuring that animadoras in complementary districts continue to provide these services.
 - One solution is to reinforce the monitoring of this activity by the CLCs and in particular the *Núcleo Comunitário para o Apoio dos COVs*. We are progressively increasing our efforts to train and support OVC sub-committees.

UPCOMING EVENTS

- Continue evaluating a sample of volunteer and community households as Model Families.
- Volunteers will continue home visits 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.
- Continue the registration process of new OVCs to be enrolled in school in 2014.
- Continue expansion of OVC sub-committees in CLCs.
- Continue coordination with DPS to complement APE trainings with the HBC/PwP module.
- Continue to strengthen the coordination between the HF, the HTC-C and animadora to recuperate those LFTU.
- We will continue to support HIV+ pregnant women to remain in the PMTCT program, encourage disclosure and partner/children testing, register them in the follow up book and refer them to the HF as needed.
- Intensify targeting of higher risk groups: chronically ill and families, drivers, migrant workers and sex workers (in non-MARPs districts) to reach progressively our goal of 10% HIV+ of the total number of individuals tested.
- Animadoras and supervisors continue to visit YFCs to ensure OVCs continue to be integrated and that their families benefit from economic strengthening activities such as the distribution of sweet potato runners and horticulture seeds. Continue to create linkages with partners and opportunities for income-generating activities for OVC families.
- We must continue to support HTC-Cs, animadoras and APES in the use of the *Livro de Seguimento de Doentes Crónicos*.
- Program meetings with district health staff and other partners involved in active searches as a step to improve retention of HIV+ patients in treatment.

- Develop a new community theatre piece focusing on the continuum of care.
- Initiate progressive phasing-out of intensive support in 12 out of 49 localities in intensive districts.
- In the localities selected to offer the specialist nutrition package, initiate mobilization and recruitment of additional promoters and animadoras.

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

Indicator	Annual Target	Achieved Year 4 (%)	Achieved by quarter			
			Q1	Q2	Q3	Q4
3.1 # of community-based distribution systems	2,060	100%	2,072	2,069	2,070	2,070
	We have met our target for the # of CBD systems for FY4. SCIP will focus on strengthening existing CBD systems rather than increasing the number of CBD systems.					
3.2 # of HF meeting with CLC representatives at least quarterly to evaluate health issues (denominator = 143 HF)	77% (110)	94% of target	65% (93)	77% (110)	71% (102)	73% (104)
	While we met our target in FY4Q2, we must work to maintain the numbers of HFs meeting quarterly.					

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.

3.1 INITIATE CONSOLIDATION OF COMMUNITY BASED SYSTEMS ESTABLISHED

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

In FY4 there were 2,070 CBD systems based on the existence of 1,839 “animadoras” in the complementary districts and 231 operational CLCs in intensive districts.

We have made a lot of progress in CBD over FY4, supporting meetings between providers and animadoras in the districts to improve the implementation of this activity, working with the community network to improve data reporting as well as with health providers to ensure that clients are included in the FP registry book. Between FY4Q1 and FY4Q4, the number of pill packs distributed per quarter in the community increased from 10,412 to 19,226.

Each animadora is supported by a group of community members who endorse her activities in the community. Most of the members of this group are also CLC members and decision makers in various community fora. It is important that these community leaders are regularly involved in the activities of the animadora – that community leaders monitor and motivate their communities to adhere to health services promoted by the animadora. The CLC meetings provide a forum for animadoras to present problems encountered in the community with community leaders. Appropriation of community data is fundamental so there is increased sustainability. Progressively, these data are presented at the HF co-management committees by CLC representatives. The constant support of providers for the community network is essential to encourage client referrals to the HF.

3.2 STRENGTHENING ACCOUNTABILITY INVOLVING COMMUNITY LEADERS

HEALTH COMMITTEES SUPPORTED AT HFS

The link between the community and the HF is guaranteed through HF Co-Management Committees which meet regularly to resolve health concerns in their communities. The participation of local CLs in these meetings has a leading role in strengthening accountability of the HF to the communities it serves. It must be emphasized that there remain difficulties in communities recognizing the importance of accountability. However, every effort is made so that this activity is valued by CLs. Apart from analyzing health data, client satisfaction with health services is evaluated and community problems are presented which require a combined intervention from both sides in order to plan activities. This meeting is led by the responsible officer of each HF.

We have significantly increased the number of HF Co-Management Committees who are operational and meeting regularly since FY3, and in FY4 have been able to maintain this number to around 70% of the total number of HFs (143) in our 14 districts. 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. The role of the SCIP team is to prepare the contents and the agenda with the responsible officers of the HFs.

In FY4Q4 there were 104 HF Co-Management Committees that met at least once, 95% of our annual target of 110.

DISTRICT	# OF COMMITTEES WHO MET	HEALTH FACILITIES REPRESENTED
Angoche	8	Aúbe, Gelo, Mirrepe, Nacopa, Namitória, Namaponda, Natiri & Sangage
Nampula City	2	HG Marrere, CS Anexo do Hospital Psiquiátrico
Eráti	10	Mirrote, Jacoco, Samora Machel, Kutua, 25 de Junho, Alua, Namapa, Nantonge, Namirroa & Odinepa.
Malema	4	Mutuali, Nacata, Murralelo & Nataleia
Meconta	7	Corrane, Japir, Mecua, Nacavala, Namialo, Teterrene & Meconta Sede
Mecubúri	13	Naípa, Namina, Popué, Ratane de Muite, Issipe, Napai, Muite, Milhana, Mecubúri Sede, Momane, Malite, Nahipa & Ratane de Namina
Memba	12	Baixo Pinda, Cavá, Caleia, Chipene, Geba, Lúrio, Memba Sede, Mazua,

		Namahaca, Napila, Pavala & Simuco
Mogovolas	6	Calipo, Iulute, Mecuntamala, Muatua, Murrerimue & Nanhupo Rio
Moma	11	Briganha, Chalaua, Guarnea, Savara, Pilivili, Marrupanama, Nambilane, Larde, Micane, Mucorroge, Topuíto
Monapo	11	Napala, Mucujua, Chihiri, Carapira, Natete, Mecuco, Muatua, Itoculo, Hospital Rural, Meserpane, Netia sede
Nacala – a – Velha	6	Nacala-a-Velha, Barragem, Ger-Ger, Mueria, Namalala & Salinas
Nacala Porto	6	Murrupelane, Mahelene, Naherengue, Quissimanjulo, Muzuane & Urbano
Rapale	0	
Ribáue	8	Cunle, Chicá, Namigonha, Mecuassee, Iapala Sede, Riane, Iapala Missão & HRR
Total	104	

CLCS ANALYZING C-HIS DATA

Analysis of data collected by volunteers in their communities is important for the resolution of identified problems. This meeting helps leaders assess the health status of their communities: what are the problems; if there are any changes or not; and what they can do to promote the change they wish to see. The effective action of CLCs should contribute to the achievement of a healthy community.

By FY4Q4, 215 CLCs from intensive districts and 106 CLCs from complementary districts are using community health data collected by the community network to make decisions for health improvement at community level.

CLL SUPPORTED TO REVIEW AND MONITOR THEIR ACTION PLAN

The CLL – *Conselho Local da Localidade* – is a body representing peripheral communities led by a public functionary, who is a representative of the state in this subarea. In the SCIP community involvement strategy, focusing on the CLL increases the sustainability of the activities supported at the different CLCs. The review of CLC activities by the CLL shows the degree to which CLs and the community network are involved and the role they play in influencing behavior change in their own community.

SCIP continued to hold review sessions with CLLs representing the issues of the diverse range of actors in the community network (CLC presidents, animadoras, TBAs, Water Committee presidents, YFC Monitors and CL facilitators). Overall, participants recognize that communities are receiving the information and beginning to change their behavior – for example, more women are going to the HF to receive services for herself and her children, families are building latrines, setting up TipTaps, and digging garbage pits in their homes.

The number of CLLs who met to assess progress improved through the course of FY4, representing 9 districts and 41 localities:

- 4 CLLs from Mecubúri met in Q1;

- 11 CLLs from Ribáuè (Mecuasse, Namigonha, Iapala, Riane, Chicá, Matharya, Cunle, Roieque, Lupy, Nore and Vila Municipal) met in Q2;
- 11 CLLs from Meconta (Nacoma), Mogovolas (Muatua, Iulute, Calipo, Nanhupo Rio), Rapale (Namaita, Caramanja, Nabur) and Memba (Tropene Sede, Nhocurre, 7 de Abril)) met in Q3, and
- 17 CLLs from Angoche (Namaponda, Namitória, Aúbe), Eráti (Mirrote, Namirroa, Samora Machel), Memba (7 de Abril, Tropene), Meconta (Nacavala and Mecua) and Monapo (Chihiri, Itocolo, Monapo Rio, Monapo Sede, Muatua, Mucujua e Netia) in Q4.

CHALLENGES AND SOLUTION STRATEGIES

- The challenge is to encourage communities to address the most vulnerable populations of their village through their community plans.
 - Meeting with CLC secretaries to provide continuous technical assistance to CLCs.
- Another challenge is to strengthen the discussion of HIS-C data collected at the community level, to discuss the gaps in the data and to prioritize HIV issues linked to the Continuum of Care and Positive Prevention.
 - Meeting with CLC secretaries to provide continuous technical assistance to CLCs.
- Although we made a lot of progress with semestral meetings of CLLs, we recognize the importance of continuing to support these meetings for sustainability after the project.
- The earlier-than-expected exit of SANA presented some practical challenges in the complementary districts.
 - In April 2013 we recruited and trained SANA District Nutrition Officers as SCIP District Community Officers in SCIP strategies focusing on improved integration at the community and locality level.
 - The process of handing over the responsibility of SANA animadoras to the respective CLCs was supported. The difficulty is that some SANA animadora catchment areas do not yet have consolidated CLCs.
 - SANA nutrition data is in process of being incorporated into the SCIP M&E system.

UPCOMING EVENTS

- Integrate chronic malnutrition and continuum of care as regular topics addressed by the HF Co-Management committees in order to reinforce community level efforts.
- Support the integration of new providers to lead the review and planning activities of the HF Co-Management Committee.
- Continue the training of new CLCs in Angoche, Meconta, Moma, Mogovolas, Monapo and Murrupula.
- Expand semestral CLL meetings in more localities.

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	1,860	98%	1,640	1,722	1,792	1,823
	We have revised our target to 1,860 from 1,610. This is a cumulative number since the inception of the project.					
4.2 # of people (by type) trained in using conservation farming techniques as a result of USG assistance	55,525	130%	17,649	18,176	18,096	18,321
	There were 72,242 reported participants in quarterly conservation farming activities, 130% of the target. More members have participated in these sessions than expected.					
4.3 # of people (by type) trained in safe food handling, use and storage techniques	41,180	148%	13,616	14,801	16,495	16,167
	There were 61,079 reported participants in quarterly safe food handling activities, 148% of the target. More members have participated in these sessions than expected.					

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, YFCs 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. As such, the integration of YFC in community structures is essential to community network sustainability.

In FY4, 128 YFCs were established, integrating 4,116 new members (1,850 male and 2,266 female). This achievement has contributed to a total of 826 YFCs that have been established since the first year of implementation, 97% of the Y4 target (850 YFCs). Since the inception of the project, SCIP YFC development activities have reached a cumulative number of 27,403 club members (14,867 male and 12,536 female). Of these, 6,990 (3,845 male and 3,145 females), or 26% are OVCs. As of FY4Q4, there were 20,527 (12,241 males and 8,286 female) active members.

In FY4, 92 new CLCs were formalized in order to strengthen the community network. 36 new water committees were established in FY4. 253 water committees have been visited regularly. 744 CLCs are active. 1,823 community groups were developed and/or supported during FY4.

NUMBER OF COMMUNITY GROUPS DEVELOPED AND SUPPORTED ^R

Community group	FY2	FY3	FY4	FY4							
				Q1		Q2		Q3		Q4	
	Total	Total	Target	New	Total	New	Total	New	Total	New	Total
CLC	142	652	750	27	679	33	712	32	744	0	744
YFC	521	698	850	37	735	39	774	36	810	16	826
Water committee	109	217	260	9	226	10	236	2	238	15	253
Total	772	1,567	1,860	73	1,640	82	1,722	70	1,792	31	1,823

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

YFC activities are aimed at improving the subsistence means of rural families as well as strengthening the community social structure through a set of supporting alliances and networks for development and problem-solving for health issues. YFC activities during FY4 focused on the creation of new clubs; sustaining the functionality and dynamics of established clubs; training activities in post-harvesting practices for rainy season crops; consolidating sweet potato multiplier activities, food handling and conservation activities; nutrition promotion with the support of interns from UniLúrio University, training on SRH and strengthening linkages between YFC and community leadership structures.

ECONOMIC STRENGTHENING ACTIVITIES IN YFCs

As discussed in Result 2, distribution of sweet potato runners using community multipliers for the economic strengthening of OVC families began in FY4. 268 OVC families have benefited from this economic strengthening activity and were able to generate income from production of sweet potatoes and horticulture seeds. The rainy season crops in Mogovolás and Meconta suffered from light rainfall and compromised the food security of the population. Consequently, few OVC families who received inputs of sweet potato runners in March, April and May were able to sell their crops – instead, they used the crops for the food security of their family. Some OVC families also reported



A sweet potato produced from the runner.

that their runners dried up. In FY4Q4 the team was introduced to the rotating savings and loan principles and contents in order to increase economic opportunities for OVCs.

The table below shows activities linking YFC members and YFC monitors to their respective local value chains. In FY4 31 YFCs and 6 YFC monitors have been involved in economic strengthening initiatives and were linked to the local value chain, by selling vegetables, moringa, rainy season crops, chicken production and egg sales.

FY4 YFC activities linking YFC members and Monitors to the local value chain

District	Target Group	Name	Community	Activities						Meticais earned
				Vegetables	Moringa	Rainy season crops	Chicken production	Egg sales	Other	
Malema	CJA	Escola Profissional	Nataleia		x					200
		Muthipa	Mutuali		x					150
		Ikuro sa maluco	Malema Sede					x		250
		Fórum distrital						x		550
		Ntacasse	Nataleia							
Mecuburi	Monitor	Jorge Marcelino	Ntatapila 1	x						4500
Ribaué	CJA	Jovens Unidos	Locone	x	x					
		Moçambique Novo			x					
		OJM	Matharia		x					
		Canlela			x					
		EPC 1o de Maio	Pecuararia		x					
Rapale	Monitor	Osvaldo Cláudio	Malathe				x			7500
Nampula	CJA	APANA	Napipine	x						
		Marrere	Natikiri		x					300
Angoche	CJA	Nanvava	Nanvava	x						2000
		Luazi	Luazi	Partnership with Luazi Cooperative					The YFC decided to work with the cooperative to get higher prices for their produce.	
		Nanvava 1, Namacrapa, Luazi, Mulocone, Mutita, Mureno							6 YFC joined together and built a local dam for horticulture production.	
Mogovolas	CJA	Muhua				Peanuts				4500
		Rieque				Peanuts				2000
Nacala Porto	CJA	Ominha Wamiravo	Quissimanjulo	x						6000
		Macaringa		x						4000
		28 de Julho			x					800
Eráti	CJA	Metoca			x					1000
		Ampalue			x					500
		Tocole			x					700
	Monitor	Afonso Leopoldo		x						5000

Monapo	Monitor	Atílio Valgi	CJA Itoculo			Corn, manioca			Small shop	3000
		Elias Manuel	CJA Napala						Small shop	2000
		Inocencio Daniel	CJA Nahipa						Small shop	2000
	CJA	25 de Setembro		x						380
		Kitica		x						300
		Sanhote	Sanhote	x						500

TRAINING ON CONSERVATION FARMING

The SCIP YFC component trains community youth in conservation farming techniques. YFC members are being trained on five 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 FY4 activities focused on both rainy season crops (peanuts, cowpeas, sesame, maize, pigeon peas, mung beans) as well as horticulture (lettuce, tomato, carrot, pepper, manioc greens, cabbage and onion), according to the season. Throughout the year, members learned about seeding and plant management, soil preparation, integrated pest management, weed control, nutrition and marketing practices. During FY4Q3 clubs focused on post-harvest practices for maize and beans (threshing, drying, packaging, pest-control in storage) and peanuts (the improved peanuts dryer).

In FY4Q2 126 YFC monitors participated in a ToT session on demonstration plots for rainy season crops in three different trainings centers (Angoche, Ribáuè, Nampula City). Monitors assist in training and establishing connections between the YFC assistant and 4-6 local clubs in their own communities.

In the first semester of FY4, we established a total of 537 demonstration plots (along with a protocol and manual) for rainy season crops (maize, cowpeas, peanuts, mung beans and pigeon peas). In the second semester of FY4, we established 441 horticulture demonstration plots for horticulture.

During the first semester of FY4, 18,176 young farmers (11,013 male and 7,163 female) were trained on CF techniques for rainy season crops. During the second semester of FY4, 18,321 young farmers (10,951 male and 7,370 female) were trained on CF techniques for horticulture.

TRAINING ON FOOD HANDLING AND STORAGE

The SCIP project provides training on food handling and conservation practices to support communities in overcoming chronic malnutrition that affect many children in the communities. In FY4 we had the support of final year UniLúrio Nutrition interns who worked in 13 of the 14 SCIP districts, greatly enhancing existing nutrition knowledge in the communities through diagnosis and education on malnutrition, and working with YFCs, CLCs and HFs. Interns discuss the importance of the four food groups and a balanced diet, demonstrate cooking and conservation techniques of locally-available staples and

ACTIVITIES OF UNILÚRIO NUTRITION INTERNS

District	# YFC reached	# CLC reached	# HF reached
Angoche	30	24	2
Eráti	32	7	3
Malema	15	4	3
Meconta	27	22	4
Mecubúri	30	10	2
Memba	30	10	3
Mogovolas	30	10	2
Moma	30	10	2
Monapo	20	8	3
Nacala a Velha	30	8	3
Nacala Porto	30	10	2
Nampula Cidade	Ongoing		
Rapale			
Ribáuè	30	10	3
Total	234	133	32

make recommendations for nutrition improvement. The table shows the community groups reached by UniLúrio interns in each SCIP district.

There were 61,079 reported participants in quarterly safe food handling activities in FY4.

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 encourage 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 for 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.

OTHER ACTIVITIES IN YFCs

Sexual health and reproductive rights is fundamental in Mozambique to avoid early pregnancy and promote responsible paternity among the youth. YFC members participate in trainings addressing reproductive activity and attitudes towards healthy sexuality. Selected YFC members were trained to act within their club as counselors and advisors. Trainings are undertaken within the SCIP consortium through Pathfinder health officers, and address concepts of vulnerability and prevention of HIV and STI, human sexuality, community sensitization, community health counseling methodologies, gender and equality, FP and use of contraceptives, planning and activities, data collection and recording. The peer educator's activities in a club are supported by YFC mentors and assistants as well as the community health network.

259 peer educators from Memba, Angoche, Ribáuè, Malema and Mogovolas districts were trained in FY4. By FY4Q4, 425 clubs had 11,946 members (7,078 male and 4,868 female) who benefited from training on AYSRH.

At the end of FY3, YFCs had built 46 latrines. At end of FY4, 266 latrines have been built by YFCs. 19 YFCs reported having Tip Taps in FY3, while 257 were reported by the end of FY4.

4.4 COLLABORATION AND EXCHANGE WITH NGOs AND INSTITUTIONAL PARTNERS

YFC activities with partners from FY4 are highlighted below:

- In FY4 SCIP initiated collaboration with UniLúrio, hosting 13 final year Nutrition students in internships in 13 districts and providing guest lectures.
- Several meetings were held with Forum Terra to improve coordination and partnership in order to better disseminate information on land rights law.

- Meetings were held with OPHAVELA in order to increase partnerships between existing OPHAVELA Rotating Savings and Loan groups and OVC families identified by YFCs and the community network.
- As SCIP is interested in training YFC members on modern cooperative issues, we participated in the closing day of the International Year of Cooperatives Campaign at the Law Faculty of the Catholic University of Mozambique in Nampula. We have started introducing the most important steps in cooperative establishment with YFCs.
- SCIP attended the Agribusiness Conference organized by Banco Terra in FY4Q2. Topics addressed included the funding process to value chains, the development process of small and medium agribusiness enterprises and the sharing of experiences from different established agribusiness companies.
- SCIP, through the YFC manager, was represented in the 12th session of the annual joint platform of civil society and government to monitor and discuss the progress made in the Provincial Strategic Plan (*Observatório para o Desenvolvimento na Província ODP*) in June 2013. The provincial ODP is a mechanism to monitor development in which the public sector meets with the private sector (business, civil society and NGOs). This year the ODP discussed the state of the water supply in the province as well as provincial advancements in the tripartite cooperation program on agriculture development (PROSAVANA), which is to be implemented in the Nacala Corridor.
- YFC management attended the workshop on “Mapping large land concessions”, organized by CARE in collaboration with the Provincial Platform for Civil Society of Nampula.
- The YFC management team attended a workshop on Climate Change at the *Centro de Desenvolvimento Sustentavel* (CDS) in Nampula. Topics addressed included causes and impacts of climate change, gender and climate change, risk management and mitigation, as well as Climate Change management experiences of the Agriculture Provincial Directorates of Nampula and Zambezia.
- SCIP has been coordinating with the Provincial Agriculture Directorate to facilitate the seminar on prevention of burning practices.

CHALLENGES AND SOLUTION STRATEGIES

- Frequent motorbike damage due to heavy use in the field.
 - Monthly maintenance visits to each district.
- Low seed germination rate observed in different demonstration plots for maize, pepper and lettuce. Claims with seed providers were unproductive as no guarantee was obtained.
 - We need to procure new seed suppliers, even if more expensive and/or from neighboring countries.
- It is always a challenge to link YFCs with the local value chain.
 - SCIP has initiated partnerships with agri-business companies: IITA, Horfipec, Ikuru, AgriFuturo, Technoserve and Novos Horizontes
- The challenge is to consolidate the chain of multiplication and allocation of economic strengthening for OVCs. It is also a challenge for YFC assistants, monitors and CLC members to monitor how much income is generated by the production, use and sale of sweet potatoes as well as how this income is used.

- Strengthen the community leadership so that they follow up the process of distributing the sweet potato runners to pre-identified OVC families.
- Memorandum of Understanding with OVC families to formalize the report of activities.
- Irregular rainfall this year was reported by some YFCs, compromising horticulture demonstration plots.
 - Alternative approaches were used for vegetable production such as using pots for in-house vegetable production.

UPCOMING EVENTS

- Continue to support and train the YFC Assistants and Monitors to ensure the capacity to assist the YFC.
- Continue to link OVCs identified by partners into YFC social and economic opportunities.
- Delivery of 4 motorized multicultivators in Ribáuè, Malema, Nacala Velha and Angoche as well as training on their use.
- Deliver of 28 pedestrian irrigation pumps to YFCs
- Piloting the YFC revolving savings and credit program.
- Initiate the integration of OCV families in existing OPHAVELA rotating savings and loans groups and provide technical support for those families.
- Strengthen the knowledge of YFC monitors and assistants on rotating savings and loans groups principles and contents.
- Review meeting to assess the sweet potato multiplier activity started in April/May 2013. Consolidate lessons learned for implementation during FY5.
- Logistics preparation and allocation (seed and production equipment procurement, etc.) for FY5.
- HR performance evaluation.

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

Indicator	Annual Target	Achieved Year 4 (%)	Achieved by quarter				Total Y4
			Q1	Q2	Q3	Q4	
5.1 # of water sources repaired / constructed							
Total	98	61%	17	17	13	13	60
Boreholes	96	60%	17	16	13	12	58
Shallow wells	0	-	-	-	-	-	-
Repaired	40	65%	1	4	9	12	26
Constructed	56	57%	16	12	4	0	32
Small urban systems	2	100%	0	1	0	1	2
	Many water sources are in progress and we expect they will be mostly finalized and handed over next quarter. We do not expect to meet 100% of the target as, per the request of the Nacala Porto government, a small urban system was requested instead of 8 new boreholes initially planned. The remaining 12 new boreholes, the 14 boreholes to be rehabilitated and the 1 additional small urban system (Nacala Porto) will be integrated into the FY5 work plan and are expected to be concluded during FY5Q1.						
5.3 # of people trained in safe water	1,152	54%	168	151	132	176	627
	We are under our target for FY4. That said, we surpassed our target for FY3 by 445 people trained. These 445 were trained in FY3 for water sources that were constructed in FY4.						
5.4 # of localities with integrated water and health committees	45	180%	35	38	81	81	81
	This is cumulative data. We have exceeded our yearly target due to the strong dynamic of integration between the CLCs and the water committees.						

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. The project is working to meet the annual target for year 4 of a total of 96 new or rehabilitated boreholes and 2 small urban systems (completion of Nacololo in Monapo and Namapa in Erati). **The original target for the five year project was 55 new water sources (boreholes and shallow wells) and had been adjusted to 91. That said, per the request of the government of Nacala Porto, the 8 water sources programmed were substituted by 1 small water system in Quissimanjulo area, decreasing the target to 84. Also, the initial target for rehabilitated water sources was 44 and has been increased to 177.** We have adjusted these targets as we are collaborating with local artisans and due to leveraging of funds with WADA. There is a SCIP WASH officer and 2 social mobilization technicians who belong to a local organization (AMASI) in each WASH district. 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.

At the end of the FY4, we have reached 61% (60/98) of our target (for indicator 5.1 (the number of water sources repaired or constructed). Apart from the substitution in Nacala Porto mentioned above, we have experienced some delays with contractors.

The remaining 12 new boreholes and the 14 boreholes to be rehabilitated will be integrated into the FY5 work plan and are expected to be concluded during FY5Q1. In the FY5 Work Plan, we will also mention the additional PSAA (*Pequeno sistema de Abastecimento de Agua*) for Quissimanjulo. 4 forty four foot containers have arrived in the Nacala Porto harbor and one borehole of 6 inches wide and 25 meters depth was already drilled at the end of FY4Q4.

At the end of the FY4, we have reached 55% of our target for the number of people trained in safe water. This target was overestimated in the beginning of the FY4 as we didn't take into account the number of boreholes planned for FY4 which already had a WASH committee trained at the end of the FY3. The FY 3 target was surpassed by 445 people. If we include them with the FY4 achievement (445+627) we have trained 1,072 people, 93% of our expected target of 1,152. The remaining 7% are related to the decrease in the number of new boreholes to be drilled per the request of the Nacala Porto Government to convert 8 boreholes into 1 PSAA.

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. Water committees are first trained on water source management and subsequently on operation, maintenance and repair of water pumps. 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.

In FY4, 36 water and sanitation committees were established (3 in Memba, 16 in Erati, 3 in Monapo, 6 in Nacala Velha and 8 in Nacala Porto). Activities are recorded in the maintenance book: meeting minutes, contributions, expenses for spare parts and accounting.

This table shows the number of water and sanitation committees established throughout FY4.

	Cumulative Achievement at end FY3	FY4Q1	FY4Q2	FY4Q3	FY4Q4	Cumulative Achievement at end FY4
Memba	58	0	1	0	2	61
Erati	38	4	4	0	8	54
Monapo	47	0	3	0	0	50
Nacala Velha	41	2	2	2	0	47
Nacala Porto	33	3	0	0	5	41
TOTAL	217	9	10	2	15	253

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.

The table summarizes the spare parts vendors of the WASH districts. In FY4 SCIP followed up and supported 13 vendors.

Spare Parts vendors in WASH Districts		
District	Administrative Post	Supported by who
Monapo	Monapo Sede	SCIP
	Itoculo	
	Netia	
Eráti	Samora Machel	SCIP
	Alua	
	Namapa	
Nacala Porto	Murrupelane	SCIP
Nacala Velha	Nacala Velha Sede	Inter Aid
	Ger Ger	
	Barragem	
Memba	Memba Sede	Inter Aid
	Mazua	
	Chipene	

5.3 REPAIR OF NON-FUNCTIONING WATER SOURCES

In FY4, SCIP repaired 26 of 40 non-functioning boreholes through artisan contracts with district governments. SCIP disbursed funds through requests approved by district governments and local technicians. The cost estimated by local artisans was less than half the cost proposed by enterprises.

	Achieved during FY1	Achieved during FY2	Achieved during FY3	Achieved during FY4	TOTAL
Memba	12	12	5	8	37
Erati	7	16	12	10	45
Monapo	8	18	13	1	40
Nacala Velha	5	8	7	1	21
Nacala Porto	8	3	3	6	20
TOTAL	40	57	40	26	163

5.4 OPENING OF NEW WATER SOURCES

In FY4 3 boreholes were drilled for small urban water systems: 2 in Namapa, Eráti and 1 in Quissimanjulo, Nacala Porto.



Namapa water tower before rehabilitation.



Namapa water tower, after rehabilitation.

Additionally, per the request of the Provincial/District Education Directorates, SCIP drilled a borehole at the future site of the Nacala Velha secondary school (a condition established by the donor, the Japanese government). For the small urban water system in Namapa SCIP installed two submersible pumps, extended the distribution of the pipe network by an additional four kilometers and rehabilitated the water tower. The Namapa Governor presided over the opening ceremony, with the attendance of USAID officials on 28 August 2013. This small urban system will supply water for an estimated 25,000 people through eight public stand pipes (each with 2 faucets), which are distributed throughout Namapa. Furthermore, the system has provided 12 household connections as well as connections for the rural hospital of Namapa.

During year 4, two small urban water systems were built: 1 in Nacololo (Monapo) and 1 in Namapa (Erati). During FY3, 1 PSAA was built in Netia (Monapo).

Small urban water systems	Approximate Cost (USD)	Approximate # of people served	# of meters of Pipe Network Extension	Water tower status	# drilled boreholes
Netia (FY3) – Monapo	45,000	15,000	3,200	Rehabilitated	1
Nacololo (FY4) – Monapo	60,000	5,000	3,500	Built	Natural spring
Namapa (FY4) – Erati	90,000	25,000	4,000	Rehabilitated	2

As shown in the table, 67 new boreholes with hand pumps at the community level have been drilled and installed since the beginning of the project with 32 during FY4.

	Achieved during FY2	Achieved during FY3	Achieved during FY4	TOTAL
Memba	5	16	1	22
Erati	0	5	12	17
Monapo	0	3	12	15
Nacala Velha	3	0	4	7
Nacala Porto	2	1	3	7
TOTAL	10	25	32	67

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

Activities continue in this intervention area, with communities being mobilized on how to take, carry, store and use water in their families. Communities are shown several options for water transportation and conservation, such as closed 20 liter jerry cans and plastic buckets with lids instead of the traditional open drums made of local materials which allow contamination.

The project continues to inform communities on the necessity of treating water with Certeza, boiling and using solar rays (SODIS) to make water potable. Moringa leaves are also promoted as an alternative form of water treatment.

627 community members from WASH committees in the five WASH districts were trained on safe water storage and water treatment together with maintenance in FY4. 3,195 community members learned about safe water storage and water treatment in FY4 through CLTS and replica CLTS sessions.

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. 8 YFCs in Nacala Porto, 4 in Memba and 5 in Erati were instructed in how to maximize the little water available for food cultivation – reinforcing the principle of conservation farming of routinely covering the soil to maintain humidity longer.

5.6 PARTNERSHIPS WITH CBOs

In the five WASH districts, SCIP continues to work with CLCs/CLLs, local artisans and water committees as well as with local NGO AMASI (2 technicians per district) who use the Community-led Total Sanitation (CLTS) methodology to achieve communities that are open defecation free (ODF). The relationship with these organizations guarantees the sustainability and accountability for communities concerned with water supply and rural sanitation.

In FY4Q2 contracts were signed with 4 legally recognized artisan associations: 2 in Memba and 2 in Nacala Porto. The objective of these agreements is to rehabilitate boreholes that have not been operational for over a year.

5.7 COLLABORATION WITH GOVERNMENT AND PARTNERS

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 the work and construction of water sources. Upon completion, payment is disbursed following the agreement of district government.

SCIP participates (upon invitation) in government meetings, such as the sessions of the District Consultative Councils and the monthly meetings of the provincial water thematic group. Information, data and reports are always shared and presented. In FY4Q3, SCIP participated in the national review and planning meeting of the *Direcção Nacional de Água*.

CHALLENGES AND SOLUTION STRATEGIES

- As mentioned in previous reports, the difficult hydrological situation presents a significant challenge. Some negative boreholes were found in all five WASH districts due to insufficient water flow, high water salinity or water table depths that make the installation of an Afridev pump impractical. Memba and Nacala Porto are the most critical, yet Memba has already met the expected number of new boreholes (20) over the duration of the project. In Nacala Porto, we continue to look for viable alternatives.
 - SCIP has worked with CLs and SDPI technicians to identify alternative locations, and to communicate with communities that we have broadened the catchment area even though it will require communities to travel relatively long distances to access the water. Various geophysical experts have been involved in finding solutions. For example, in Eráti, it was thought impossible to have water sources with sufficient water apart from the Lúrio River, but the project was able to drill a highly productive borehole, providing 10 cubic meters of water per hour to supply the small urban system.
 - 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.
 - A small urban water system is in process in Quissimanjulo, Nacala Porto in substitution of 8 boreholes that were originally foreseen.
- Not all of the district governments have an updated database of boreholes needing repair, and who (water committee, artisan or contractor) will do the work.
 - The government has recruited and hired WASH technicians whose salaries are indirectly supported with SCIP funds for one year with the expectation that the salaries will subsequently be absorbed by the government system.

UPCOMING EVENTS

- Completion of the Nacala Porto small urban system.
- Legally recognized local artisans will continue rehabilitation of 14 boreholes in the five WASH districts under contracts signed with district governments.
- Handover of 12 newly constructed boreholes from contractors to SCIP/government.

- 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.
- 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 4 (%)	Achieved by quarter			
			Q1	Q2	Q3	Q4
6.1 # of households with latrines	12,000	116%	4,303	585	3,836	5,254
We have exceeded our target with 13,978 latrines constructed, due partly to participation of non-WASH districts.						

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 project continues to sensitize communities as to the importance of adopting best practices for hygiene and sanitation. Community-led Total Sanitation (CLTS) has proved to be a more dynamic approach in which communities are encouraged to discard poor hygiene habits and adopt recognized best practices. Apart from being participatory, CLTS facilitates rapid and dramatic change in the communities, with encouraging results. Trained CLs facilitate the process and are responsible for monitoring and collecting information on the number of latrines constructed in determined periods, as well as reporting the successes and challenges of the communities. CLs also invite the assessment team when they have 100% latrine coverage in their communities to be evaluated as “Open Defecation Free” (ODF). 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.

In FY4, 88 communities were declared ODF. A total of 163 communities have been certified ODF since SCIP began the evaluations in FY3: 58 in Erati; 28 in Monapo; 29 in Nacala Velha; 6 in Nacala Porto; and 42 in Memba.

6.2 ENGAGING COMMUNITIES ON THE ADOPTION OF PROPER HYGIENE BEHAVIORS

Behavior change continues to be addressed systematically in the communities where SCIP implements its activities. 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 are related to environmental sanitation, the value of maintaining a clean yard, digging sanitary landfills, how to treat and store drinking water, the importance of constructing pens for animals, appropriate disposal of children’s feces, etc. are also addressed.

CHALLENGES AND SOLUTION STRATEGIES

- ODF community certification involves a multi-sectorial Provincial Government team joining DPOPH, Health and Environment as well as representatives of the district Government. Their availability to carry out this process is limited and results in ODF certification delays.

UPCOMING EVENTS

- Continue to mobilize communities for the construction of latrines.
- Continue assessment of ODF communities.
- Training of community leaders, YFC members and water committees in hygiene and sanitation.
- The WASH flip book is in the final stages and expected to be completed in FY5Q1.

SCIP PERFORMANCE MONITORING, RESEARCH AND DOCUMENTATION

1. PERFORMANCE MONITORING SYSTEM

During FY4, SCIP M&E team developed, piloted and refined a new register book for registering and tracking Continuum of Care of chronically ill patients with chronic diseases at the community level. This register book integrates key parameters of the chronically ill patient, including HIV and AIDS, TB, Hypertension, Diabetes and other chronic situations. The book follows the patient per visit, noting the current health status and neurological status, activities that took place (counseling for various health concerns, promotion of support for chronically ill patients in the community, promoting continuity of care, active search for defaulters) as well as referrals and counter-referrals from the health facility. The book was refined to reflect the new approach to improve HIV retention and reduce the lost to follow up while incrementing PwP activities. New forms for monitoring OVC Economic Strengthening interventions of YFCs were also developed and piloted during FY4.

Animadoras were updated on monitoring tools for CBD-FP. This was important to refine and improve M&E procedures, by allowing field implementers to reflect about the processes of collecting/gathering data from the field and sharing experiences for their improvement.

2. STRENGTHENING SUPPORTIVE SUPERVISION, FOCUSING ON MANUAL DATA QUALITY

VERIFICATION

SCIP has run a number of refreshment workshops targeting field, district and provincial supervisors, community health workers and district M&E officers. The aim was to improve the consistency between monitoring and implementation procedures and to improve quality of the data being reported. Following these refreshment workshops, the M&E team improved and standardized the recording procedures and also managed to refine the monitoring tools at both community and health facility levels. The M&E team continued implementing its plan of supportive supervision with emphasis on improving completeness, consistency, correctness and timeliness of data being reported across all intervention components. Each of the four provincial M&E officers has a number of districts (clusters) to

whom they provide closer supportive supervision: field visits, validating databases and providing feedback for their specific districts. This approach allowed SCIP M&E team to rapidly identify data quality problems and set concrete plans to correct identified problems.

During these supervision sessions, particular emphasis was paid to (i) the use of the new logbook to track chronically ill patients including the HIV positive on ART and the respective packages of positive prevention, adherence to treatment and reduction of lost to follow up. On site verification of the data registered on this logbook allowed SCIP to improve its use by APEs, Animadoras and HTC-C; (ii) the use of the new form to track economic strengthening activities for OVCs, mainly by members of the YFC.

3. SYSTEMATICALLY ASSESSING DATA QUALITY BY USING THE RDQA TOOL

SCIP M&E team institutionalized the use of the RDQA tool to improve its system in the FY3. Since then, SCIP has selected some critical indicators to check for quality over time using this strong routine data verification tool. In FY4, indicators analyzed through the RDQA tool were around OVC, HBC and water. Data auditing feedback sessions around findings and action plans were also held at the Central level and with each district.

4. STRENGTHENING COLLABORATION WITH THE PROVINCIAL HEALTH STATISTICS OFFICERS TO IMPROVE DATA QUALITY AT THE PROVINCIAL, DISTRICT AND HEALTH FACILITY LEVELS

In FY4 the SCIP M&E team organized a provincial workshop involving all 21 district health statistics officers, the provincial health statistics officers and the SCIP M&E officers at provincial and district levels. One of the important outcomes that came from this was a closer working relationship among the district health statistic officers and the SCIP district M&E officers, which helped improve working procedures (e.g. monthly day of health statistics) and improve data quality from the health facilities. Apart from that, at the provincial level, joint discussion of quality and performance continue to be done periodically. The provincial M&E/HMIS team from DPS and from SCIP collaborated to develop and carry out a plan for supportive supervision on the maternal and child health programs across all SCIP districts. After each district field visit, a report with the current situation was developed and shared. An action plan to overcoming the problems identified is now being implemented.

5. DOCUMENTATION AND RESEARCH STUDIES

Identification and development of Best Practices is part of the SCIP efforts to improve documentation of a range of successful interventions. This year SCIP M&E team together with SCIP managers concentrated on documenting “Increasing IUD uptake” and “Increasing institutional deliveries”. Both practices were later on transformed into conference abstracts and were accepted for presentation at conferences (Jornadas de Saúde of Mozambique and American Public Health Association) but this task has transformed into more general documentation for the project rather than solely “Best Practices”. This year, the SCIP M&E team contributed to the submission of 7 abstracts (IUDs, Institutional deliveries, Mainstreaming FP, Implant pilot, the role of HTC-C in PMTCT, TBAs and MNH, female condom) to 4 different conferences (MNH Arusha, American Public Health Association, International FP Conference Ethiopia and ICASA).

Additionally, the M&E team provides direct technical support of SCIP managers and coordinators to develop sound Success Stories, one of which resulted in one of our community health workers being honored by the REAL award for frontline health workers.

Additional documentation needs that arose throughout the year include support for the SCIP technical brief and presentations for the Wilson Center/Security Beat newsletter.

Finally, a substantial amount of time was spent with the preparation of the external mid-term review and analyzing SCIP performance using the PMP indicators.

CHALLENGES AND PROPOSED SOLUTIONS FOR FORMATIVE RESEARCH, MONITORING AND EVALUATION

- The SCIP M&E system consists of different MS Excel “databases”. The attempt to develop a sound database called SMSCIP “Sistema de Monitoria SCIP” in MS Access was not successful. The 20 versions developed were not flexible and did not allow easy updates reflecting the frequent changes that the SCIP project requires. As such, the team decided to stop further development of the SMSCIP database and continue with the MS Excel “databases”.
 - SCIP has trained senior M&E officer on programming using Visual Basic and MS Excel. We expect improved data storage and analysis with these new skills.
- Many PMP indicators of the SCIP project come from the public HMIS data, which are much harder to enforce change for better data quality.
 - Continue joint work with DPS and SDSMAS to improve data collection skills and to capacity to detect and correct data with quality problems.
 - Institutionalize the use of the RDQA tool at the DPS level.
- Some SCIP CHWs continue to have reporting difficulties: incomplete or incorrect forms, delays in submission.
 - Intensify supportive supervision focusing on data quality.

LIST OF UPCOMING EVENTS

- Finalize or develop M&E frameworks for HIV retention and nutrition according to FY5 new programmatic orientations
- Update the SCIP PMP based on the changes made on the FY5 work plan and submit to USAID for approval
- Develop monitoring tools with focus on HIV retention (data aggregation & reporting tools) and nutrition (both data collection, aggregation & reporting tools)
- Train district M&E Officers on the new M&E frameworks and tools developed
- Make necessary adjustments to the existing Excel database, based on the new changes
- Train program staff in the field on the proper use of primary (data collection/gathering) and secondary (data aggregation) tools
- Continue data verification visits and spot checks; provide supportive supervision
- Conduct RDQA and analyze improvements on the data quality and ME systems

- Conduct monthly review of district health statistics
- Update the list of potential outcomes/“best practices” to monitor: HIV retention, nutrition, maternal waiting houses/bicycle ambulances, economical strengthening of OVCs
- Conduct an analysis comparing performance of SCIP intervention areas with non-intervention areas for SRH
- Preparation, field work, data analysis, final report for the endline evaluation

MAJOR IMPLEMENTATION ISSUES

During FY4, SCIP reinforced the Administrative team with a Logistics, Procurement and Administrative Coordinator. The Procurement Officer position was reopened in order to fill the position with a more experienced and skilled person. A new Director of Integrated Services joined the team as well as a new accountant. District Coordinators for Angoche and Nampula City were substituted, as well as DMEOs in Ribáuè, Moma, Malema and Mecubúri.

Some administrative and financial measures were necessary to strengthen internal control weaknesses. We have reduced the number of large cash payments and introduced a system of simplified contracts for informal suppliers (catering, construction materials) in the districts.

PEPFAR EXPENDITURE ANALYSIS

In FY4Q1, SCIP undertook the PEPFAR Expenditure Analysis exercise in order to develop a more robust evidence-based 2013 Country Operational Plan that triangulates and utilizes targets and expenses. The process was challenging due to the complexity and the multi-sectorial aspects of the project.

RESTRUCTURING OF FINANCE AND ADMINISTRATION DEPARTMENT

Following the FY3 analysis of the functioning of the Administration and Finance Department of the SCIP project, we restructured such that more staff report to the Finance Coordinator. In this restructuring process, admin and finance staff job descriptions were revised and some staff were rotated in order to improve the current dynamic that SCIP demands, and there is observed improvement in work quality and time management.

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.

MAJOR IMPROVEMENTS IN OFFICE MANAGEMENT

- Strengthening of security, both in the Central Office and the warehouse.
- Measures to reduce costs such as taxis, water supply and accommodation at the provincial level.

- Improved coordination, control and systemization of essential supplies. Routine supplies are purchased in quantity at the best price, to meet the needs of the districts in a timely manner.
- Negotiation and renewal of fuel supplier and security contracts.

PROCUREMENT AND LOGISTICS

- Consolidation of pre-inspection guidelines for all material, from the point of purchase to final destination.
- Improved transportation management of vehicle movements and servicing.

CHALLENGES

- The shortage of funds available affected the pace of activities in FY4Q3 as they were either reduced or postponed. The effect on results may not be seen immediately as activities may have benefitted from consolidation and we selected strategic areas to support such as supervision, meetings with community leaders and health providers. Activities that need investment, such as HF rehabilitations and construction of water sources, have been delayed.

UPCOMING EVENTS

- Procurement of large quantities of genuine spare motorcycle parts, due to the shortage in the local market and the condition of the motorcycles (age, quantity) in the SCIP project.
- Implementation of a vehicle movement schedule in order to improve the cost-effectiveness of trips to the district.
- Restructuring of the Administration and Finance departments according to the revised budget.

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ANNEX – STATUS SUMMARY OF SCIP DELIVERABLES FY4

Key areas	EXPECTED DELIVERABLE BY YEAR FOUR	SCIP PROGRESS OCTOBER 2012 – SEPTEMBER 2013
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	18 health facilities rehabilitated (11)/upgraded (7)	1 HF (Nacavala, Meconta) was rehabilitated in FY4Q1. Uala HF (Moma) was handed over in FY4Q2. Popué HF (Mecubúri) and Mucova (Rapale) were handed over in FY4Q3. Teterrene (Meconta), Muatuca (Monapo), Namachilo (Rapale) Quissimanjulo (Nacala Porto) and Namapa (Eráti) were handed over in FY4Q4. Two rehabilitations were cancelled, Calipo (Mogovolas) and Mueria (Nacala Velha) due to reduction in funds. Seven rehabilitations are nearing completion with expected hand over in FY5Q1. 9 HFs were rehabilitated/upgraded during FY4.
	Provide on the job training on management of service provision including rearrangement of services flow of 70 peripheral health facilities	24 HFs received on-job training during FY4Q1, 70 HFs in FY4Q2, 73 in FY4Q3 and 90 in FY4Q4.
	Support 1,200 mobile brigades through maintenance of motorbikes, provision of fuel and transportation of commodities and other logistic support	478 mobile brigades were supported in FY4Q1, 326 in FY4Q2, 657 in FY4Q3 and 663 in FY4Q4.
	Supply 80 bicycle ambulances for selected CLCs for referral of pregnant women and other patients and provide training on management and maintenance of the bicycle	30 bicycle ambulances were handed over in FY4Q4.
	Mobilize community leadership for building and maintenance of 10 waiting huts for pregnant women	1 waiting house (Namalala, Nacala Velha) was completed and handed over in FY4Q1. 6 waiting houses (Jacoco (Eráti), Nahipa (Mecubúri), Netia (Monapo), Ger Ger (Nacala Velha), Iapala Monapo (Ribáuè) and Mecua (Meconta) were completed in FY4Q4.
	2 campaigns of national health weeks supported	2 national Maternal and Child Health weeks were supported in FY4Q1. 1 national Maternal and Child Health week was supported in FY4Q3.
	Strengthening the use of the integrated data collection package through supervision to encourage sharing of HF data with co-management committee of HFs in 70 peripheral HFs.	Ongoing activity. One provincial SCIP/DPS meeting was held with district statistics officers (NEDs) and district SCIP M&E officers (DMEOs) to address data quality, review of instruments, information flow, promote data use and analysis during HF Co-Management meetings, in FY4Q2. SCIP supervisors addressed this topic during their mentoring visits to HFs. 90 HFs were reached in FY4.
	Consolidate the 86 existing health co-management committees and facilitate the engagement of an additional 24 committees in HFs planning and monitoring to expand coverage through community involvement strategy and facilities health indicators monitoring and analysis	93 HF Co-Management Committees were operational in FY4Q1, 110 in FY4Q2, 102 in FY4Q3 and 101 in FY4Q4.
	1.2 Improve the quality of service delivery at peripheral level	Mentoring of service providers from 70 HFs in the provision of FP services including insertion of IUD, implants, CACUM and AMTSL (Active Management of Third Stage of Labor) in line with MOH quality efforts
On the job training on the quality based performance standards and other tools provided to 70 HFs		On-job training was provided to 24 HFs in FY4Q1, 70 HFs in FY4Q2, 73 in FY4Q3 and 90 in FY4Q4.

Key areas	EXPECTED DELIVERABLE BY YEAR FOUR	SCIP PROGRESS OCTOBER 2012 – SEPTEMBER 2013
	Pilot use of NASG (Nonpneumatic anti shock garments) for PPH prevention piloted in one district (Mecuburi district)	This activity has been introduced to MISAU and DPS with the support of USAID and WHO. We are waiting for authorization to pilot this activity.
	Support the functionality of maternal and neonatal mortality audit committees at provincial and district level	In FY4 SCIP continued to support discussions of Maternal Deaths at the district level in Nampula City, Meconta, Angoche, Mecubúri, Eráti, Monapo, Nacala Velha, Mogovolas and Ribáuè.
1.3 Strengthening provision of integrated services	Support DPS to roll out the "Pacote Integrado de Formação Continua na área de Saúde Reprodutiva/Materna, Neonatal e Infantil"	DPS has not yet started this activity.
	120 facility based providers trained in integration of FP with EPI, Child survival and safe motherhood	Ongoing through formative supervision. In FY4Q3, 118 providers were trained in PCV10 (pneumococcal vaccine). 162 providers from Nampula City benefited from refreshment training on biosafety topics integrating all different services with the objective of strengthening biosafety procedures. 30 providers were trained in EPI during FY4Q4.
	33 CT counselors updated for couples counseling for HIV testing and FP	Ongoing activity.
1.4 Support the continuum of care between HFs and communities in close collaboration with clinical partners for PMTCT and ARV	Train 40 health providers in GAAC	No providers were trained in GAAC in FY4Q1, but 11 PLWHA were trained in Mecubúri in FY4Q1. 24 providers from Meconta were trained in FY4Q2. On-the-job training supervision was carried out by DPS and supported by SCIP in FY4Q3.
	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	These topics were reinforced for HTC-C counselors during the May anti-stress activity in FY4Q3. In FY4Q2 55 supervisors and 33 HTC-C counselors participated in training on the <i>Livro de Seguimento de Doentes Crónicos</i> , an instrument which will help in the follow up and coordination with respective HFs.
	Mentoring of 421 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 (Specialized Districts)	Ongoing activity.
	315 SANA "animadoras" and community leaders trained in continuum of care for chronically ill patients and OVCS in one additional locality (Complementary Districts)	This activity has been stopped as the pilot demonstrated the activity was straining the animadoras workload. Instead, we will focus on training additional community leader facilitators in the continuum of care in each of the CLCs.
	Training of existing APEs in HBC curriculum	45 APEs from Mogovolas and Moma were trained in FY4Q1. 22 APES from Monapo were trained in FY4Q2. 78 APES from Meconta, Eráti and Angoche were trained in FY4Q3.
1.5 Strengthening linkages between community and health facilities	110 health committees are established and functioning at the health units including TBA and APE	93 health committees were established and functioning in FY4Q1. 110 committees were active in FY4Q2, 102 were active in FY4Q3 and 101 were active in FY4Q4.
	80 health providers trained from peripheral HFs in conducting CL trainings in the content of comprehensive RH, including gender and male involvement using Pathways to Change	10 providers in Ribáuè were trained in SRH using Pathways to Change in FY4Q1. 14 providers from Moma and 5 from Chalaua were trained in FY4Q2. Planned trainings for FY4Q3 were postponed due to financial constraints.
	Training of 7,000 CLC members (including the 5 community leaders support group in each village of SANA animators) in the content of	3,733 CLs were trained in comprehensive SRH in FY4Q1, 1,774 in FY4Q2, 1,384 in FY4Q3 and 33 in FY4Q4.

Key areas	EXPECTED DELIVERABLE BY YEAR FOUR	SCIP PROGRESS OCTOBER 2012 – SEPTEMBER 2013
	comprehensive RH and HIV/AIDS/STI by the peripheral health facilities	
	421 Care Group Animadoras trained in child health and maternal care, RH, WASH, SIS-C and conservation farming, OVC support, Communication methodologies, Community Involvement strategies and strengthening of communities and HF linkages (Specialized Districts)	Postponed for FY5.
	30,000 Care Group volunteers trained on child health and maternal care, RH, WASH, SIS-C, OVC support, and conservation farming.	22,691 volunteers were trained in child health and 18,392 volunteers were trained in FP in FY4Q1. In FY4Q2 21,927 volunteers were trained in Diarrhea, 21,909 in Malaria and 15,439 in HIV. In FY4Q3 22,245 volunteers were trained in child health, and 21,903 were trained in maternal/newborn health. In FY4, 24,087 volunteers were trained in HIV.
1.6 Building capacity within communities to address WASH challenges	The 208 CLs trained in year 3 in CLTS will continue to be supported and oriented to develop activities at the community level in Year 4	Ongoing process.
	270 community supervisors, promoters and community leaders trained as trainers (ToT) in CLTS	In FY4, 516 CLs were trained as CLTS facilitators for their respective CLCs.
	2000 CLC members trained in CLTS by community facilitators	1,167 CLC members were reported as trained in CLTS in FY4. This is probably an underestimate due to weak reporting skills of CLs.
	ToT for 100 community supervisors, promoters and community leaders in water committee management for 300 committees.	Postponed for FY5.
	CLs trained in water committee management supporting and mentoring 300 water committees to function more effectively	Postponed for FY5.
1.7 Collaboration with DPS and SDSMAS	TA and support provided for elaboration of the DPS/SDSMAS annual plan (<i>Exercício de Planificação Integrada</i>); promote integration of DPS and DPMAS planning exercise to occur in the same week	SCIP participated in the elaboration of the 2014 annual plan (<i>"Exercício de Planificação Integrada"</i>) of DPS/SDSMAS in FY4Q3.
	Provide TA and support for annual meeting of "Nucleo Provincial Multisectorial dos COVs" as well as the annual meeting at district level	Planned for October 2013.
	Provide TA and support for 3rd Provincial Conference on Women and Gender in order to streamline multisectorial efforts made by the government for gender equity	SCIP made 2 presentations at this conference in FY4Q4: 1 on the Empowerment of Women through SCIP activities, and the other on Examples of Gender Based Violence in Nampula Province, Mozambique.
	Conduct formative and integrated district visits with DPMAS for supervision of multisectorial district government service providers for OVCs, including the "Comites Comunitarios dos COVs"	Planned for next quarter.
1.8 Availability of commodities	Participation in the contraceptive security meeting at Maputo level to advocate and improve forecasting for contraceptive needs in Nampula as well as to support transportation of commodities.	Ongoing activity.
	DPS/SDSMAS supported in cholera response through logistic support and BCC	SCIP supported the outbreak in Memba with transportation and commodities in FY4Q1. SCIP supported outbreaks in Nampula City, Memba and

Key areas	EXPECTED DELIVERABLE BY YEAR FOUR	SCIP PROGRESS OCTOBER 2012 – SEPTEMBER 2013
		Malema with transportation and commodities in FY4Q2. Supported was not needed in FY4Q3 or FY4Q4 as no outbreaks were reported.
1.9 NPCS	Support the NPCS to monitor the implementation of PEN III.	SCIP supported NPCS activities for World AIDS day in FY4Q1. During FY4Q2, there was one technical meeting to review indicators for discussion in district meetings, and one technical meeting of the communication group to adapt the SoW and ToR and discuss future initiatives. No meeting was held in FY4Q3. During FY4Q4, NPCS presented their new budget and funding priorities.
	Planning and implementation of World AIDS day (1st December) supported	This activity was supported in all districts in FY4Q1 and is planned for FY5Q1.
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 methodology	400 frontline workers trained on BCC approaches and the Pathways to Change tool	During FY4, SCIP trained 29 health providers from Ribáuè, Moma and Chalaua to use Pathways to Change during Hot Topics trainings. During FY4 259 YFC AYSRH peer educators from Malema, Angoche, Ribáuè, Memba and Mogovolas were trained to use Pathways to Change. In FY4 364 CLs from Meconta, Malema, Ribáuè, Mecubúri, Memba, Nacala Porto, Nacala Velha, Mogovolas and Nampula City participated in training on Stigma and GBV. In FY4 288 CLs participated in male involvement training from Ribáuè, Angoche, Eráti, Monapo, Mecubúri, Nampula City, Rapale and Nacala Porto.
	TG members trained in accordance with the SCIP BCC strategy	Ongoing activity. A new play on Continuum of Care is in development.
	Coordinate quarterly with DPS for the implementation of the Behavior Change strategy and activities including sharing our methodology on Pathways to Change	Ongoing activity.
2.2 Development and production of IEC printed material	Review the IEC production plan with the programmatic areas to ensure synchronization with BCC approaches	Ongoing activity.
	Creation of flipcharts for rainy season crops, animal husbandry and land tenure rights for YFC and for WASH; poster to increase adherence to HIV services including male involvement	The advanced YFC flip book on conservation farming has been replaced by a training manual for YFC assistants and monitors. The WASH flip book is in the final stages in FY4Q4. The poster to increase adherence to HIV services has been replaced by a flip book for the Continuum of Care and in an advanced stage of development.
	120,000 IEC printed materials produced and distributed for health facilities, leaflets for theater groups sessions and health fairs, flipbooks to support home visits and small group education sessions	60,000 flyers on 7 Reasons to Use a Condom, 2,500 flip books on FP – CBD and 60,000 leaflets promoting FP demonstrating the modern methods of contraception were delivered in FY4Q3. 840 banners for Stigma and GBV trainings were distributed in FY4Q4.
2.3 Promote behavior change through radio and events	Radio spots are aired promoting family planning, LLIN use and educating on malaria, WASH, conservation farming	Radio spots were broadcast 9,334 times during FY4, addressing FP (165), diarrhea prevention (2,113), Malaria (454), HIV (3,045), conservation agriculture (2,144), MCH (480) and other topics (933).
	Community debates conducted with the support of community leaders in the content of SCIP areas of work and by using mobile audio visual unit	Ongoing activity.

Key areas	EXPECTED DELIVERABLE BY YEAR FOUR	SCIP PROGRESS OCTOBER 2012 – SEPTEMBER 2013
	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	In FY4 journalists from community radio stations covered a CLL review meeting, CL trainings as facilitators, quarterly technical updates and review meetings of CL facilitators in Memba. Coverage of community activities is an ongoing activity in each of the ten community radio stations, depending on local events and official visits.
2.4 Promote behavior change through individual level and or small group communication	Training of health providers on the importance and use of IEC materials	Planned for next quarter.
	Training of 40 adult literacy instructors in FP topics in order to incorporate FP into their lesson plans	Activity cancelled.
	Training of 300 Community leaders to be facilitators of debates on male involvement in FP	In FY4 288 CLs participated in male involvement training from Ribáuè, Angoche, Eráti, Monapo, Mecubúri, Nampula City, Rapale and Nacala Porto.
	230,000 HH are visited monthly through the Community Health Network	235,882 houses were visited in FY4Q1. 179,833 houses were visited in FY4Q2. 237,033 houses were visited in FY4Q3. 237,412 houses were regularly visited in FY4Q4.
	Promotion at community level to ensure uptake of reproductive health services at HFs through the 230,000 HH visits	Ongoing activity.
	Continue to provide CHW with the materials needed for their work	Ongoing activity. Volunteers, animadoras and promoters were supplied with bags in FY4Q1/2.
	Promote the adoption of new behaviors by volunteer's HHs in order to be recognized as a "model family" (80% of volunteers)	During FY4 all 54 supervisors and 421 animadoras were classified as Model Families. 4,594 volunteer households were certified as Model Families out of 6,402 households who were assessed during FY4. There are 28,533 volunteer households in total.
	Pilot the follow up and certification of "model families" by CLC members	3,897 community households were assessed during FY4, 70% of which were certified as Model Families.
	Mobilization of HHs for National Health campaigns, world health days and health weeks celebration	In FY4, HHs were mobilized for the 3 Maternal and Child Health campaigns, as well as World AIDS Days in all 14 districts. Ongoing activity.
	84,000 people reached by theater play presentations followed by small group discussions and distribution of educational materials and condoms as appropriate at HFs and in communities	3,227 performances in FY4 (1,076 HIV, 755 Malaria, 590 diarrhea, 568 FP, 238 conservation farming), reached 457,336 individuals participating in small group discussions following the performance.
	110 health committees discussing health issues to reinforce key messages in service delivery and at community level	93 HF Co-Management Committees discussed health issues in FY4Q1, 110 in FY4Q2, 102 in FY4Q3 and 101 in FY4Q4.
	Training of 80 YFC monitors on how to use Pathways to Change in discussions with YFC members and their siblings and peers	During FY4 259 YFC AYSRH peer educators from Malema, Angoche, Ribáuè, Memba and Mogovolas were trained to use Pathways to Change.
	Train 90 CLCs in promotion and use of Certeza/SODIS and safe water storage practices (discussions, awareness, motivate participants)	In FY4 518 CLs from Rapale, Malema, Angoche, Meconta, Mecuburi, Mogovolas, Moma and Nampula City were trained in promotion and use of Certeza/SODIS and safe water storage practices. CLs of Ribáuè were trained in FY3.
	135 communities implementing CLTS	The above 518 CLs were trained as CLTS facilitators to implement CLTS in their own communities.
20 CLL involved in spare parts availability	To be reported next quarter. In the 5 WASH districts, 19 administrative posts have spare parts vendors.	

Key areas	EXPECTED DELIVERABLE BY YEAR FOUR	SCIP PROGRESS OCTOBER 2012 – SEPTEMBER 2013
	150 water committees reached in quarterly meetings to reinforce key messages in use of services at health facilities service delivery and at community level	Ongoing activity.
	55 communities engaged in small group discussion to prevent gender based violence by using the Pathfinder video and others on violence against women to stimulate discussion on community norms and practices	In FY4Q1 11 communities engaged in small group discussions to prevent GBV. In FY4Q2, 79 communities (53 Ribáuè, 4 Mecubúri, 5 Angoche, 17 Memba) engaged in small group discussions on GBV. In FY4Q3, 153 communities (17 Memba, 9 Meconta, 127 Ribáuè) engaged in small group discussions on GBV. In FY4Q4, 97 communities in Ribáuè engaged in these small group discussions.
	Train and promote CLs/HTC-C counselor on how to conduct small group discussions on GBV focused youth friendly topics	364 CLs from Meconta, Malema, Ribáuè, Mecubúri, Memba, Nacala Porto, Nacala Velha, Mogovolas and Nampula City participated in ToT training in Stigma and GBV.
	Involvement of youth ages 10-17 in STIs, HIV and unplanned pregnancy prevention activities in school	In FY4, community theatre groups in Angoche, Monapo and Nacala Porto reported facilitating small group discussions on HIV prevention in schools.
	New and Refresher trainings for 120 initiation rites counselors 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	Initiation Rite leaders who had been previously trained were assessed in FY4Q1 in order to improve the key messages for adolescents during FY4Q4.
2.5 Addressing the needs of OVCs	630 OVC linked with economic opportunities	268 OVCs were linked with economic opportunities in FY4.
	Continue distributing the "family health kit" to 12,000 households with OVC by the animadoras (Specialized Districts)	6,366 OVCs received family health kits in Mecubúri, Memba, Nacala Porto, Nacala Velha and Nampula City during FY4Q1. 6,495 OVCs from Nampula City, Malema, Meconta, Memba, Mogovolas, Monapo and Ribáuè received kits in FY4Q2. 545 OVCs in Moma received kits in FY4Q3.
	Conduct a cascade training, starting at SCIP HQ, on USG child protection policy, adapted to local reality, followed by signing of code of conduct by participants (Specialized Districts)	In process.
	32,000 OVC benefiting from services	46,997 OVCs have benefited from services as of FY4Q4 and are being followed up. 7,049 OVCs (3,831 male and 3,218 female) were integrated in YFCs as of FY4Q4.
2.6 Addressing Home Based Care and Positive Prevention	Reduce LTFU through home based visits conducted by animadoras (Specialized Districts) and HTC-C (Complementary Districts) based on the list of defaulters with incomplete or incorrect addresses provided by the HF	In FY4, 677 LTFU clients were returned to ART services by animadoras, APEs and HTC-Cs.
	Animadoras to conduct home based care visits in the household listed with chronically ill people to provide appropriate care (2,155 people visited) and to reinforce adherence to treatment, timely visits to HFs and 7 components of positive prevention	4,832 chronically ill individuals received HBC and PwP home visits in FY4. 4,499 are alive and in care, 139 were LTFU, 188 had passed away and 6 were discharged by the end of FY4.
2.7 HIV counseling and testing integrated with	Reach an approximate 56,000 clients through counseling and testing, prioritizing chronically ill, HIV+ pregnant mother and their partners, the workplace (Cuamba-Nacala Corridor)	71,158 clients were counseled and tested for HIV in FY4. In the second semester, DPS requested additional testing effort by SCIP due to tests that were close to expiring.

Key areas	EXPECTED DELIVERABLE BY YEAR FOUR	SCIP PROGRESS OCTOBER 2012 – SEPTEMBER 2013
FP and PMTCT	1000 chronically ill counseled and tested for HIV	3,166 chronically ill individuals were tested and counseled for HIV in FY4, with a 46.5% seropositivity rate.
	500 partners/husbands of HIV+ pregnant women who are participating in PMTCT are counseled and tested in the community	713 partners of HIV+ women were counseled and tested in the community in FY4 with a 66% seropositivity rate.
	1500 people tested who tested positive by HTC-C counselor are followed up by counselor (positive prevention)	At the end of FY4, 2,273 HIV+ individuals were followed up by HTC-C counselors (1,141), animadoras (883) and APEs (249) in the 14 districts. HTC-C counselors refer HIV+ clients to APEs and animadoras as often as possible to provide PwP services.
	400 frontline workers (CLs and community activists) are counseled and tested during community based trainings	411 frontline workers were counseled and tested during community-based trainings in FY4.
	Carry out four technical update sessions for counselors focusing on quality improvement	One anti-stress activity was held for HTC-C counselors addressing PP, the <i>Livro de Seguimento de Doentes Crónicos</i> , and providing psycho-social support in FY4Q2. One anti-stress activity held with HTC-C in FY4Q3.
	Carry out one integrated activity of supervision with the DPS ATS department and SCIP	In FY4Q4 integrated supervision took place in six districts: Mogovolas, Angoche, Memba, Nacala Porto, Meconta and Monapo. Testing standards, linkages between the community and HFs and follow up of HIV+ clients at the community level were assessed and strengthened.
	Reach couples with HTC-C services including regular follow up to strengthen the needed linkages to enhance the continuum of care based on the sero positive list of PMTCT clients	In FY4, 5,984 (14%) of the counseling sessions were in couples.
2.8 Gender and male involvement	Support Gender Focal Point within the DPS/SDSMAS to integrate gender into FP/SRH/HIV activities	Ongoing activity.
	Support CL facilitators to sensitize their communities through replica discussions on GBV for 2,000 heads of household/CL of CLCs.	In FY4 1,449 community members participated in replica sessions on GBV in Nacala Velha, Monapo, Ribáuè and Mecubúri. Furthermore, 17 communities in Memba and 4 communities in Meconta have organized small group discussions but the number of participants were not reported.
	Support integration of gender and male involvement topics into local radio programming	The community radio station of Nacala Porto addressed this theme in FY4Q2, accompanying CL-led community discussions on GBV.
RESULT 3: Accountability of community and district health structures to the people they serve increased		
3.1 Consolidate community based systems established	Consolidate the work of 2,060 communities which have established a community-based distribution (CBD) system through supervision and mentoring, involvement of CLCs and linkages with health facilities	Ongoing activity.
3.2 Strengthening accountability involving Community Leaders	Prepare training modules and provide TA to CEGOV <i>Centro de Governação Local</i> in order to conduct ToT for government officials of district secretariat who will train CLs of CLPA <i>Conselho Local dos Postos Administrativos</i>	We have supported CEGOV in the first (of six) module.
	Continue support existing and expand up to 110 health facility co-management committees at HFs through the provision of technical and minimal logistical support to the peripheral HFs team	93 Co-Management Committees discussed health issues during FY4Q1. 110 Co-Management Committees discussed health issues during FY4Q2. 102 were operational in FY4Q3. 104 were operational in FY4Q4.

Key areas	EXPECTED DELIVERABLE BY YEAR FOUR	SCIP PROGRESS OCTOBER 2012 – SEPTEMBER 2013
	Strengthen the operationalization of 200 "Comites Comunitários dos COVs" within the existing CLCs	135 OVC subcommittees are operational as of FY4Q4.
	100 CLCs analyzing C-HIS data (Specialized Districts)	By FY4Q4, 215 CLCs from intensive districts and 106 CLCs from complementary districts are using community health data collected by the community network to make decisions for health improvement at community level.
	60 HF supported to develop plan of action and to present it to the CLL and or to SDSMAS	Ongoing activity.
	Support semi-annual meetings to review and monitor CLL action plans and increase accountability (30 CLLs)	The number of CLLs who met to assess progress improved through the course of FY4, representing 9 districts and 41 CLLs.
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	1,860 community groups supported to establish CLCs, YFC and water committees.	As of FY4Q4 SCIP has increased from 1,567 (FY3Q4) to 1,823 community groups supported (744 CLCs, 826 YFCs and 253 water committees).
	150 CLCs trained to strengthen their skills in community health management and support for FP, institutional delivery and use of HF services	In FY4, 288 CLs were trained as facilitators of male involvement in SRH and shared this information with their respective CLCs.
	Taking advantage of CLC platform, 270 existing water committees in non-WASH districts will be strengthened in their ability to function more effectively	Ongoing activity, technical assistance must be reinforced.
4.2 Youth Farmers Club	Continue with mobilization and establishment of YFC including OVC membership (850 YFC)	In FY4, 132 new YFCs were established for a total of 830 YFCs reaching 27,403 youth, of which 6,990 are OVCs.
	Link OVC identified by partner interventions into YFC social and economic opportunities	In FY4 268 OVCs of YFCs benefited from economic opportunities through seed and sweet potato runners inputs.
	Support the intermediary structure of YFC coordination and training mechanism in close collaboration with SANA (180 monitors)	Activity cancelled due to the SANA withdrawal.
4.3 Strengthening YFC capabilities in Farming Association, Conservation farming and food handling and storage	Training Material development: Develop didactic materials for use in the training cycle of the YFC ToT (1 on agribusiness, marketing and animal husbandry; and 1 on land preparation, seeding and irrigation technology)	The advanced YFC flip book on conservation farming has been replaced by a training manual for YFC assistants and monitors.
	Development of the YFC team expertise: Training the Assistants in YFC development and CF approaches (3 supervisor and 14 YFC field assistants)	18 YFC team members participated in a training on rainy season crops in FY4Q1. One provincial team meeting was held 8-9 January 2013.
	440 YFC developing activities (labyrinth game, Pathways for Change, discussions, etc.)	In FY4Q4, 425 YFCs were carrying out AYSRH education activities.
	Visit similar programs on Conservation Farming	Activity cancelled.
	Training of Trainers cycles: Training of YFC on organizational set up and management based on farmers association and cooperative development (600 YFCs trained)	Topics were included in the 2 ToTs for monitors and YFC assistants.
	Training of 150 trainers (mentors) for conservation farming, nutrition and food handling, animal husbandry, business planning, contract management, sexual and reproductive health rights, water and sanitation, community health.	125 monitors were trained on rainy season crops in FY4Q1. 134 monitors were trained on horticulture in FY4Q3.

Key areas	EXPECTED DELIVERABLE BY YEAR FOUR	SCIP PROGRESS OCTOBER 2012 – SEPTEMBER 2013
	Training of YFC in fruit tree plantation and care (6,000 trees)	4,683 mango and citrus seedlings were distributed in FY4Q2.
	Pilot the introduction of animal husbandry practices to YFC (14 YFCs)	SCIP facilitated some monitors carrying out chicken production in partnership with <i>Novos Horizontes</i> .
	Establish 650 demonstration plots on rainy season crops	537 demonstration plots were established in FY4 (along with a protocol and manual) for rainy season crops (maize, cowpeas, peanuts, mung beans and pigeon peas).
	Establish demonstration plots: Facilitate YFC members access to Land tenure rights information	Discussions were held with Forum Terra to provide pamphlets on land rights for YFC members in FY4Q1.
	Facilitate access to YFC with irrigation technology through development of irrigation models (28 pedestrian irrigation pumps)	Planned for next quarter.
	Establish irrigation models and horticulture demonstration plots (700 plots)	441 horticulture demonstration plots for horticulture were established in FY4.
	Provide the logistics and agriculture inputs for CDR	Ongoing activity.
	Facilitate access to CF tools such as mechanized field plowing through linkages with partners working in this area (4 multi cultivators)	Planned for next quarter.
	Create a system of performance awards for productive Youth Farmer Clubs and support the annual meting	The system has been created but has not yet been implemented. The annual meeting was cancelled.
4.4 Collaboration and exchange with Partners	Engaging YFC members in future Emerging Youth Farmers initiatives (130 YFC)	In FY4 31 YFCs and 6 YFC monitors have been involved in economic strengthening initiatives and were linked to the local value chain.
	Coordinate with SANA program to link youth farmers clubs to existing farmers associations in order to benefit from their knowledge and experience (200 YFC)	Activity cancelled due to the SANA withdrawal.
	Facilitate linkages between YFC members with students from UniLúrio in the Nutrition department (2,200 members)	13 UniLúrio interns trained 234 YFCs and 133 CLCs in nutrition and assisted 32 health facilities with nutrition activities in FY4.
	Organize provincial coordination meeting for YFC	Activity cancelled.
	Facilitate access to products Quality Control testing's at UniLúrio/Agri-business companies	Ongoing with agri-business company.
	Technical support to DPA to coordinate " <i>Grupo Temático de agricultura e recursos naturais</i> "	Ongoing activity.
4.5 Engaging Family and Community members on adoption of CF practices	Use a broad range of communication channels (theater groups, radio, IEC) to disseminate messages about CF practices and food handling and storage techniques	In FY4 there were 238 community theatre performances addressing conservation farming. A poster on uncontrolled fires was discussed with CLCs between May and September 2013, along with community radios broadcasting spots on conservation farming.
	Take advantage of community leaders meetings to discuss barriers to the adoption of CF practices and make use of Pathways to Change (280 meetings)	During FY4Q1, 7 CLCs were trained in horticulture and 11 CLCs on dry season crops in Ribáuè. A poster on uncontrolled fires was discussed with CLCs between May and September 2013.
	Stimulate YFC members to dialogue with their families about CF practices and food handling, use and storage techniques	Ongoing activity.
RESULT 5: Availability and use of clean, multi-use water increased (5 water specialized districts)		
5.1 Consolidate and expand	Consolidate the work of 217 water committees established in years 1-3 through follow up on	The 217 water committees established in fiscal years 1, 2 and 3 continue to be operational.

Key areas	EXPECTED DELIVERABLE BY YEAR FOUR	SCIP PROGRESS OCTOBER 2012 – SEPTEMBER 2013
water committees	the use and compliance of the water committee "Notebook for Maintenance and Operation", on the job training, site visits while emphasizing accountability to the community	
	Training of 56 new water committees in operation and maintenance, conflict resolution, accountability, importance of safe storage and water treatment for new water sources	36 new water committees participated in this training in FY4.
	30 water committees revitalized	26 water committees were revitalized in FY4.
5.2 Facilitate to the water committees access to water pumps spare parts	Coordinate with SDPI, district government and private sector to build an interest on the commercialization of the spare parts	Spare parts are already commercially available in the districts.
	30 artisans identified and trained as local vendors for spare parts	Ongoing activity.
	Continue mentoring the 217 water committees established in previous year and the 86 (30+56) revitalized and new on the need to have financial resources for acquiring spare parts on a timely manner	253 water committees are operational and functional in FY4 and able to ensure available financial resources.
5.3 Repair of non-functioning water sources	Training of 30 water committees in repair and maintenance of water sources, including training or sensitization about the importance of drinking potable water	26 water committees of previously non-functioning water sources were trained in FY4.
	Supporting 30 water committees and artisans in rehabilitation of water pumps	26 water committees of previously non-functioning water sources were trained in FY4.
5.4 Opening of new water sources	Ensure trained water committee and contributions are in place for 56 new water sources	32 water committees of new water sources were trained in FY4.
	Procurement for 56 new water sources	Completed in FY4Q2.
	Finalize construction of the Multiwater Point in Nacololo and initiate rehabilitation of multiwater point in Namapa	The multiwater point in Nacololo, Monapo was completed and handed over in FY4Q2. Rehabilitation of the multiwater point in Namapa was completed and handed over in FY4Q4.
5.5 Engaging communities on the adoption of safe water storage and water treatment	Train WASH groups in promotion and use of Certeza/SODIS and safe water storage practices	3,195 community members have been trained in safe water practices in FY4. Data are not disaggregated between CLCs with and without water pumps.
	100 CLCs who do not have access to boreholes for potable water are trained in use of Certeza/SODIS and safe water storage practice (118 CLCs mapped as not having potable water nearby)	
	Work with IEC component to produce radio program addressing proper hygiene behaviors and importance to drink potable water as well as water treatment techniques	Ongoing activity.
5.6 Multi use of water	50 YFC trained and supported in irrigation	8 YFCs in Nacala Porto, 4 in Memba and 5 in Eráti were instructed in how to maximize the little water available for food cultivation
5.7 Partnership with CBO	Addenda of the contract with the CBO or hiring a new one is established	Contract with CBO AMASI has been renewed and they have been in the field since FY4Q1. Contracts were also signed with 4 legally recognized artisan associations.
	Water committee members will be trained in SRH to address FP sensitization for those who use community water sources	Ongoing activity.

Key areas	EXPECTED DELIVERABLE BY YEAR FOUR	SCIP PROGRESS OCTOBER 2012 – SEPTEMBER 2013
5.8 Collaboration with government and partners	Activities coordinated between partners	Ongoing activity. SCIP participated in the thematic group for the Provincial Water network and 2 additional meetings were held with InterAid. In FY4Q3 SCIP participated in the annual planning meeting of the <i>Direcção Nacional de Água</i> .
RESULT 6: Sanitation facilities and hygiene practices in target communities improved		
6.1 Consolidate and expand Open Defecation Free communities	Finalize certification process for the ODF (Open Defecation Free) of 125 communities	In FY4, 88 communities were declared ODF. Remaining communities are waiting for certification from the multi-sectoral team.
	125 communities involved in CLTS	In FY4Q2 115 communities are involved in CLTS. In FY4Q3 150 communities are involved in CLTS (including the 115 in Q2).
	Conduct the award ceremony of ODF communities with the involvement of CLL and SDPI	In FY4, 88 communities were declared ODF.
6.2 Engaging communities on the adoption of proper hygiene behaviors	The hand washing Tip Tap system and instruction on latrine construction are introduced at the monthly Health Days and at Health Fairs	Ongoing activity, specific efforts were carried out in FY4Q2 to introduce TipTaps at schools and to promote them at health fairs.
	IEC component to produce radio program addressing proper hygiene behaviors and importance of hand wash and use of latrines is supported	Ongoing activity.
	Young farmers trained to promote hand washing and latrine building activities	Ongoing activity.
Monitoring and Evaluation		
Monitor program performance	Refresher training for M&E and program staff in monitoring	In FY4Q2, 1 training was held with NEDs and DMEOs at the provincial level with the participation of 18 NEDs. A training on a new instrument to follow chronically ill individuals was held with 122 SCIP staff. In FY4Q3 SCIP M&E staff participated in training on data analysis and presentation.
	Conduct supportive supervision visits to verify quality of data	Ongoing activity.
	Review performance data with project staff, report performance data (quarterly)	Ongoing activity. Performance data is reviewed quarterly in intervention groups (Intensive districts, WASH districts, Complementary non-WASH districts).
	Report performance data to DevResults (semester)	Done in FY4Q2, FY4Q4.
	Dissemination of yearly reports	The year 3 report, following the respective template of the MoH, Ministry of Foreign Affairs, the Provincial Government/UCODIN, were produced and sent during FY4Q2.
	Establishment of monitoring form for certified Model Families	Done in FY4Q1.
Develop and implement project HMIS	Conclude development of database	Activity cancelled.
	Train program staff in use of SMSCIP	A training was done in FY4Q1.
	Enter monitoring data into SMSCIP and launch in districts	No longer relevant.
Evaluation	Conduct assessment of monitoring system and the YFC including conservation farming	Report finalized and disseminated in FY4Q3.
Data quality assessment and supporting	Conduct data quality training(s) for key implementing agencies	A meeting with NEDs and DMEOS was held in FY4Q2.
	Conduct data verification visits and spot	Ongoing process.

Key areas	EXPECTED DELIVERABLE BY YEAR FOUR	SCIP PROGRESS OCTOBER 2012 – SEPTEMBER 2013
supervision	checks; provide supportive supervision	
	Supportive supervision (monthly) of database analysis	Ongoing activity.
	Conduct monthly review of district health statistics	Ongoing activity.
	Conduct RDQA and analyze data from RDQA	RDQA conducted in FY4Q3 with the participation of 8 districts. Findings analyzed and presented at the Provincial and District levels.
Mapping	Update mapping	Planned activity.
Operations Research	Conduct qualitative study of experiences, perceptions and attitudes of CBD by animadoras, providers and patients.	Planned activity.
	Conduct a study of Continuum of Care (PMTCT, PP and the role of the community)	In process.
Endline Evaluation	Preparation of endline evaluation	In process.