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SCIP Strengthening Communities through Integrated Programming Agreement No. CA No. 656-A-00-09-00134-00

FY2014

Annual Report: October 2013 – September 2014



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ACRONYMS AND ABBREVIATIONS

| | |
|--------|---|
| AMTSL | Active Management of the Third Stage of Labor |
| ANC | Antenatal Care |
| APEs | Agentes Polivalentes Elementares (“Barefoot doctors”) |
| ART | Anti-Retroviral Therapy |
| AYSRH | Adolescent and Youth Sexual and Reproductive Health |
| BC | Behavior Change |
| 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 | Conselho Local da Localidade (Local Leaders’ Council) |
| CLTS | Community Led Total Sanitation |
| CMC | Co-Management Committee |
| COC | Continuum of Care |
| CYP | Couple Year Protection |
| DAS | Departamento de Água e Saneamento (Water and Sanitation Department) |
| DPS | Direcção Provincial de Saúde (Provincial Directorate of Health) |
| DPSMAS | 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 | Grupo de Apoio e Adesão Comunitário (Community HIV Assistance and Adherence Group) |
| HBC | Home-based care |
| HF | Health Facility |
| HTC-C | Community based HIV Testing and Counseling |
| ICAP | International Center for AIDS Care and Treatment Programs- Columbia University |
| IEC | Information, Education, Communication |
| IUD | Intrauterine Device |
| KP | Key populations (FSW, MSM, IDU) |
| M&E | Monitoring and Evaluation |
| MCH | Maternal and Child Health |
| MNCH | Maternal, Newborn and Child Health |
| MOH | Ministry of Health |
| MOU | Memorandum of Understanding |
| MUAC | Mid-Upper Arm Circumference |

| | |
|--------|---|
| MWH | Maternal Waiting House |
| NGO | Non-Governmental Organization |
| NDCS | Núcleo Distrital de Combate ao SIDA (District Nucleus against AIDS) |
| NPCS | Núcleo Provincial de Combate ao SIDA (Provincial Nucleus against AIDS) |
| OVC | Orphans and Vulnerable Children |
| OVP | Other Vulnerable Populations also called Priority Populations (mobile populations, OVCs, chronically ill, partners and children of chronically ill, partners and children of HIV+ pregnant women) |
| PES | Plano Económico Social (Socio-Economic Plan) |
| PGB | Programa Geração Biz |
| PLHA | People Living with HIV/AIDS |
| PMTCT | Prevention of Mother-to-Child Transmission |
| PNC | Pre-Natal Consultations |
| PSI | Population Service International |
| PwP | Prevention with Positives |
| SAAJ | Serviço Amigo do Adolescentes e Jovens (Adolescent and Youth Friendly Services) |
| SANA | Segurança Alimentar através de Nutrição e Agricultura (Food security through nutrition and agriculture) |
| SCIP | Strengthening Communities through Integrated Programming |
| SDAE | Serviços Distritais de Actividade Económico (District Economic Activity Services) |
| SDP | Service Delivery Point |
| SDSMAS | Serviços Distritais de Saúde, Mulher e Acção Social (District Health, Women and Social Welfare Directorate) |
| SDPI | Serviços Distritais de Planeamento e Infraestruturas (District Public Works Directorate) |
| SRH | Sexual and Reproductive Health |
| STIs | Sexually Transmitted Infections |
| TA | Technical Assistance |
| TBA | Traditional Birth Attendant |
| USG | United States Government |
| WASH | Water and Sanitation Hygiene |
| YFC | Youth Farmer's Clubs |

1. PROJECT DURATION: 5 YEARS WITH 17 MONTH EXTENSION

Life of Project: October 2009 – December 2015

Project Funding: \$52,550,000 USD

Geographic focus: 15 districts in Nampula Province - Angoche, Eráti, Malema, Mecubúri, Memba, Mogovolas, Meconta, Monapo, Moma, Murrupula, Nacala Porto, Nacala Velha, Nampula Rapale, Nampula City, and Ribáuè compose the current geographic focus of the SCIP project. Initial planning and organization took place in FY5Q1 for Murrupula, with operationalization beginning in FY5Q2 following the signing of the cost-extension agreement.

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) that was extended by 17 months. 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, nutrition, water and sanitation and youth farmers' club (YFC) development, PSI, World Relief, CARE and CLUSA, under the leadership of Pathfinder International, are currently working at the provincial, district, and community levels in 15 districts of Nampula in close collaboration with government and in a complementary manner with development partners.

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

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

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

In the first four years, SCIP tailored its interventions to each district according to three packages:

The “complementary package” of interventions was implemented in nine districts (Angoche, Erati, Meconta, Memba, Mogovolas, Monapo, Moma, Nacala-Porto, and Nacala-Velha) where Title II¹ programs (e.g. the Food Security through Agriculture and Nutrition (SANA) project) were ongoing through March 2013. Among the nine districts, five of them (Erati, Memba, Monapo, Nacala Velha, and Nacala Porto) also benefitted from WASH interventions, including increased access to potable water and latrine use. Building on and working in close collaboration with Title II, SCIP trained the SANA community volunteers to provide family planning (FP) counseling and referrals linked to health facilities (HFs). In addition, SCIP trained local *animadoras* in the areas of prevention of mother-to-child transmission (PMTCT), orphans and vulnerable children (OVC), and home-based care (HBC) for chronically ill patients in the framework of the continuum of care (COC).

The “specialized package” was implemented in four districts (Ribaué, Nampula Rapale, Mecuburi, and Malema) and two areas of Nampula City (Namutequelina and Mutauanha) that did not have Title II activities. These districts benefitted from a more intensive package of interventions achieving 100% coverage.

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

1. Improving the quality of health care offered at peripheral HFs;
2. Strengthening the linkages between District Services for Health, Women and Social Welfare (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.

In FY5, the SCIP strategy was adapted to comply with two new programmatic orientations of USAID:

- In the context of USG support to the Mozambican government, ART treatment and retention is a challenge. In Nampula province, the retention rate is 69% one year after initiating treatment. As such, SCIP was asked to strengthen efforts in HIV treatment and retention focusing on linkages between the HF and the community as well as strengthening community involvement to improve the COC in order to complement activities of the clinical partners (EGPAF, ICAP, CDC). In the 15 districts, there are 58 HFs providing ART services, and retention efforts will focus on the immediate catchment areas of these HFs. Of the 58 HFs, 15 are located in Nampula City and Nacala Porto, with capacity for 100% access to treatment for those who are HIV+. Nampula City

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

and Nacala Porto, as urban settings, will have specific interventions to increase retention, taking advantage of existing local people living with HIV and AIDS (PLHA) associations.

- High rates of chronic malnutrition among children represent another health burden in Mozambique. According to the 2011 DHS, 55% of children 0-59 months are chronically malnourished in Nampula Province. To address this, the USAID mission has designed a specialized nutrition package to be implemented in 6 of the 15 districts (Monapo, Angoche, Mogovolas, Moma, Meconta, and Murrupula). In each of these districts, 50% of the population is expected to be reached (progressively) by chronic nutrition mitigation activities focusing on the community- and peripheral HF levels.

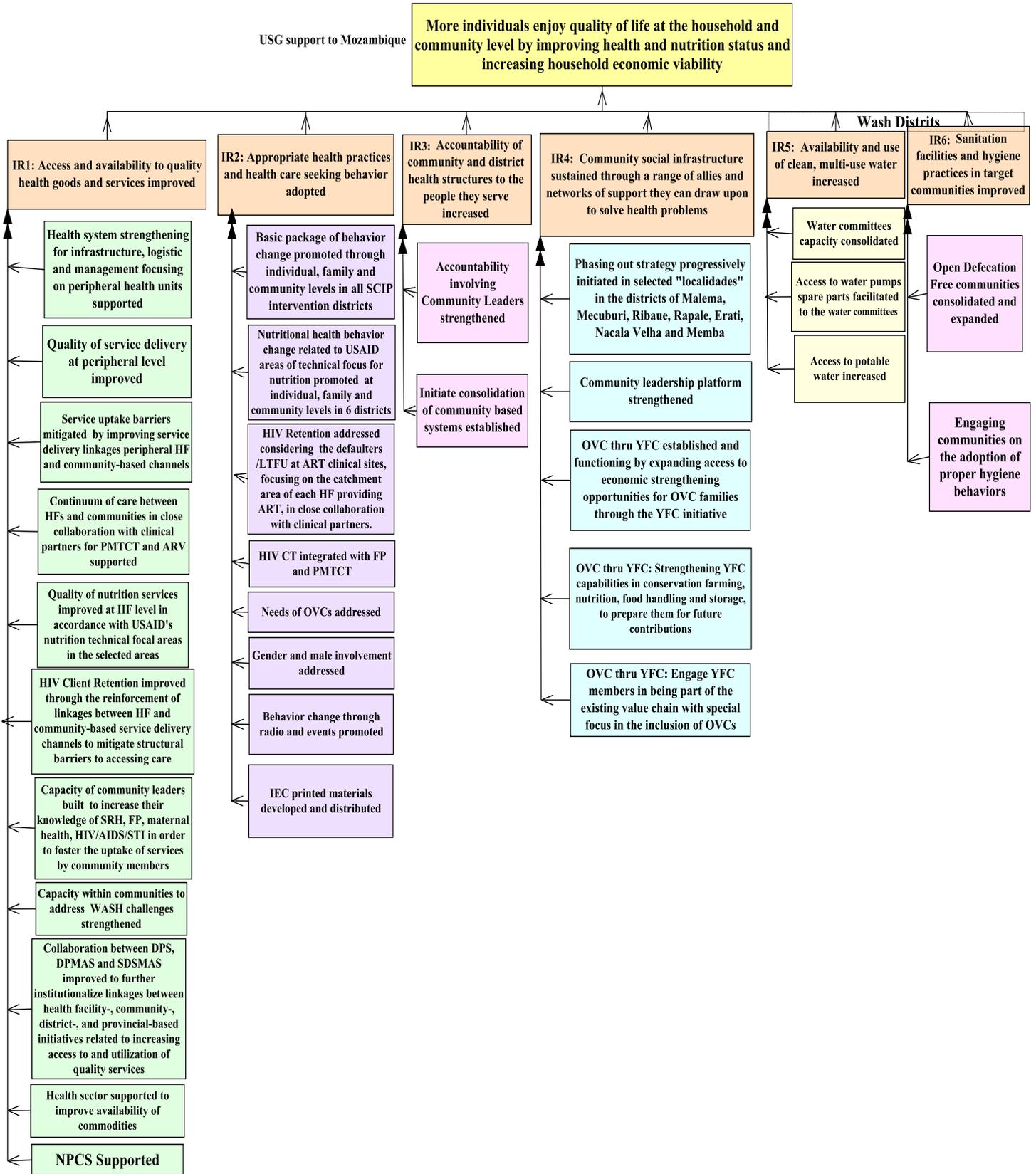
In FY5, taking into account the new orientation of USAID and the budget reduction, SCIP has initiated a thorough phasing-out strategy in the localities without ART HFs and/or without the specialized nutrition package in Malema, Mecubúri, Ribáuè, Rapale, Memba, Eráti and Nacala Velha. There are 75 localities in these seven districts.

- In FY5Q1, community health networks of 16 localities were handed over to their respective community leader councils (CLCs), with ongoing SCIP technical assistance for *Conselho Local da Localidades* (CLLs) to strengthen capacity to monitor the effectiveness of CLC-HF-CLL linkages and increase leadership and ownership.
- In FY5, SCIP will increase the technical capability of CLCs in 29 localities to foster sustainability and facilitate an efficient handover at the end of FY5/beginning of FY6. SCIP will conclude training of community leader facilitators on Community-Led Total Sanitation (CLTS) and Male Involvement in SRH and strengthen the capacity of CLCs to use Community Health Information System (C-HIS) data.
- In FY5, the remaining 30 localities (those with an ART HF) in these districts will benefit from additional community involvement efforts to strengthen HIV treatment retention, increasing coverage of operational CLCs to 100% of the communities.

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

UPDATED RESULTS FRAMEWORK

SCIP RESULTS FRAMEWORK 2009 - 2014



3. OVERVIEW OF THE REPORTING PERIOD

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

Contraceptive coverage continued to be a high priority in FY5. Huge efforts were carried out to create more demand at the community level and increase access to FP methods at the peripheral level, focusing on long-acting methods (IUDs and implants) given unmet needs, the offer of mixed methods, and CBD. Therefore, tremendous efforts were done to train providers on implant insertion prior to the National Maternal and Child Health (MCH) Campaign, taking advantage of the activities to increase significantly the numbers of implants inserted. 2,177 implants were inserted during the campaign and 2,084 throughout routine FP activities. FP is being integrated progressively into the EPI mobile brigades, offering the implant, injectable and oral contraceptive methods.

In order to improve the accuracy and timeliness of lists of defaulters and those lost to follow-up (LTFU) provided by the HF to the HTC-Cs and the community network, SCIP boosted coordination between partners (ICAP, DPS, SDSMAS), initiating district-level analysis of data flow at the HFs and pointing out current weaknesses in the operational M&E framework for retention. During FY5, 2,327 defaulters/LTFU were found, of which 1,345 were reintegrated to treatment and 205 were confirmed as recently passed away by community leaders. Following a successful pilot training in Ribáuè on the continuum of care for community leader facilitators, the activity was expanded to three other districts.

SCIP began implementation of the new Nutrition Strategy (involving screening children 6-59 months for malnutrition using the MUAC tape and assessment for bilateral edemas, appropriate referrals to HFs, community nutrition rehabilitation groups, follow-up at the community level by animadoras and community leader facilitators, and mothers' groups) in six districts in FY5Q2.

In FY5Q4, 89,931 children (61.3% of the FY6 target of 146,792) were screened for malnutrition using the MUAC tape and through assessment for bilateral edemas, and subsequently integrated into on-going nutrition follow-up through community activities. This is not a cumulative number. As implementation of the strategy is progressive, the number of Promotors and Animadoras trained to conduct the activities has increased each quarter, resulting in a total of more children screened.

We have seen improvements in the malnutrition rates over three quarters, as shown in the table. It is important to note that about half of the children screened in FY5Q4 were participating for the first time.

| | FY5Q2 | FY5Q3 | FY5Q4 |
|--|--------|--------|--------|
| Moderate | 6.64% | 4.02% | 3.59% |
| Acute | 1.22% | 0.60% | 0.61% |
| Bilateral Edemas | 0.12% | 0.05% | 0.06% |
| Total number of children screened | 20,761 | 44,467 | 89,931 |

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 continued to build the capacity of CLFs to lead discussions and mobilization sessions in their own communities, focusing on Male Involvement in SRH, CLTS, Nutrition and the COC. There are now 817 Nutrition CLFs and 178 Continuum of Care CLFs.

HTC-Cs significantly increased the numbers of key and priority populations (KP & OVP) who accept to be tested and counselled for HIV over the course of FY5, with priority populations progressing from 13.3% (FY5Q1) to 62.3% (FY5Q4) and key populations from 1.4% (FY5Q1) to 6.0% (FY5Q4).

We continue to increase the number of chronically ill individuals followed up by HBC activists, providing services for 8,216 chronically ill individuals, of whom 7,105 were alive and in care at the end of FY5Q4. This is an important increase (170%) from our achievement in FY4, where 4,832 chronically ill received HBC services.

As of FY5Q4, PSI no longer constituted part of the SCIP consortium. Thirty counselors and one PSI staff were integrated into Pathfinder and will continue testing and counselling activities, active searches for defaulters and LTFU, follow up of HIV+ chronically ill, and prevention activities with priority populations in FY6.

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 CLCs so that they can respond first to the needs of their communities. CLC representatives are participating in the HF Co-Management Committee (CMC) as well as in the CLL. These constitute concrete linkages which reinforce the accountability process based on the regular review of community and institutional indicators (the number of households with latrines and TipTaps, the number of community deliveries, etc.). During FY5, the number of CLCs meeting to discuss community health data increased from 291 in FY5Q1 to 504 in FY5Q4. There are 90 priority localities (those with HFs that provide ART services and/or are involved in specialized Nutrition activities). An additional 15 localities were involved in CLL meetings during FY5, jumping from 41 in FY4 to 56 in FY5. At the end of FY5, 62% of the priority localities are already involved in the process of increasing accountability between the community and locality levels.

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

Community social infrastructure continues to be supported in FY5. There are 904 CLCs, 830 YFCs and 385 water committees. We have made a lot of effort to increase the CLC coverage in Nutrition localities and in the catchment areas of ART HFs during this fiscal year in order to reach 100% coverage and

strengthen the community platform to support retention and extend nutrition activities. Furthermore, establishment of water committees has focused on Nutrition districts to reinforce the multi-sectorial strategy.

SCIP continued to provide specific attention to increase economic strengthening opportunities for OVC families, increasing from 148 OVC families in FY5Q2 to 1,317 OVC families (with 2,330 OVC beneficiaries) in FY5Q4 through their integration in RSLG.

Through the provision of minimal technical inputs provided through regular monthly mentoring meetings with YFC monitors, YFCs continue to support 5,766 OVCs in vocational training, nutrition, SRH educational activities, contributing to diminish their vulnerability.

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

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 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.

WASH technical officers completed the transition from WASH districts to Nutrition districts during FY5, revitalizing 90 water committees in the nutrition-targeted localities and starting rehabilitation of non-functional water sources. 8 water sources have been rehabilitated (out of the target of 60 established for FY6).

The small urban system in Nacala Porto is operational as of FY5Q4, providing water to three additional communities. The official hand over will take place in FY6 and will be reported then.

IR6: SANITATION FACILITIES AND HYGIENE PRACTICES IN TARGET COMMUNITIES IMPROVED

159 communities have been declared ODF since 2011. 25 additional communities are ready to be assessed in December 2014. 222 CLs from Nutrition districts were trained as CLFs in CLTS during FY5 as part of the malnutrition reduction strategy.

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 5 (%) | Achieved by quarter | | | |
|---|--|---------------------|---------------------|--------|--------|--------|
| | | | Q1 | Q2 | Q3 | Q4 |
| 1.1 # of rehabilitated HF | 11 | 100% | 1 | 7 | 2 | 1 |
| | The rehabilitation of the lapala Monapo HF in Ribáuè was handed over in FY5Q1. 7 HFs were handed over in FY5Q2. The small water system of the Nacavala HF in Meconta and the consultation porch in Muatua (Mogovolas) were handed over in FY5Q3. Nantoge HF was handed over in FY5Q4. | | | | | |
| 1.2 # of health care workers who successfully completed an in-service training program within the reporting period relevant to HIV | 26,600 | 91% | 17,953 | 358 | 22,138 | 1,716 |
| | We have reached 24,285 health care workers. 17,825 volunteers were subtracted from Q1 as the same volunteers participated in the training in Q3. 55 providers were also subtracted as the definition of the indicator according to DevResults does not include providers. | | | | | |
| 1.3 % of USG-assisted SDP experiencing stock-outs of specific tracer drugs | Availability at the peripheral level for IMCI tracer drugs continues to report high stock-out as one or two of these drugs are no longer distributed at the peripheral level. The tracer drug list should be revised by USAID. The combination of malaria season and the emergence of dengue fever during FY5Q2 contributed to higher stock-out of anti-malarials. | | | | | |
| Section 1: IMCI | 82 | 71% | 87% | 87% | 72% | 71% |
| Section 2: Contraceptives | 8 | 3% | 10% | 2% | 4% | 3% |
| Section 3: First line anti-malarials | 15 | 13% | 15% | 9% | 22% | 12% |
| 1.4 Total # of people trained with USG funds in FP/RH, Child Health including nutrition, MNH, M&E/HMIS, Quality of care standards, WASH, malaria, Community involvement | 115,835 | 98% | 19,587 | 42,094 | 5,361 | 46,541 |
| | We have met our target, training 113,583 individuals. | | | | | |
| 1.5 % of HFs (23 in target districts) who received training on counseling and negotiation for nutrition-specific behavior change (BC) | 100% | 0% | 0 | 0 | 0 | 0 |
| | Activity has initiated in 14 HFs, will be reported in FY6. | | | | | |
| 1.6 % of CHW/volunteers (1350) in target districts who received training on counseling and negotiation for nutrition-specific BC | 100% | 166.52% | 0 | 521 | 484 | 1,243 |
| | We have exceeded our target, more animadoras were necessary to cover some areas due to low population density. | | | | | |
| 1.7 % of HFs – who previously received training on counseling and negotiation for nutrition BC – who received nutrition-specific supportive supervision (SCIP) | 80% | 0% | 0 | 0 | 0 | 0 |
| | Activity has initiated in 14 HFs, will be reported in FY6. | | | | | |

| | | | | | | |
|--|--|------|--------|--------|--------|--------|
| 1.8% of CHW/ volunteers – who previously received training on counseling and negotiation for nutrition BC – who received nutrition-specific supportive supervision (SCIP) | 80% | 88% | 0 | 91% | 96% | 88% |
| | CHWs and CLFs receive supportive supervision during the MUAC screenings from Provincial Supervisors and/or Promoters. 88% of trained animadoras reported MUAC data in FY5Q4. | | | | | |
| 1.9 # of targeted condom service outlets (P.SBRP. 05.01) (cumulative) | | | - | 1,720 | 1,720 | 1,966 |
| | This indicator is based on the number of animadoras who distribute condoms through CBD and the number of HTC-Cs. | | | | | |
| 1.10 # of community health and para-social workers who successfully completed a pre-service training program (SS.HRH. 02.06) | See indicator 1.2 | | | | | |
| 1.11 # of contraceptive pills distributed through CBD | 75,000 | 116% | 19,422 | 20,041 | 21,951 | 25,318 |
| | We exceeded our target for FY5. We have increased the number of animadoras trained in CBD. | | | | | |
| 1.12 CYP provided through USG-supported programs | 108,565 | 144% | 31,882 | 26,453 | 57,344 | 40,224 |
| | We have exceeded our target due to the National MCH week and the number of implants inserted. | | | | | |

To address priority technical areas, SCIP is intensifying training and activities surrounding the mitigation of malnutrition as well as reinforcing linkages between HIV-positive and chronically ill patients to service delivery channels at the community and HF levels in order to reduce those LTFU. Community leaders (CLs), *animadoras*, promoters, and supervisors are trained in a comprehensive package of basic health content including: FP, SRH, MCH, safe water, sanitation and hygiene practices, and HIV/AIDS/STI prevention. Meeting the needs of OVCs and the chronically ill are also addressed in ART localities and the specialized nutrition districts.

1.1 SUPPORT HEALTH SYSTEM STRENGTHENING FOR MANAGEMENT AND LOGISTICS FOCUSING ON PERIPHERAL HEALTH UNITS
HFS REHABILITATED / UPGRADED

SCIP was able to complete and hand over to the respective SDSMAS 11 HF rehabilitation and expansion projects during FY5 in Angoche (Nametoria), Eráti (Nantoge), Malema (Murripa), Meconta (Nacavala), Memba (Mazua), Mogovolas (Iulute, Muatua), Moma (low-cost porches in Marrupanama, Metil, Micane, Mucorroge, Nambilane, Pilivili, Savara and Briganha) and Ribáuè (Namigonha, Iapala Monapo). More detail is provided in the table below. HFs needing rehabilitations and/or expansion of a maternity ward were identified jointly between SCIP and SDSMAS,



Traditional ceremony blessing the Nantoge HF in Eráti.

taking into account population size, remoteness, and potential coverage of service provision. Rehabilitation works include roof replacement, electrical fitting, painting, provision of water systems and wall repairs. These rehabilitations aim to improve the comfort of clients and the quality of services provided at HFs.

| PROGRESS OF HF REHABILITATIONS/ WATER SUPPLY PROVISION FY5 | | | |
|--|---------------|---|--|
| DISTRICT | HF | DESCRIPTION | STATUS |
| Angoche | Nametoria | HF water supply and connecting pipe installation | Work concluded in FY5Q1 and handed over to SDSMAS in FY5Q2. The solar submersible pump arrived at the end of FY5Q4 and will be installed next quarter. |
| Eráti | Nantoge | HF Extension | Work 95% complete in FY5Q1. The previous contract was terminated during FY5Q3. A local contractor finished the rest of the work and the HF was handed over in FY5Q4. |
| Malema | Murripa | HF water supply tower and connecting pipe installation | Work concluded in FY5Q1 and handed over to SDSMAS in FY5Q2. |
| Meconta | Nacavala | HF water supply and connecting pipe installation | Work concluded in FY5Q1 and handed over in FY5Q3. |
| Memba | Mazua | HF rehabilitation (MCH maternity & external consultation space) | Work concluded in FY5Q1 and handed over to SDSMAS in FY5Q2. |
| Mogovolas | Iulute | HF water supply and connecting pipe installation | Work concluded in FY5Q1 and handed over to SDSMAS in FY5Q2. |
| | Muatua | HF MCH porch | Work concluded and handed over in FY5Q3. |
| Moma | Larde | HF rehabilitation | Work concluded and handed over to SDSMAS in FY5Q2. |
| | 8 HFs | Low-cost porches | Work concluded in FY5Q1 and handed over to SDSMAS in FY5Q2. Marrupanama, Metil, Micane, Mucorroge, Nambilane, Pilivili, Savara and Briganha HFs. |
| Ribáue | Namigonha | HF rehabilitation | Work concluded and handed over to SDSMAS in FY5Q2. |
| | Iapala Monapo | HF rehabilitation | Work concluded in FY4Q4 and handed over to SDSMAS in FY5Q1. |

SUPPORT OF MOBILE BRIGADES

We continue to support decentralized mobile brigades to increase the number of children fully vaccinated. Decentralized mobile brigades are essential to increase uptake of health services, as providers regularly visit the community. This strategy is particularly important to improve the numbers of children who are completely vaccinated (many do not complete their vaccine series due to the distance to a HF) and offers an opportunity to increase the coverage of first-time clients for family planning services. Further efforts will be made to further integrate family planning with vaccination services in order to increase accessibility to family planning methods in FY6. Low availability of transportation of SDSMAS and the peripheral HFs linked to the lack of funds threatens the sustainability of this strategy.

This year we supported 3,040 mobile brigades.

SUPPORT NATIONAL HEALTH WEEKS

SCIP supported the National MCH weeks during FY5Q1 and Q3, through the provision of gasoline, transportation, and mobilization and sensitization of communities through the community network. SCIP also provided technical support through the provincial SCIP MCH supervisors, whose efforts were focused on districts with the lowest FP coverage.

As the Ministry of Health (MOH) requested all FP methods (apart from the IUD) be offered during the second National MCH Week, SCIP provided practical and theoretical training on implant insertion with 103 HF providers from Nampula City, Eráti, Murrupula, Meconta, Nacala Porto, Rapale, Moma and Ribáuè. In total, 2,177 implants were inserted during the National Health Week in SCIP districts. This strategy was particularly important in order to meet the demand created during previous quarters for the implant. Provincial level supervisors supported the activity in Corane (Meconta), Memba Sede (Memba), and Riane (Ribáuè).

| DISTRICT | Number of mobile brigades supported FY5 | | | |
|----------------|---|------------|------------|------------|
| | Q1 | Q2 | Q3 | Q4 |
| Angoche | 73 | 74 | 101 | 30 |
| Nampula City | 74 | 86 | 86 | 86 |
| Eráti | 74 | 22 | 146 | 86 |
| Malema | 44 | 21 | 51 | 6 |
| Meconta | 53 | 18 | 24 | 17 |
| Mecubúri | 100 | 98 | 24 | 27 |
| Memba | 35 | 20 | 88 | 55 |
| Mogovolas | 40 | 22 | 100 | 71 |
| Moma | 43 | 40 | 55 | 96 |
| Monapo | 26 | 26 | 16 | 76 |
| Murrupula | - | - | 59 | |
| Nacala a Velha | 43 | 32 | 44 | 43 |
| Nacala Porto | 43 | 39 | 39 | 39 |
| Rapale | 35 | 28 | 51 | 63 |
| Ribáuè | 70 | 18 | 101 | 63 |
| Total | 753 | 544 | 985 | 758 |

SCIP further supported a Schistosomiasis mass treatment campaign in Memba, Moma, Monapo, Rapale and Nacala Velha during FY5.

HF CO-MANAGEMENT COMMITTEES STRENGTHENED TO INCREASE SERVICE UPTAKE & MONITOR PROGRESS ON COMMUNITY HEALTH INDICATORS

HF CMCs have the potential to improve service quality and strengthen the health system both at the HF and at the community. Providers can share the difficulties they have in meeting targets with CLs and they work together to find local solutions for challenges. HF CMCs are composed of CLs, nurses, responsible HF officials, HF staff, *agentes polivalentes elementares* (APEs), traditional birth attendants (TBAs) and *animadoras*, and work to organize community network and CLC activities to support increasing coverage and health indicator achievement. HF CMC meetings are a forum for committee members to propose activities to improve health indicators of their communities, share information such as upcoming mobile brigades, provide feedback on quality of care, and provide a space for *animadoras* to present challenges they face in their work.

In FY5, 105 HF CMCs met in Q1, 98 in Q2, 94 in Q3, and 103 in Q4.

1.2 IMPROVE THE QUALITY OF SERVICE DELIVERY AT THE PERIPHERAL HF LEVEL

MENTORING OF SERVICE PROVIDERS, ASSESSMENT OF QUALITY STANDARDS

SCIP continues to increase access to FP and contraception by mentoring providers from 103 HFs in FP and contraception, SRH, and maternal, neonatal, and child health (MNCH) in alignment with the MOH's quality standards. Provider mentoring is complemented by on-the-job training using quality-based performance standards and follow-up supervision to improve the management and flow of MNCH services within each HF. Improving the quality of services provided contributes to improved performance of health indicators. Progress is assessed through integrated supervision visits with representatives from the Provincial Directorate of Health (DPS) and SDSMAS. In total, 44 of the 103 HFs were visited during at least 3 quarters, 35 were visited at least twice, and 24 were visited once during FY5. The detail of HFs visited can be found in Annex 2.

A technical update was held in FY5Q1 to improve the technical support provided by SCIP provincial supervisors to peripheral HFs, with the active participation of the DPS MCH supervisors. Themes addressed included: the new PMTCT strategy, USG policies on FP, discrimination against high-risk groups, barriers to and facilitators of condom use, hormonal contraception and HIV, and nutrition for children and pregnant and breastfeeding women.

In FY5Q2, the responsible MCH Provincial Supervisor of the MOH, SCIP Provincial Supervisors, and SDSMAS MCH Supervisors participated in a joint supervision visit to the following HFs: Murrupelane and Quissimanjulo (Nacala Porto), Netia (Monapo), Nahipa, Issipe and Namina (Mecubúri). On-the-job training focused on the importance of high-quality pre-natal consults (PNC) (including a physical exam of the client), the correct completion of data instruments, including the clinical record of the delivery (daily nursing notes and active management of the third stage of labor (AMTSL)), and elaboration of the main quality indicators for the monthly assessment of the Model Maternity Initiative.

Apart from evaluating performance standards, SCIP MCH provincial supervisors conduct the following activities during visits:

- Support providers in planning and providing health talks addressing FP (including demonstration of the various methods) and prevention of STIs (focusing on double protection);
- Improve hygiene, cleanliness and organization (prioritizing the maternity, FP, postpartum, and PNC areas);
- Support the FP, postpartum, pre-natal and child vaccination consults, improve completion of preventive drugs (IPT – “Fansidar”, Mebendazol, Cotrimoxazole for HIV+ pregnant women) and micronutrients (PP – Vitamin A);
- Assist providers in correct completion of consultation register books and community distribution forms, compilation of statistics;
- Provide technical support for IUD and implant insertion including Tihart compliance, timely completion of partograms during delivery, use of the FP eligibility wheel and obstetric calendar, and compliance with humanized delivery standards;
- Support the logistic management of contraceptive stock; and
- Support the meeting with the community network and TBAs.

Over the course of FY5, we could verify improved hygiene and cleanliness, well-dressed and competent providers, improved participation of the community network (especially TBAs and CLFs), improved completion of data collection instruments (despite continued difficulties in the completion of the partogram), and improved integration of FP in other services (ART, Healthy child consults, at-risk child consults). In FY5Q4, district supervisors from Eráti, Memba, and Nacala Velha were trained to be able to conduct the supervisions themselves, which will enable them to better follow up and build the capacity of providers at peripheral HFs.

SCIP continues to evaluate the Model Maternity Standards at HFs, the detail of which is provided in Annex 3. After the evaluation the SCIP supervisors and HF team discuss the reasons why certain standards are not met and develop action plans to address these gaps. We will begin seeing HFs “graduate” from the Model Maternity Standards evaluations when they have achieved 80% of the standards. During FY5, 38 HFs have been assessed at least once, some of whom are a continuation from efforts during previous years and reflect improvement. Ten of the HFs were evaluated twice. Dates for subsequent evaluations are set together with the HF provider. Generally, the numbers of standards assessed are increasing and the percentage achieved is either the same or higher than the previous evaluation. In FY6, efforts will be dedicated to consolidating this activity in HFs who have already been evaluated rather than expanding to new HFs. The tool is important because there is a high turnover of HF staff and it helps to maintain certain quality standards.

In FY5 we provided biosecurity material (buckets, basins, waste baskets, and cleaning and hygiene material), office supplies (metal cupboards, wood desk), scales to weigh children, thermoses, delivery kits, IUD kits, IEC material (FP flip book, FP flyers, FP cards, flyers on double protection, flyers on FP post-partum, flyers on condom use), measuring tapes, obstetric calendars and FP cards for clients to improve the quality of consults.

In FY5Q4, indicators of the Model Maternity Initiative were also assessed (in addition to the quality standards) in five HFs. Results are presented below.

| Indicator | HF | | | | |
|---|----------------|---------|-------|-------|---------|
| | Murrupula Sede | Namucua | Mecua | Japir | Corrane |
| % of women who were accompanied during delivery | 100 | 0 | 100 | 92 | 100 |
| % of deliveries with completed partograms | 96 | 100 | 97.8 | 87 | 99 |
| % of deliveries in the vertical or semi-vertical position | 0 | 0 | 8 | 0 | 0 |
| % of deliveries actively managed in the third period | 100 | 100 | 97 | 84 | 100 |
| % of women with pre-eclampsia and eclampsia who were treated with magnesium sulfate | 100 | 0 | 0 | 0 | 0 |
| % of newborns who had immediate skin-to-skin contact with the mother | 95 | 83.4 | 96 | 89.6 | 99 |
| % of newborns who were breast fed in the | 98 | 85.7 | 90 | 65.3 | 99 |

| | | | | | |
|------------|--|--|--|--|--|
| first hour | | | | | |
|------------|--|--|--|--|--|

TECHNICAL SUPPORT PROVIDED FOR MATERNAL AND NEONATAL MORTALITY AUDIT COMMITTEES

SCIP supports regular meetings to discuss maternal and neonatal mortality, which are held at the beginning of each quarter. During FY5 district-level meetings were held in Eráti (Q2, Q3), Monapo (Q1, Q2), Moma (Q3), Ribáuè (Q4), and Nacala Velha (Q2, Q3). In addition, provincial meetings were held in Nampula City.

SCIP trained TBAs during FY5 with the aim of improving the number of community referrals to the HF for PNC, deliveries and FP consults as well as to reduce maternal and neonatal mortality. In total, 130 TBAs were trained in Nampula City (17), Memba (30), Nacala Velha (63), and Ribáuè (20). SCIP also supports regular meetings between TBAs and health providers. During these meetings, TBAs share their monthly performance, analyze goals per HF, and discuss challenges. Participants discuss the role of TBAs: in the community and in relation to maternal waiting houses and bicycle ambulances. Furthermore, one-day meetings were reported in Mogovolas, Rapale, Mecubúri, Nacala Porto, and Ribáuè.

HFS SUPPORTED TO PROVIDE AYSRH CONSULTATIONS THROUGH SEPARATE AND/OR INTEGRATED *Serviço Amigo do Adolescentes e Jovens (SAAJ)*

Adhesion of adolescents to health services (with particular attention to FP) is fundamental to increase coverage of CYP in the province. The majority of the districts have 1 or 2 AYSRH services. SCIP supports the improvement of services to this target population, the distribution of IEC material and goods, the improvement of registry books and provides technical support for the improvement of services.

In FY5 support for AYSRH services was provided to the HFs of Namalala, Mueria, and Nacala Velha (Nacala Velha), Mirrote and Namapa Sede (Eráti), Urbano and Murrupelane (Nacala Porto), HRR, IBA, Namigonha (Ribáuè) and Malema (Malema).

Memba district held a blood drive (in the form of mobile brigades at the Secondary Schools of four localities) to supplement district-level needs. Various activities, such as lectures by providers, FP consults, condom distribution, AYSRH services, HTC-C testing and tetanus vaccination served to increase knowledge and awareness of youth attending these schools.

1.3 MITIGATE BARRIERS TO SERVICE UPTAKE BY IMPROVING SERVICE DELIVERY LINKAGES BETWEEN THE PERIPHERAL HF AND COMMUNITY-BASED SERVICE DELIVERY CHANNELS
PROVISION OF BICYCLE AMBULANCES

25 bicycle ambulances were distributed in the first half of FY5: 3 in Angoche, 2 in Meconta, 3 in Mogovolas, 1 in Moma, 2 in Eráti, 2 in Monapo, 2 in Nacala Velha, 2 in Nacala Porto, 3 in Mecubúri, 2 in Rapale, 1 in Malema and 2 in Ribáuè. In addition to the attendance of CLC and community members, health providers serve as witnesses during the official handover ceremony.

Bicycle ambulances make a real difference in the communities: Mogovolas, which currently has 24 bicycle ambulances distributed throughout the district, reported that in FY5 305 pregnant women used the bicycle ambulance to arrive at the health facility for delivery. The bicycle ambulance is also used to transport other urgent cases.

MATERNAL WAITING HOUSES

2 maternal waiting houses (MWH) were completed during FY5: Calipo in Mogovolas and Muatua in Monapo. MWHs in Nanhupo Rio and Muatua (Mogovolas) are in the final stages.

For the MWHs in Chica, Iapala Sede & Riane (Ribáuè), Namitoria, Namaponda (Angoche), Momane (Mecubúri), Mavuco (Chalaua, Moma) the material has been acquired and activities are in process with the community.

The following table summarizes MWH progress over the life of the SCIP project.

| Districts | Health Facilities Prioritized to get a Waiting House for Pregnant Women | Status |
|----------------|---|--|
| Angoche | Namitoria and Namaponda | Material acquired, in process with community |
| Eráti | Kutua and Samora Machel | Completed in FY3Q1 |
| | Jacoco | Completed in FY4Q4 |
| | Teterrene | Completed in FY2 |
| Meconta | Corrane | Completed in FY3Q1 |
| | Mecua | Completed in FY4Q4 |
| | Iulute | Completed in FY3Q1 and handed over in Q2 |
| Mogovolas | Muatua | Ongoing, in advanced stage of construction |
| | Calipo | Completed in FY5Q3 |
| | Nanhupo-Rio | Ongoing, in advanced stage of construction |
| Monapo | Muatua | Completed in FY5Q4 |
| | Netia | Completed in FY4Q4 |
| Moma | Metil | Completed in FY3Q3 |
| | Pilivili | Completed in FY3Q3 |
| | Mavuco | Yet to be finalized |
| Memba | Caleia | Completed in FY3Q2 |
| | Namahaca and Mazua | Completed in FY1 |
| | Lurio and Pavala | Completed in FY3Q1 |
| Nacala – Velha | Ger Ger | Completed in FY4Q4 |
| | Namalala | Completed in FY4Q1 |
| | Barragem | Completed in FY3Q2 |
| Malema | Nacata and Mutuali | Completed in FY2 |
| | Nataleia | Completed and handed over in FY3Q4 |
| Mecubúri | Momane | Construction nearly complete |
| | Nahipa | Completed in FY4Q4 |
| Ribáuè | Chica, Iapala sede and Riane | Material acquired, in process with community |
| | Iapala Monapo | Completed in FY4Q4 |

MCH HF PROVIDERS TRAINED AS TRAINERS TO BUILD CAPACITY OF COMMUNITY LEADERS IN NUTRITION, HIV RETENTION, FP, INSTITUTIONAL DELIVERIES, GBV AND INTEGRATION

23 HF providers were trained in FY5Q1 as trainers for CLCs in the comprehensive SRH curriculum (Hot Topics). An additional 17 HF providers were trained in FY5Q2. 25 recently posted HF providers from Rapale, Moma, Angoche and Mogovolas and 5 providers from Murrupula were trained in FY5Q3.

After finalizing the TOT training manual for CLC-based CLFs in FY5Q2, 6 HF providers from Ribáuè, Moma, Angoche and Eráti were trained in FY5Q3 as facilitators of the continuum of care curriculum for the chronically ill targeting CoC CLFs.

HEALTH FACILITIES STRENGTHENED TO ENSURE AVAILABILITY OF COMMUNITY-BASED DISTRIBUTION OF FP COMMODITIES

This activity takes place during supervision visits with providers. All HFs that have *animadoras* who do community-based distribution of contraceptive pills and condoms have binders where they maintain statistics of the community network. After verifying, the provider collects the data of users who received goods at the community level and includes the information in her FP register book.

1.4 IMPROVE QUALITY OF NUTRITION SERVICES AT HF LEVEL IN INTENSIVE NUTRITION DISTRICTS (MOMA, ANGOCHE, MOGOVOLAS, MECONTA, MONAPO, MURRUPULA)

Evidence suggests that in order to mitigate chronic malnutrition, 80% of the target population must be reached with services. To achieve this, in the 37 localities identified to receive the specialized nutrition package SCIP is working to ensure the presence of at least 1 CLF and 1 trained *animadora* per community, revitalizing CLCs and training existing and new *animadoras* in order to achieve the desired coverage (80-100%). *Animadoras* are taught the basic health package as well as to screen for malnutrition using the mid-upper arm circumference (MUAC) methodology, how to assess for bilateral edemas and the importance of referring identified cases of severe malnutrition to appropriate services at the HF and moderate cases to nutritional rehabilitation groups (which are complemented by educational nutrition sessions for mothers). At the same time, SCIP is working to strengthen referral linkages between healthy child consultations and at-risk child consultations in SCIP-supported HFs and build health provider knowledge of support structures at community level (e.g., mothers' groups and community nutrition rehabilitation groups) to encourage the uptake of these community-based support services.

ON-THE-JOB TRAINING FOR PROVIDERS TO IMPROVE DIAGNOSIS SKILLS FOR MALNOURISHED CHILDREN AND PREGNANT WOMEN

SCIP nurses continued to support nutrition talks at the HFs, emphasizing the importance of a balanced diet for pregnant women, the value of exclusive breastfeeding until 6 months and breastfeeding with complementary foods from 6 months to 2 years, and the need for a varied diet for children. The SCIP nurses also work with providers to identify pregnant women who are underweight (BMI ≤ 18.5) and malnourished children so they can benefit from treatment and follow up.

Providers from 14 HFs in Nutrition localities (Namaponda, Aúbe, Calipo, Iulute, Nanhupo Rio, Itoculo, Carapira (Nacololo locality), Chalaua, Larde, Uala (Naicole locality), Mavuco (Piqueira locality),

Mucorroge (Mirrupe locality), Micane, & Briganha (Mpago locality)) initiated nutrition-specific on-the-job training from SCIP MCH supervisors in FY5. This activity will continue and be reported in FY6.

BUILD NUTRITION CAPACITY OF COMMUNITY HEALTH PROMOTORS, ANIMADORAS AND COMMUNITY LEADERS

The community nutrition program contributes to the reduction of malnutrition cases in the communities of the targeted areas through theoretical and practical training of community-based promoters, *animadoras* and community leader facilitators (CLFs). The strategy begins with the recruitment and training of promoters in the nutrition curriculum. The promoters subsequently train two groups of *animadoras* (10 *animadoras* per group). Each *animadora* covers the specific geographic area in which she lives. For improved credibility, support and sustainability CLFs are trained with the *animadoras*.

The training curriculum addressed the following:

- Revision of the contents of the 11 original lessons addressing different causes of malnutrition, including lack of PF, lack of hygiene and sanitation, poor variation of diet, malaria, etc.
- How to use the MUAC tape as well as other signs of malnutrition (edema pitting, etc.) to identify and monitor the progress of moderately and severely malnourished children between 6-24 months.
- Referral algorithms according to the degree of malnutrition (i.e. to the HF for severe malnutrition, to community-based nutritional rehabilitation groups for moderate malnutrition)
- Work with the CLC and CL to conduct needs assessments at the homes and with the families of identified malnourished children in order to identify specific factors contributing to malnutrition and develop a subsequent plan of action. Increased CL and CLC involvement not only stimulates community-led identification of factors contributing to chronic malnutrition but also encourages community-informed action to address these issues.

7 district community officers, 92 promoters (4 substitutes), 1,534 animadoras and 817 CLFs were trained progressively during FY5 who screen 4 different geographical cohorts of children during the MUAC screenings (P1A1, P1A2, P2A1, P2A2).

| Total numbers of people trained in Nutrition during FY5 by district and quarter | | | | | | | | | | | | | | | | | | | | |
|---|---------|----|----------------|---------|----|-----|-----------|----|-----|------|----|-----------------|--------|----|-----------------|-----------|----|-----|-----------|-------------|
| | Angoche | | | Meconta | | | Mogovolas | | | Moma | | | Monapo | | | Murrupula | | | Total FY5 | Planned FY6 |
| FY5 | Q2 | Q3 | Q4 | Q2 | Q3 | Q4 | Q2 | Q3 | Q4 | Q2 | Q3 | Q4 | Q2 | Q3 | Q4 | Q2 | Q3 | Q4 | | |
| DCOs* | 1 | | | 1 | | | 2 | | | 1 | | | 1 | | | 1 | | | 7 | 0 |
| Promoters | 4 | | 9 [†] | 6 | | 8 | 7 | | 6 | 6 | | 11 [†] | 9 | | 17 [†] | | 6 | 3 | 92 | 30 |
| Animadoras | 40 | 35 | 81 | 66 | 59 | 141 | 62 | 53 | 119 | 51 | 45 | 208 | 98 | 39 | 230 | 0 | 74 | 120 | 1,534 | 480 |
| CLFs | 20 | 14 | 39 | 31 | 33 | 75 | 45 | 43 | 73 | 39 | 23 | 112 | 37 | 19 | 118 | 0 | 41 | 43 | 817 | 240 |

*DCO = SCIP District Community Officer †4 Promoters trained in Q4 were substitutions

1.5 IMPROVE HIV CLIENT RETENTION THROUGH THE ESTABLISHMENT AND REINFORCEMENT OF LINKAGES BETWEEN HF AND COMMUNITY-BASED SERVICE DELIVERY CHANNELS TO MITIGATE STRUCTURAL BARRIERS TO ACCESSING CARE

With respect to HIV prevention, treatment and care, SCIP is establishing and strengthening linkages between HIV positive and chronically ill patients to care and treatment services both in the community and at the HF. Building mechanisms and linkages between pre-ART/ART patients and treatment services in the community and at the HF and providing HIV testing and counseling at the HF and community level (through HTC-Cs) aim to reduce the number of patients lost to follow-up. Activities are targeted towards localities with ART HFs. The community structures and actors necessary to achieve results call for the subdivision of each targeted locality into areas supported by CLCs. Each CLC will have a CL trained in the continuum of care needed for chronically ill people focusing on those HIV+, an activist trained in HBC and/or the PwP approach. Working together, these actors identify both barriers to treatment adherence as well as solutions to overcome them. For the urban area of Nampula City the project provides additional support to CBOs working with PLHIV (Nivenyee and Nihiwana in Nampula City) to further strengthen linkages between HIV+ members and community support platforms. In order to integrate HF-registered HIV+ patients and enroll them in the community continuum of care as well as re-integrate LTFU HIV+ patients, the HF provides a list of pre-ART/ART patients (with cleared consent) to HTC-Cs which is subsequently shared with the respective HBC/PwP activists who follow-up patients in their areas.

PROVIDE CAPACITY BUILDING TO COMMUNITY-BASED PLATFORMS TO INCREASE THE NUMBER OF HIV+ AND OTHER CHRONICALLY ILL PATIENTS ADHERENT TO CARE AND TREATMENT SERVICES

SCIP completed the design of the Continuum of Care flip book and the curriculum for CLC focal points during the first half of FY5. After piloting the materials and curriculum in Ribáuè in FY5Q3, the activity was replicated in Eráti: Mirrote, Alua; Moma: Macone, Mpagó; Angoche: Namitoria; Ribáuè: Namigonha, Ribáuè Sede, Iapala Monapo, Iapala Sede. CLFs from Eráti (26), Moma (60), Angoche (27) and Ribáuè (59) were trained in the Continuum of Care during FY5. 43 animadoras from Ribáuè (41) and Angoche (2) and 3 Promotors from Moma also participated in this training.

An additional TOT is planned in Monapo with the following replicas: Meconta: Nacavala, Meconta Sede; Rapale: Anchilo, Rapale; Mogovolas: Iulute, Nanhupo Rio. Monapo replicas will take place in Monapo Sede and CLCs in Nacololo that pertain to the Monapo Sede HF.

In FY5Q4, 161 APEs from Mogovolas (17), Monapo (8), Moma (27), Meconta (8), Memba (24), Angoche (29), Nacala Velha (22) and Eráti (26) were trained in order to improve the coverage, the quality of the community support and the retention to services of the chronically ill.

SUPPORT THE REINTEGRATION OF PATIENTS DEFAULTERS/LTFU THAT ARE REINTEGRATED INTO CARE AT THE HF THROUGH HTC-C-BASED INITIATIVES

SCIP dedicated specific efforts to improving adherence to ART services in FY5, increasing coordination with clinical partner ICAP in order to improve the efficiency of active search efforts at the community level.

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. Regular coordination meetings with ICAP and SDSMAS/HFs were carried out in order to improve the quality of the list of defaulters as well as the effectiveness of the community health network/HF coordination. SCIP continues to advocate for the improvement of identification of defaulters and lists provided by the pharmacists. SCIP will focus support of peripheral HFs, leveraging the strong community network and local knowledge. SCIP can easily integrate into HFs where ART has recently begun as there are less chronically ill patients registered – a good opportunity to prevent LTFU cases. Priority should be given to ART patients, yet effort is also needed with those chronically ill on pre-ART. District coordinator competencies in “ART patient management” to better understand the process at the HF level is being strengthened progressively in order to provide needed support during district management and HF ART meetings. Efforts will continue to reduce the number of incorrect addresses provided (value the information provided in the Community follow-up book for chronically ill patients) and SCIP provincial MCH supervisors will provide technical support during supervision visits to HFs. Good coordination between the HF and community network is essential to ensure progressively that most pre-ART individuals receive home visits and PwP counselling.

SCIP, together with ICAP, organized half-day coordination meetings involving all providers of ART HFs, the SDSMAS district medical chief, representatives of the community health network and HTC-Cs in Ribáuè, Monapo, Meconta, Moma, Angoche, Memba and Eráti.

In each of the coordination meetings, information flow regarding the production and hand over of the defaulter/LTFU list was discussed and the following was agreed:

Daily updating of mobile file at the Sede, weekly updating at peripheral HFs

Weekly updating (Fridays) of the register book of defaulters/LTFU

Comparison of information between the pharmacy and data-entry until Monday, submission to Psycho-Social Support officer for final compilation

Hand over of lists to HTC-Cs & community network on Mondays (Sede) and Wednesdays (peripheral HFs) during the ART meeting

HTC-Cs and community network returns list of those found on following Wednesday

In FY5Q3 follow-up meetings were held with ICAP in Ribáuè and Meconta. We were happy to see that participants in the workshop in Ribáuè in FY5Q2 felt motivated and are improving their performance. The training of CLFs in the Continuum of Care will further support retention activities. Progress made regarding the recommendations of the first workshop was evaluated in these two districts, comparing the situations before and after the workshop. In FY5Q4, follow up meetings were held in Moma, Angoche, Memba, Eráti, Monapo, Meconta and Ribáuè.

More support is needed from the Medical Chief in Meconta as there remain difficulties to implement activities, with staff claiming they are over-worked. During the regular ART meeting, the working group will define additional activities needed to improve the process of following up ART patient data. In Eráti, the pharmacy sector has organizational difficulties which the Medical Chief will dedicate specific support to address.

SUPPORT THE REINTEGRATION OF PATIENTS LTFU INTO HF CARE IN URBAN SETTINGS THROUGH PARTNERSHIP WITH PLHIV ORGANIZATIONS

In Nampula City, SCIP collaborates with the local CBO Nivenyee, whose trained activists plan activities in the neighborhoods (Carrupeia and Napipine) where SCIP retention activities do not reach. 46 activists conduct house visits, provide positive prevention services and counseling, and refer defaulting HIV+ clients to treatment and care services at the HFs. Activists support 232 chronically ill individuals, of whom 224 are HIV+. Of the defaulter/LTFU names provided by HFs, activists located 13 and succeeded in reintegrating 5 to treatment. When necessary, activists request the support of Nampula City HTC-C counselors for community testing services for chronically ill patients who do not know their serostatus.

1.6 BUILD CAPACITY OF COMMUNITY LEADERS (CLs) TO INCREASE THEIR KNOWLEDGE OF SRH, FP, MATERNAL HEALTH, HIV/AIDS/STI IN ORDER TO FOSTER THE UPTAKE OF SERVICES BY COMMUNITY MEMBERS

PERIPHERAL HF PROVIDERS TRAINED AS TRAINERS IN COMPREHENSIVE CURRICULUM ON SRH

23 HF providers were trained in FY5Q1 as trainers for CLCs in the comprehensive SRH curriculum (Hot Topics). An additional 17 HF providers were trained in FY5Q2. 25 recently posted HF providers from Rapale, Moma, Angoche and Mogovolas and 5 providers from Murrupula were trained in FY5Q3.

CLC MEMBERS TRAINED ON COMPREHENSIVE SRH CURRICULUM TO FOSTER ADOPTION OF HEALTH BEHAVIORS AND UPTAKE OF SERVICES

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.

4,009 CLs from Monapo (410), Angoche (410), Moma (450), Murrupula (656), Eráti (359), Malema (90), Mecubúri (599), Memba (324), Nacala Porto (630), Ribáuè (81) participated in Hot Topics discussions led by HF providers during FY5.

348 CLs from Mogovolas (66), Angoche (30), Mecubúri (28), Memba (24), Moma (69), Monapo (39), Murrupula (30), Nacala Velha (32) and Rapale (30) were trained as facilitators of Male Involvement discussions in FY5. During these trainings, CLs discuss maternal and child health, the importance of family planning and prevention of STIs and HIV, guaranteeing male involvement in the promotion of responsible paternity and the dissemination of positive health practices in their families and communities.

CLS TRAINED ON MODEL FAMILY CONCEPT AND TO USE MODEL FAMILY CHECKLIST

The pilot of this activity is planned for FY6 in one locality of Ribáuè. The pilot was delayed as we want to integrate this activity with the monthly form of the CLCs reporting output and outcome indicators which has yet to be finalized.

1.7 BUILD CAPACITY WITHIN COMMUNITIES TO ADDRESS WASH CHALLENGES IN NON-WASH DISTRICTS

CLS TRAINED TO IMPLEMENT COMMUNITY-LED TOTAL SANITATION (CLTS)

SCIP continues to empower and mobilize communities to adopt appropriate hygiene behaviors in non-WASH districts, building on the integrated SCIP approach and working through CLTS CLFs. Water technicians of WASH districts work as resource persons to support hygiene activities in non-WASH districts, and were transferred to Nutrition Districts in FY5Q3.

The strategy is the following:

- CLCs select 1 CL to be trained as a CLF in CLTS.

- After completing the training, the CLF replicates the training with members of his CLC.
- The CLC develops a schedule by which the CLF accompanies CLC members to their respective sub-communities to replicate the CLTS training. During these meetings, community members learn about the importance of hygiene and sanitation, including how to construct latrines, to build dish racks, the importance of hygiene, of hand washing and having landfills for waste disposal.
- The community leader responsible for the sub-community monitors the progress: the numbers of latrines, etc. being constructed. The community animadora shares information on diarrhea incidence in the sub-community, so that the sub-community can see the relationship between the CLTS activities and the numbers of diarrhea cases.
- Sub-community data is reported monthly at CLC meetings, a process that values the work of the CLFs.
- The CLF and/or the CL representative present data to the CLL on a quarterly basis.
- CLTS CLFs of the CLL meet quarterly with the district team to share data, experience and to clarify doubts encountered in their communities.

In FY5Q4, 92 additional CLs were trained as CLTS facilitators in Mecubúri (62) and Rapale (30).

Specific attention was given throughout FY5Q2 to increase adoption of healthy practices in hygiene and sanitation in Mecubúri district, taking into account that last year there was a diarrhea outbreak. Therefore, 5,171 volunteers in Mecubúri were strongly involved to sensitize communities.

To illustrate the potential of this activity, the 61 CLTS CLFs in Ribáuè remain highly active, an impressive achievement as their last training was over a year ago. Between October 2013 and June 2014, 14,545 latrines, 7,365 bathing areas, 10,746 drying racks for dishes, 576 Tip Taps and 6,077 landfills have been constructed.

COMMUNITY LEADERS TRAINED AS FACILITATORS TO STRENGTHEN EXISTING WATER COMMITTEES ON MANAGEMENT OF WATER SOURCES AND MAINTENANCE OF WATER PUMP EQUIPMENT

Often, one year following investment in drilling boreholes and installing pumps an average of 30% of water sources are no longer functioning although the initial investment in constituting and training a water committee was done (e.g. DPOPH data related to ASNA, MCA investment project in Nampula Province). SCIP, in non-WASH districts, in order to contribute to the prevention of this degradation, and taking advantage of the lessons learned in the WASH districts, will pilot a low-cost capacity-building experience in Ribáuè. In FY6, 3-4 CLs per locality will be trained as CLFs in the use of the water source management and maintenance book. These CLFs will support the water committees in communities and provide replica training for water committee members and CLs of CLCs where there is a water source. The President of the Water Committee will report the amount of contributions collected and expenses during the previous month to the CLC, and on a quarterly basis, to the clients.

In FY5 SCIP distributed spare parts kits in Malema, Ribáuè and Mecubúri. Rapale and Nampula City have easier access to spare parts in the city. Spare parts kits were provided to Mecubúri Sede and Namina

(Mecubúri), Iapala and Namigonha (Ribáuè), Malema Sede and Mutuali (Malema). Identified vendors signed MoUs where they commit to re-stock pieces when they run out and ensure continuity in the process of selling spare parts.

1.8 COLLABORATION WITH DPS, DPMAS, SDSMAS AND PARTNERS

TECHNICAL ASSISTANCE (TA) TO SUPPORT SDSMAS FOR PREPARATION AND FOLLOW-UP OF QUARTERLY REVIEW MEETINGS

Collaboration between SDSMAS and partners at the district level is crucial so that each partner can monitor the activities they are implementing and avoid duplication. The SDSMAS should conduct these meetings on a regular basis. Support for these meetings rotates between partners. SCIP district teams continue to support the aggregation and analysis of health data, problem solving, monthly planning and logistics for these meetings.

Health partners of DPS continue to meet monthly through the NGO and association forum. The secretary is led by SCIP, N'weti and AIFO, and facilitates the communication flow between DPS and the partners.

Quarterly review meetings were reported in Monapo, Nacala Velha, Moma, Rapale, Ribáuè and Eráti during FY5. District level integrated health supervision teams visited Eráti, Meconta, Nacala Velha and Mogovolas.

Nampula DPPC staff completed their annual performance assessment of NGOs during FY5Q3 in preparation for evaluation by the Ministry of Foreign Affairs. In general the collaboration and coordination of activities with SDSMAS is good. The visit carried out by the NGO department of the Ministry of Foreign Affairs and Nampula DPPC staff focused on Meconta, Monapo and Ribáuè.

TA TO SUPPORT ANNUAL PROVINCIAL AND DISTRICT MEETINGS OF NÚCLEO PROVINCIAL MULTISECTORIAL DOS COVS (PROVINCIAL MULTISECTORIAL NUCLEUS FOR OVCs) TO FACILITATE LINKAGES BETWEEN AND INCREASED ACCESS TO GOVERNMENT AND COMMUNITY SERVICES FOR OVCs

In FY5Q1 SCIP supported the realization of the DPMAS annual coordination meeting on the 27 and 28 October. The objective of the two day meeting was to analyze the level of coordination, the results achieved and the next steps. In FY5Q2 SCIP participated in a seminar of DPMAS/DNMAS focusing on the minimum standards for OVCs, development of action plan to implement standards. In FY5Q3 SCIP participated in a 5 day ToT of Child Protection for community committees organized by MMAS, 2 coordination meetings with DPMAS and 1 district Multisectorial Nucleus for OVCs meeting in Mogovolas.

TA TO SUPPORT MONTHLY SDSMAS DATA ANALYSIS REVIEW MEETINGS

District monthly statistics meetings are supported regularly, both with logistics and technical support, in 15 SCIP districts. SCIP also participated regularly in District Government Management meetings in Eráti,

Memba, Monapo and Mecubúri in FY5, further strengthening coordination of activities. The other districts are invited to present SCIP activities at the invitation of the district administrator. Per the request of Mecubúri district, 5 providers were trained on management of the *Módulo Básico*, the health statistics database, aiming to improve the compilation and analysis of data.

In FY6 SCIP will continue to support production of graphs by HF catchment area for the following indicators (# children completely vaccinated, # institutional deliveries, # first pre-natal consults tested for HIV, CYP).

1.9 CONTRIBUTE TO THE INCREASED AVAILABILITY OF COMMODITIES THROUGH PARTICIPATION IN WORKING GROUPS AT CENTRAL LEVEL, CAPACITY BUILDING AT HF LEVEL, AND LOGISTICAL SUPPORT TO DISTRICT AND PROVINCIAL LEVEL ENTITIES
DPS/SDSMAS SUPPORTED IN CHOLERA RESPONSE

A cholera outbreak was reported in FY5Q2 in Nampula City. The community network (animadoras, volunteers, SANTOLIC CLFs) and health providers developed sensitization activities addressing individual and collective hygiene. SCIP supported the dissemination of cholera information in all administrative posts of the city through the Nampula City Health Directorate with funding. Additionally, the community network animadoras and volunteers of Mutuanha and Nametiqueliua focused on water treatment & conservation as well as hygiene & sanitation through their home visits.

SCIP additionally supported (through PSI) the distribution of *Certeza* in communities by CLFs in Ribáuè and Memba. Overall, the number of cases of diarrhea in Nampula Province is less than that reported for the same period in 2013.

AVAILABILITY OF COMMODITIES

In FY5 contraceptive availability was much better than FY4. The provincial warehouse did not report any stock out apart from the implant, for which demand is very high. It remains a challenge to maintain stock at the district and peripheral levels. SCIP participated in a review meeting led by the national Pharmacy team of the Ministry of Health. There are improvements in stock management, yet advocacy is needed for the construction of a new warehouse as the current warehouse is in an advanced of degradation. ICAP has acquired trucks to support the distribution of medications to the districts and will continue to provide technical support to improve stock management at the provincial level. SCIP will support the stock management and distribution of goods from the district to the peripheral level – distribution of medications, bales of mosquito nets, gas tanks, vaccines and other material) to the peripheral HFs is continuous. The province continues to have difficulties in antibiotic supplies, especially amoxicillin and chloramphenicol.

High incidence of malaria is common during April, May and June. This year dengue cases were reported for the first time in Nampula Province. Dengue is often misdiagnosed as malaria, and malaria medications are prescribed incorrectly as treatment for dengue. The combination of these two results can explain the higher stock-out rate of anti-malarial medication during FY5Q3. The gap between laboratory-confirmed cases of malaria and the quantities of malaria treatment being dispensed is

increasing. In order to diminish this gap, it will be important to disseminate information about dengue fever to the population.

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.

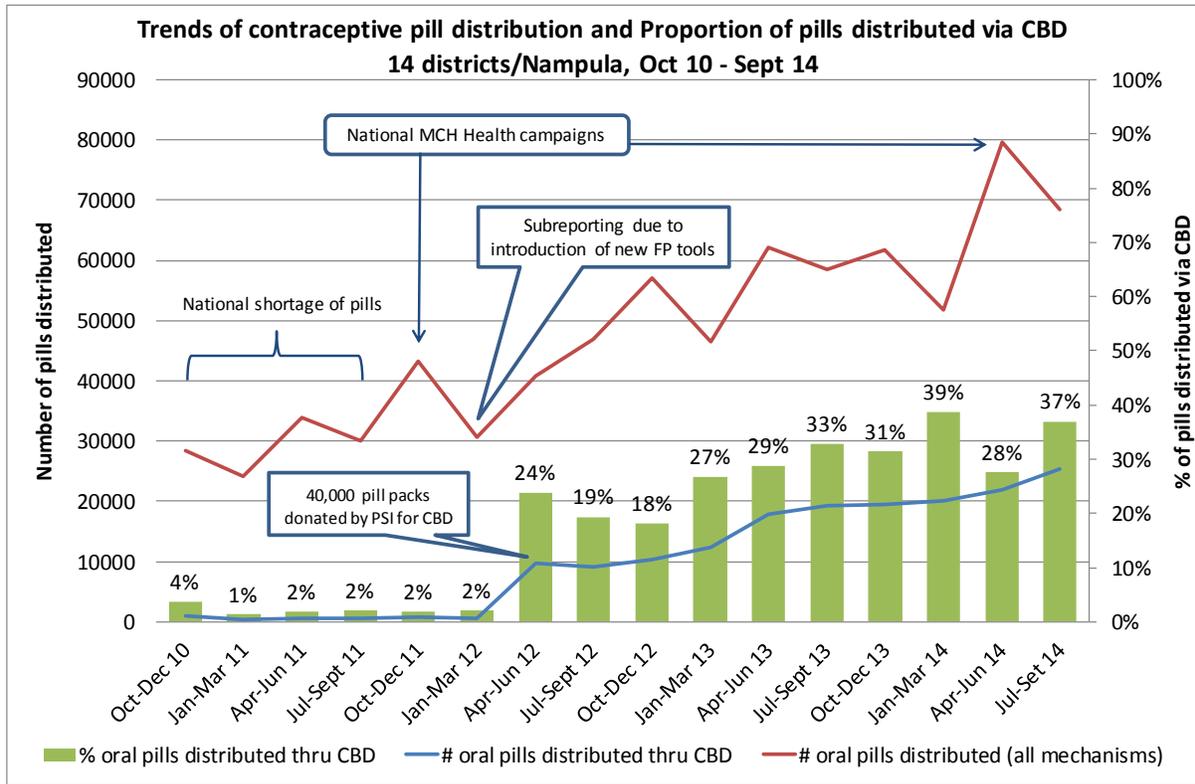
The table below shows stock out of the three sections in FY5.

| | FY5 | | | | | | | |
|--------------------------------|-----|----|----|----|-----|----|----|----|
| | Q1 | | Q2 | | Q3 | | Q4 | |
| Total # of HF's visited | 84 | | 86 | | 112 | | 94 | |
| Stock out | # | % | # | % | # | % | # | % |
| 1: EOC tracer drugs | 73 | 87 | 75 | 87 | 81 | 72 | 67 | 71 |
| 2: Oral Contraceptives | 8 | 10 | 2 | 2 | 4 | 4 | 3 | 3 |
| 3: Anti-Malaria | 13 | 15 | 8 | 9 | 25 | 22 | 11 | 12 |

NUMBER OF CONTRACEPTIVE PILLS DISTRIBUTED THROUGH CBD

498 new animadoras from communities in Nutrition districts (which did not previously have animadoras) were trained to provide community-based distribution of contraceptive pills and condoms at the end of FY5 (45 Angoche, 100 Meconta, 130 Mogovolas, 157 Moma, 66 Monapo). The training addresses “Informed Choice” with family planning and the Tihart amendment. 678 existing animadoras received refreshment training both Nutrition districts (80 Monapo, 65 Moma, 20 Meconta) as well as in Malema (90), Eráti (163), Memba (150) and Nacala Porto (275). Mecubúri, Rapale and Nacala Velha held review meetings with animadoras, promoters, supervisors and providers.

The number of oral contraceptives and condoms distributed at the community level has improved steadily as providers and DPS became more engaged and as the number of animadoras conducting CBD increases.

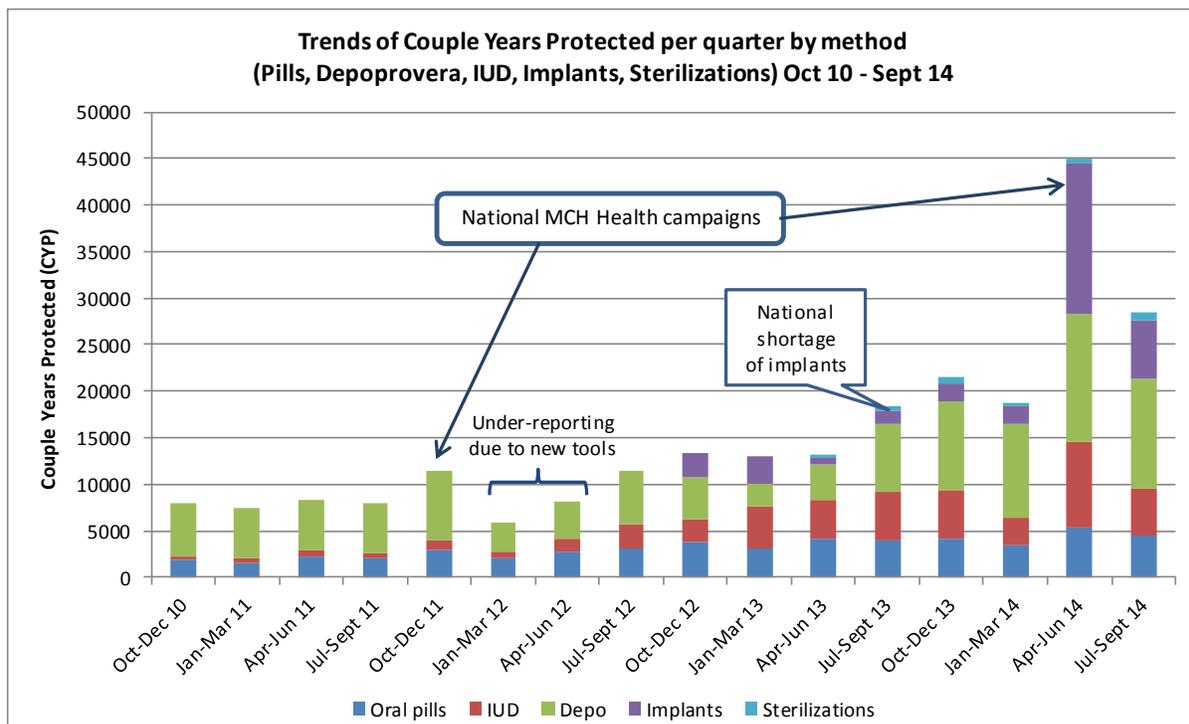


As shown in the graph above, during FY2, there was a shortage of pills in relation to the demand required, and providers were not using the community health workers for distribution (so as not to further deplete already insufficient supplies). The shortage was alleviated in November 2011, as supplies 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 HFs 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 years 4 and 5, both the numbers of pill packs and the proportion distributed via CBD continued to increase from 60,003 to 86,732 pill packs distributed via CBD. As the 498 animadoras trained in CBD during FY5 consolidate their activities, we expect this number will continue to increase in FY6.

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 CBD over the year. 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.



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 December 2013. CYP has increased steadily from 8,000 CYP in December 2010 to 40,224 CYP as of September 2014. 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 - December 2013, but demand continued to exceed availability. SCIP supervisors provided on-the-job training to improve provider skills in implant and IUD insertion, and animadoras and volunteers mobilize and organize interested women. Providers give health talks to introduce available methods, explain about informed choice in FP and answer questions about the different methods.

In the last quarter of FY5 we began the “Afternoon of the woman” activity, which targets women who live far from the HF. The afternoon begins with introductions to community leadership and a

community theatre piece on family planning. Participants are introduced to the different methods of FP and women are able to receive an implant, begin oral contraceptives or injectable contraception. Other services offered include tetanus vaccination, HIV testing and counseling, measurement of height and weight.

CYP more than doubled in FY5Q3, mainly due to the significant contributions of inserted implants and IUDs (long-acting methods) during the quarter, although all methods increased from previous quarters.

When including condoms, 40,224 CYP were provided through FP services in the 15 SCIP districts during FY5Q4. 11.3% of this was through pills, 12.5% through IUDs, 29.4% through Depo, 15.2% through implants, 2.1% through sterilizations and 29.4% through condoms.

1.10 PROVIDE TECHNICAL ASSISTANCE AND SUPPORT TO THE PROVINCIAL NUCLEUS AGAINST AIDS (NPCS)

SCIP continued to work closely with the NPCS through regular meetings to coordinate and plan activities in Nampula Province as well as to share technical information. Key activities from FY5 include:

- Planning and coordination for World AIDS Day 2013
- Annual review meeting of activities implemented by the various partners, with the participation of district administrators, NGOs and SDSMAS
- A technical meeting to discuss condom availability at the provincial and district level
- Annual review meeting of NPCS activities which highlighted the need to improve efforts directed towards increasing adhesion to PMTCT services
- Provision of testing and counselling services to various public institutions as requested by NPCS

CHALLENGES AND SOLUTION STRATEGIES:

- Challenges remain in the community network and HTC-Cs receiving correct, updated lists of defaulters/LTFU from the HF.
 - Quarterly follow up meetings district/ART HF level are carried out jointly with SCIP and ICAP.
- Turnover of HF staff without adequate handover of activities.
 - We have held trainings for new providers to integrate them in the facilitation of Hot Topics in Sexual and Reproductive Health discussions in the communities.
 - If HFs/DPS are able to notify SCIP of upcoming HF staff rotation, SCIP can support the hand over process between providers.

UPCOMING EVENTS

- Together with ICAP/DPS, next quarter we will continue to assess progress made.
- Continuation of Maternal Waiting house support for community-led construction.
- Continue to support decentralized mobile brigades (repair of motorbikes, support with petrol and transportation) and the integration with outreach FP services.
- Continue the ToTs on “Male involvement in SRH” and “Hot Topics in SRH”, focusing on specialized Nutrition localities.

- Continue mentoring visits and on-the-job training for health providers, provide support for planning and carrying out community activities and stock management.
- FP and CBD refreshment training for previously existing Animadoras and new training for new Animadoras in Nutrition-focused localities in order to address one of the causes of malnutrition (lack of birth spacing) and to increase access to contraceptives.
- Additional ToT for Promotors and the subsequent replicas for Animadoras in the specialized nutrition package, according to the degree of CLC consolidation in the six districts.
- Continue to support the HF AYSRH service/secondary school coordination meetings in order to increase SRH consultations.
- Hold review meetings (at the district level) of the activities of the CLTS CLFs, Male Involvement CLFs, Nutrition CLFs.
- Train CLC members on the Model Family concept and checklist, starting in Ribáuè.
- Training of 34 APEs in Murrupula and community leaders in the CoC in Moma and Mogovolas will be trained in FY6Q1.
- Refreshment training of APEs in Moma and Mogovolas is planned for FY6Q1.
- 44 *animadoras* from Nampula City, Rapale, Mecubúri, Ribáuè and Malema will be trained in HBC/PwP/active search for LTFU in FY6Q1.

IR2: APPROPRIATE HEALTH PRACTICES AND HEALTH CARE SEEKING BEHAVIOR ADOPTED

| Indicator | Annual Target | Achieved Year 5 | Achieved by quarter | | | |
|--|---|-----------------|---------------------|---------|---------|---------|
| | | | Q1 | Q2 | Q3 | Q4 |
| 2.1 # of eligible clients who received food and/or other nutrition services | 7,200 | 80% | 7,153 | 7,335 | 6,841 | 5,766 |
| | These are the number of OVCs active in YFCs who participated in a Nutrition educative session. | | | | | |
| 2.2 # of IEC materials produced and distributed | 43,500 | 9% | 0 | 0 | 2,200 | 1,500 |
| | 2,200 CoC flip books were received during FY5Q3. 1,500 WASH flip books were received during FY5Q4. 20,700 pamphlets on <i>Modern Methods of Family Planning</i> and 10,000 pamphlets on <i>7 Reasons to Use a Condom</i> were ordered in FY5Q3 and have been reprinted but were not yet received by SCIP Nampula. | | | | | |
| 2.10 # of deliveries performed in a USG-supported HF | 138,432 | 106% | 33,564 | 34,464 | 37,706 | 40,950 |
| | We have met our target. | | | | | |
| 2.12 # of ANC visits with skilled providers in a USG-supported HF | 675,970 | 95% | 157,690 | 156,181 | 169,525 | 157,542 |
| | We have met our target. | | | | | |
| 2.13 # of facility visits in a HF (FP visit and PNC) | 280,200 | 122% | 72,236 | 77,913 | 102,599 | 88,389 |
| | We have exceeded our target. | | | | | |
| 2.14 # of individuals reached through USG-funded community health activities (HIV/AIDS, Malaria, FP/RH) | 226,600 | 107% | 242,893 | 207,201 | 219,719 | 229,650 |
| | We are counting individuals, not the number of visits. The same individuals receive information on different topics during different visits. In FY5Q1 we reported the highest number between HIV (242,893) and PF (197,592) visits. In FY5Q2 we report the number of malaria visits (207,201). In FY5Q2 there were 219,719 visits addressing HIV. There were 229,650 visits addressing PF in FY5Q4. | | | | | |
| 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 (P.SBRP.01.03) | 206,920 | 117% | 242,893 | 264 | 210,662 | 1,368 |
| | We have exceeded our target. Households received lessons on HIV in FY5Q3. We have reported the highest number visited between quarters. In FY5Q4, the definition of this indicator was revised by PEPFAR to include only OVP priority populations (young girls 10-14 years, OVCs, mobile populations, chronically ill, partners and children of chronically ill, partners and children of HIV+ pregnant women). | | | | | |
| 2.16 # MARP individuals reached with preventive interventions (P.SBRP. 03.03) | 3,200 | 94% | 395 | 540 | 1,319 | 743 |
| | We have nearly met our target. In FY5Q4, the definition of this indicator was revised by PEPFAR to include only FSW, IDU and MSM. | | | | | |
| 2.17 # of health contacts by CHWs with individuals (HIV/AIDS, Malaria, FP/RH) | 900,000 | 125% | 448,075 | 210,105 | 225,540 | 237,866 |
| | We are on track to meet the target. Volunteers conducted HIV | | | | | |

| Indicator | Annual Target | Achieved Year 5 | Achieved by quarter | | | |
|---|---|-----------------|---------------------|--------|---------|--------|
| | | | Q1 | Q2 | Q3 | Q4 |
| | and FP visits during FY5Q1. HIV was also addressed in FY5Q3 but was addressed in FY5Q4. | | | | | |
| 2.19 # of people tested and counseled for HIV and received test results | 26,600 (SCIP) | 153% | 9,652 | 7,849 | 10,952 | 40,841 |
| | We have exceeded the SCIP target, partially due to requests from the MOH to support health fairs, etc. The PEPFAR target (received in FY5Q2) is 3,186. | | | | | |
| 2.20 # of children less than 12 months of age who received DPT3 from a USG-supported program | 140,000 | 125% | 41,531 | 42,397 | 46,521 | 45,115 |
| | We have exceeded our target. We are supporting the EPI program with decentralized mobile brigades and national health campaigns and it seems we are filling the gap. | | | | | |
| 2.22 # of children less than 12 months of age who received vitamin A from a USG-supported program | 160,000 | 195% | 46,079 | 54,112 | 167,253 | 45,254 |
| | We have exceeded our target due to the MCH campaign. | | | | | |
| 2.24 # of OVC served by OVC programs | 47,000 | 108% | 46,997 | 46,997 | 43,063 | 43,063 |
| | This is a cumulative number, counting each OVC when they receive an OVC service. OVCs in phase-out localities have been subtracted. | | | | | |
| 2.25 # of clients receiving HBC | 6,000 | 137% | 5,289 | 5,814 | 5,821 | 8,216 |
| | We have exceeded our target. The community health network is performing better than anticipated with the chronically ill. 4,847 of these clients are HIV+. | | | | | |
| 2.26 # of defaulters** searched for (from active search list provided by HF to SCIP) | | | - | - | - | 6,066 |
| | In FY5Q4, PEPFAR requested this indicator at the HF level, whereas previously data was collected at the district level. Given the time limitations, data was aggregated by HF for FY5 but unfortunately not by quarter. | | | | | |
| 2.27 # of defaulters found | 3,650 | 64% | - | - | - | 2,327 |
| | In FY5Q4, PEPFAR requested this indicator at the HF level, whereas previously data was collected at the district level. Given the time limitations, data was aggregated by HF for FY5 but unfortunately not by quarter. | | | | | |
| 2.28 % of defaulters returning to treatment (# of defaulters and/or LTFU who gave pre-consent reintegrated at the HF) | | 64% | 0 | - | - | 1,345 |
| | 64% of defaulters found were confirmed at HF level as returned to treatment. 226 were confirmed as passed away by the community. | | | | | |
| 2.29 # of children measured using MUAC tool at the community-level | 98,764 | 91% | - | 20,761 | 44,467 | 89,931 |
| | We have nearly reached our target. Additional Promotors and Animadoras will be trained in FY6Q1. | | | | | |
| 2.30 % of children (identified via | | N/A | - | 1.22% | 0.6% | 0.6% |

| Indicator | Annual Target | Achieved Year 5 | Achieved by quarter | | | |
|---|--|-----------------|---------------------|-------|-------|-------|
| | | | Q1 | Q2 | Q3 | Q4 |
| MUAC) as acutely malnourished at the community-level | 550 children (out of 89,931) were identified as acutely malnourished in FY5Q4. | | | | | |
| 2.31 % of acutely malnourished children (identified via MUAC) who were referred for clinical care | | N/A | - | - | 95% | 97% |
| | In FY5Q4 258 (97%) acutely malnourished children identified through the MUAC tape (of the 265 identified during FY5Q3 MUAC) were referred to the HF. | | | | | |
| 2.32 % of children measured found with acute malnutrition (via MUAC) with completed referrals to clinical care | | N/A | - | - | 90% | 91% |
| | 242 (91%) of 265 acutely malnourished children referred for clinical care were confirmed as arrived (per the Child Health card). | | | | | |
| 2.33 % of children measured with acute malnutrition (via presence of bilateral pitting edema) | | | - | 0.12% | 0.10% | 0.10% |
| | 57 children (out of 89,931) were identified as acutely malnourished via the presence of bilateral pitting edema at the community level in FY5Q4. | | | | | |
| 2.34 % of children measured with acute malnutrition (via presence of bilateral pitting edema) who were referred for clinical care (6-59 mo, M/F) | | - | - | - | 96% | 30% |
| | 7 out of 23 children identified with bilateral edemas were referred for clinical care in FY5Q4. | | | | | |
| 2.35 % of children measured found with acute malnutrition (via bilateral pitting edema) with completed referrals to clinical care | | - | - | - | 87% | 30% |
| | 7 out of 23 children referred for clinical care completed the referral in FY5Q4. | | | | | |

*** A patient on pre-ART treatment is considered "late" when they do not appear between 6-6.5 months after their CD4 count, a "defaulter" when they do not appear between 6.5 and 8 months after their CD4 count, and "LTFU" when they do not appear at the HF for 8 months or longer after their CD4 count. A patient on ART is considered "late" when up to 2 weeks pass before picking up their medication, a "defaulter" if 2 weeks to 2 months pass without picking up their medications, "LTFU" when more than 2 months have passed without picking up their medication. (PEPFAR Mozambique April 2013)*

KEY REMARKS ON THE PROGRESS OF RESULT 2

Result 2 activities reinforce the training and capacity-building of Result 1, emphasizing the strengthening of linkages between services, sharing of knowledge and best practices amongst community structures and across localities, addressing the needs of OVCs and promoting health-seeking behavior change at the individual, family and community levels in all SCIP intervention districts. To these ends, SCIP continues to revitalize community structures to meet the necessary coverage in both ART-supported and specialized nutrition districts as well as supports increased community representation within the CLLs, CLCs, OVC sub-committees, and HF co-management committees. SCIP also supports the community network with logistical and organizational support to conduct home-visits; mobilize mothers to access MCH services at the HF or the community service delivery point as well as nutrition outreach services and mothers' education sessions; and promote the adoption of "model family" behaviors at the household level.

2.1 PROMOTE THE BASIC PACKAGE OF BEHAVIOR CHANGE THROUGH INDIVIDUAL, FAMILY AND COMMUNITY LEVELS IN ALL SCIP INTERVENTION DISTRICTS

HOUSE VISITS IN INTENSIVE DISTRICTS

Community volunteers of the community health network 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. While the volunteers have already completed the lessons planned by the project, visits during FY5 focused on revision and reinforcement of topics to encourage behavior change. *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.

In FY5 volunteers in the five intensive districts made 858,004 visits (233,241 Q1, 198,700 Q2, 208,767 Q3, 217,296 Q4), sharing messages on diverse health topics: HIV/STIs/TB (causes, signs, prevention, treatment), FP (different methods and advantages of FP), diarrhea (causes, signs, prevention, treatment), child health and malaria (causes, signs, prevention, treatment).

THE MODEL FAMILY STRATEGY

In FY5 we continued to evaluate the volunteers and families that volunteers visit as Model Families (in intensive districts). In order to be recognized as a Model Family, the family 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.

During FY5, 39,371 households (20,136 volunteer households and 19,235 other households) were assessed as Model Families. 29,050 households (15,341 volunteer households, 13,709 other households) received the certification as Model Families, 74% of the total assessed. The detail is provided in the table below.

| | Model Family assessment and certification FY5 | | | | | |
|---------------------|---|---|-------------|---------------------------------|---|-------------|
| | Total # volunteer HH assessed | Total # volunteer HH certified FY5 | % certified | Total # other HH assessed | Total # other HH certified FY5 | % certified |
| Nampula City | 1,430 | 1,067 | 75% | 1,431 | 1,071 | 75% |
| Rapale | 8,310 | 6,025 | 73% | 5,955 | 3,730 | 63% |
| Mecubúri | 7,970 | 6,543 | 82% | 7,389 | 5,688 | 77% |

| | | | | | | |
|------------------|--------|--------|-----|--------|--------|-----|
| Ribáuè | 521 | 354 | 68% | 1,084 | 775 | 71% |
| Malema | 1,905 | 1,352 | 71% | 3,376 | 2,445 | 72% |
| Total FY5 | 20,136 | 15,341 | 76% | 19,235 | 13,709 | 71% |

COMMUNITY THEATRE

Community theatre activities continue without significant changes during FY5. Theatre groups address specific health themes (HIV, Family Planning, Nutrition, WASH, Malaria, Conservation Agriculture and Maternal and Child Health) 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. Community theatre groups are increasing the number of performances outside of the district capital, reaching more remote communities with less access to information.

13 districts (the Nacala Velha theatre group shifted to support the Vale social enterprise program) reported a total of 3,098 performances during FY5 (884 HIV, 714 Malaria, 507 Diarrhea, 754 FP, 191 conservation farming), with 419,601 individuals participating in small group discussions following the performance. 61,096 HIV/FP pamphlets, 435,141 condoms, 4,764 female condoms and 493 bottles of *Certeza* were distributed during these activities.

There were 2 new theatre pieces piloted during FY5. A nutrition skit was piloted in Monapo during FY5Q3. The district coordinator found the skit quite useful to complement the mobilization activities of animadoras and promoters in Nutrition localities, especially those villages who had not been covered through the previous SANA network. The dramatization of nutrition activities was an appealing way to encourage participation in the Nutrition activities (MUAC screening, participation in Mothers Groups), and the community theatre group continues to coordinate with the Promoters and Mothers Groups.

A skit on the Model Family concept was piloted in Ribáuè during FY5Q1. The plot demonstrates how a family should be organized and how healthy behaviors work together to contribute to less vulnerable families. Key messages from all components are integrated to comprise a basic package of good practices: benefits of CA, the dangers of burning practices, hygiene at home, hand washing, water treatment, having a latrine, going to the HF in case of illness, welcome the home visits of animadoras, vaccinations, institutional deliveries, FP, the HTC-C, adherence to treatment. The piece was piloted first with CL facilitators who recommended the quick dissemination in the communities.

The number of community theatre groups will gradually reduce during FY6 to reflect the shifts in strategy and geographic focus. In the affected districts, community

| Exit timetable for community theatre groups by district | | | |
|--|-------|-------|--------|
| | Nov14 | Dec14 | Sept15 |
| Nampula City | x | | |
| Rapale | x | | |
| Mecubúri | | | x |
| Malema | | | x |
| Ribáuè | | | x |
| Meconta | | | x |
| Monapo | | x | |
| Nacala Porto | x | | |
| Memba | | x | |
| Eráti | | x | |
| Mogovolas | | | x |
| Angoche | | x | |
| Moma | | x | |

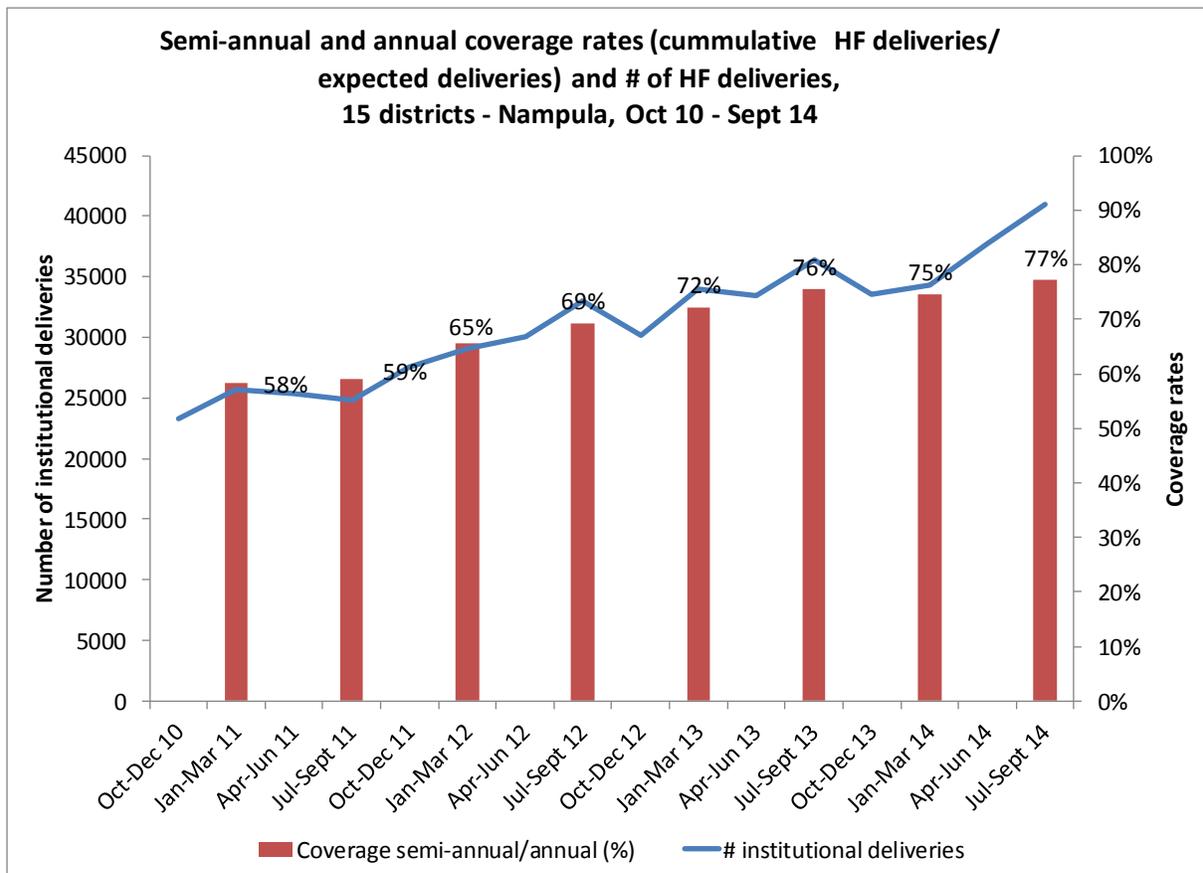
theatre groups will be contracted on an as-needed basis per activity.

TECHNICAL ASSISTANCE FOR PROGRAMA GERAÇÃO BIZ (PGB)

Technical assistance was provided for *Programa Geração Biz* (PGB) at Secondary Schools in Malema, Ribáuè & Monapo during FY5. Specific support was given to the PGB officer in Monapo to review strategies and plan activities. Peer educators were trained in Malema and Ribáuè, with participants being responsible to disseminate key messages including prevention and treatment of STIs, HIV, negotiation and use of condoms with partners, improvement of self-esteem, use of health services, stigma and stereotypes and human rights.

ANALYSIS OF INSTITUTIONAL DELIVERY TRENDS (INDICATOR 2.10)

SCIP has many activities to encourage institutional deliveries in the province, such as bicycle ambulances, maternal waiting houses, community discussions in Hot Topics, data analysis of community deliveries occurring at the CLC level, humanization of services at the HF, data analysis of institutional deliveries by the HF Co-Management committees. There were 33,564 deliveries reported in Q1, 34,306 in Q2, 37,706 in Q3 and 40,950 in Q4 of FY5. The annual coverage within the SCIP intervention area has increased from 59% in FY2 (Sept 2011), 69% in FY3, 76% in FY4 to 77% in FY5. It will be difficult to increase coverage further, taking into account the existing number of maternities in Nampula Province. Most of the remaining 23% are living in remote, sparsely populated areas with limited access to health services due to existing infrastructure and transportation options.



2.2 PROMOTE NUTRITIONAL HEALTH BEHAVIOR CHANGE RELATED TO USAID AREAS OF TECHNICAL FOCUS FOR NUTRITION AT INDIVIDUAL, FAMILY AND COMMUNITY LEVELS FOR NUTRITION DISTRICTS (MOMA, ANGOCHE, MOGOVOLAS, MECONTA, MONAPO, MURRUPULA)

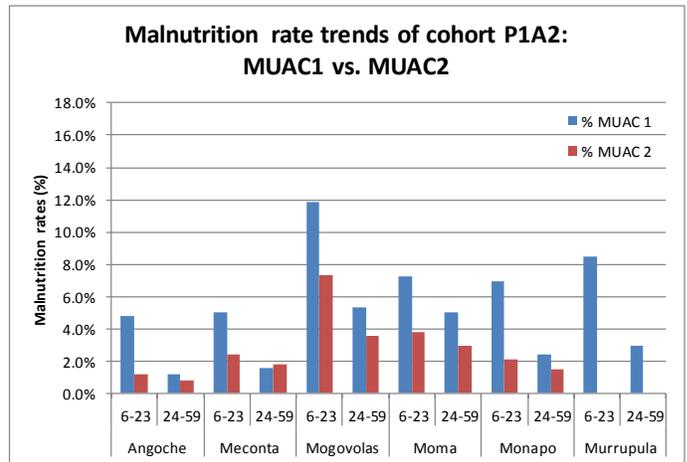
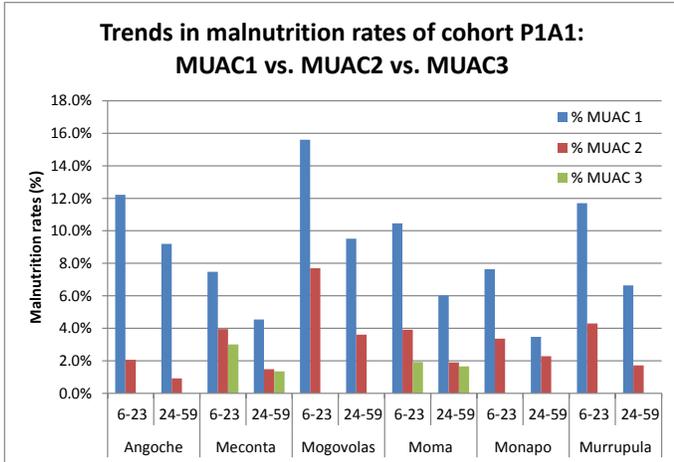
IDENTIFICATION OF MALNOURISHED CHILDREN AT THE COMMUNITY LEVEL USING THE MUAC TAPE & INTEGRATION IN COMMUNITY NUTRITIONAL REHABILITATION GROUPS

As mentioned in IR1, *animadoras* and CLFs mobilize the mothers of the target group (pregnant women and women with children under 5) to bring their children for a one-day malnutrition screening using the mid-upper arm circumference (MUAC) tape and assessment for bilateral edemas. Children are identified as healthy, moderately malnourished or severely malnourished. Both moderately malnourished and severely malnourished children are registered in the Follow-up Book for Malnourished Children (*Livro de Seguimento da Criança Malnutrida*) by the CLF. Severely malnourished children are immediately referred to the HF for clinical treatment. Moderately malnourished children (without diarrhea/other infectious disease) are referred to community nutrition rehabilitation groups (organized by the *animadora*), locally referred to as *lareira*.

As we are rolling out this strategy progressively, we are working with cohorts of children that we will continue to follow throughout the duration of the project. The first group of Promotors (P1) was trained in March 2014 and the second group of Promotors (P2) was trained in July 2014. Each Promotor has two groups of 10 Animadoras (A1 & A2). Each group of 10 animadoras covers a general population of approximately 4,500 individuals. P1A1 began activities in March 2014, covering approximately 180,000 of the general population. P1A2 began activities in April 2014 and has covered an additional general population of 140,000. P2A1 started activities in August 2014 and P2A2 will start in October 2014, - together they will cover an additional expected general population of 241,000 and 182,000, respectively. The four cohorts will cover an estimated total population of 743,000 inhabitants, 83% of the target of 900,000 that we should reach by the end of September 2015 (FY6).

89,931 children were screened for malnutrition using MUAC tapes and assessment for bilateral edemas in 6 districts during FY5Q4, a result of the community mobilization efforts of the *animadoras* and CLFs. 44,467 children were screened in FY5Q3 and 20,761 children were screened in FY5Q2. Of the 89,931 children screened in FY5Q4, 44,345 were screened for the first time. Learning from our experience during FY5Q2, the screening process has been modified to take 1-2 weeks.

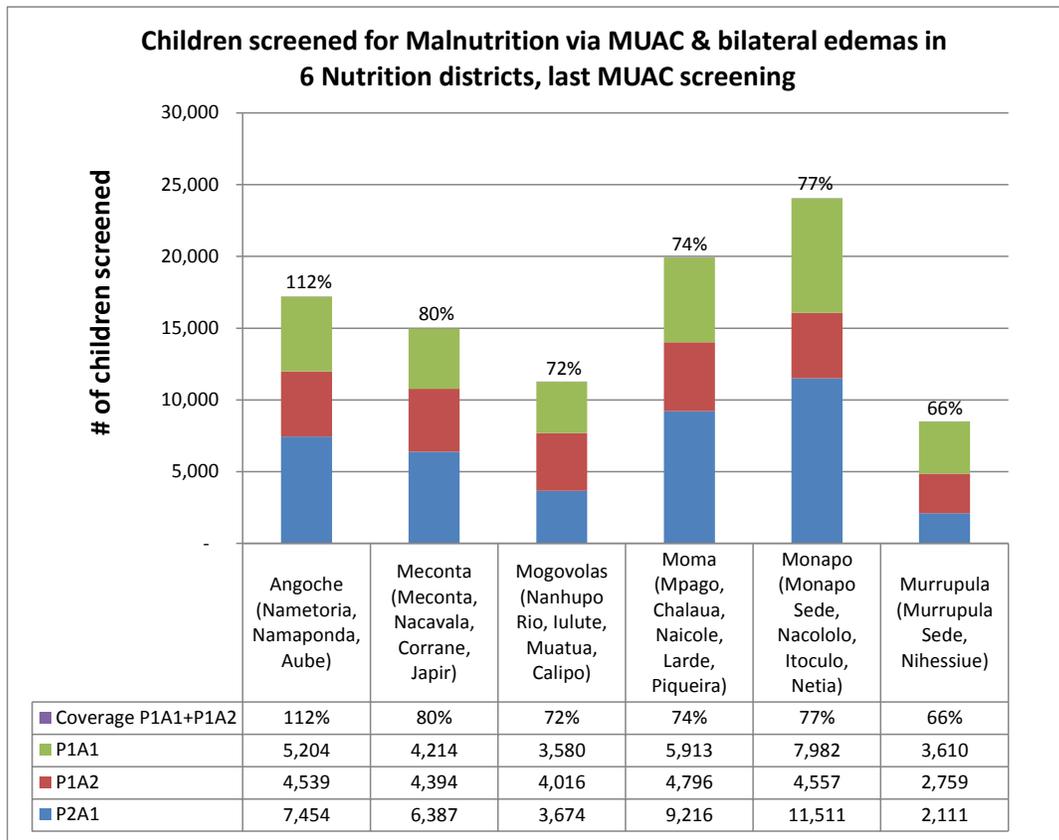
Of the 89,931 children screened, 1,999 (4.48%) children 6-23 months and 1,234 (2.72%) children 24-59 months) were identified as moderately malnourished; 378 (0.85%) children 6-23 months and 172 (0.38%) children 24-59 months as severely malnourished; and 25 (0.06%) 6-23 months and 32 (0.07%) 24-59 months) with bilateral edemas.



As of September 2014, cohort P2A1 has completed one MUAC screening, cohort P1A2 has completed two MUAC screenings (apart from Murrupula), and cohort P1A1 has completed 2 (4 districts) or 3 (Meconta & Moma) MUAC screenings. We are happy to see reduced malnutrition rates in virtually all categories assessed during the second and third MUAC screenings of P1A1. The detailed results by district are presented in Annex 4.

However, the differences in malnutrition rates between the first MUAC of P1A1 and the first MUAC of P1A2 are unexpected. For example, P1A1 areas were mostly already covered by the SANA project and had more exposure to nutrition education, yet their malnutrition rates during MUAC1 were higher than those of P1A2, where SANA was not present. This raises some questions that call for further analysis – (1) Are the most malnourished children participating in the MUAC screenings in P1A2 areas? Reports from the field suggest that women with malnourished children are ashamed and do not always attend the group screenings. The most malnourished children may belong to more vulnerable families who participate less in community activities. (2) Is the MUAC screening/registration conducted by the P1A2 group of animadoras of less quality than the screenings conducted by P1A1? The majority of animadoras in P1A2 are new with less experience in nutrition activities. (3) Are there other multisectorial factors with the P1A2 that can explain the lower rates of malnutrition, such as sanitation, access to potable water, agricultural productivity? These questions will be further investigated in FY6Q1.

In order to assess if we are achieving a minimum of 80% coverage in each targeted Nutrition locality, we divided the total number of children screened during the last MUAC screening of each cohort (P1A1 + P1A2 + P2A1) by the expected target for the localities to calculate the coverage achieved in FY5Q4. Please note that data from the 4th cohort (P2A2) is not reported here. The 112% coverage achieved in Angoche will be further investigated. Some additional Promotors will be trained in FY6Q1 to increase the coverage in localities that have not yet been reached.



COMMUNITY-LEVEL NUTRITION REHABILITATION GROUPS FOR IDENTIFIED MALNOURISHED CHILDREN

Moderately malnourished children (without diarrhea/other infectious disease) are referred to community nutrition rehabilitation groups (organized by the *animadora*), locally referred to as *lareira*. The group meets six days a week for three weeks. Mothers learn to make enriched porridge using locally-available ingredients and feed their children. At the end of the three weeks the children are re-assessed with the MUAC tape. If the children are still moderately malnourished, they will repeat the *lareira* a second time. If at the end of the two *lareira* sessions the child has not improved, they are referred to the HF. *Lareira* attendance is recorded in the Follow up Book for Malnourished Children. Upon return to the community, severely malnourished children are also integrated into the *lareira* sessions.

IDENTIFIED MALNOURISHED CHILDREN FOLLOWED UP BY ANIMADORAS AND CLFS AT HOME

Animadoras and CLFs visit the houses of malnourished children on a regular basis to follow the progress of the child and provide health counseling as needed – ensuring preventive measures are taken at the household level and identifying potential barriers to improved nutrition. Activities during these visits are also recorded in the Follow-up Book for Malnourished Children. The screening sessions take place once a quarter in the same communities.

72% of children who were being followed up in the six districts (P1A1 & P1A2) received at least three visits in their homes over three months. 93% of children who were followed up participated in the first

ladeira session, and 77% of these children made enough progress to graduate at the end of the three weeks. 82% of children who participated in the second ladeira graduated. Preliminary results suggest these efforts are paying off, as there are lower malnutrition rates in consecutive MUAC screenings of the same groups of children. The detail of the quality of community-based nutrition services provided by P1A1 and P1A2 are presented in Annex 5.

With respect to referrals to HFs, 258 (95%) acutely malnourished children identified through the MUAC tape (of the 292 identified during MUAC sessions in FY5Q3) were referred to the HF. Of these, 242 (94%) were confirmed as arrived (per the Child Health card). All 7 children identified with bilateral edemas were referred to the HF, and 100% were confirmed as arrived.

GROUP EDUCATION SESSIONS ON HEALTH AND NUTRITION FOR ADOLESCENTS, YOUNG WOMEN, PREGNANT WOMEN AND WOMEN WITH CHILDREN <2 YEARS

In addition to the *ladeira* groups, pregnant women and women with children under 5 years participate in mother education groups facilitated by the *animadora*. Each group has up to 20 mothers. Based in the same curriculum used in the intensive districts, each *animadora* shares nutrition and health education messages on a regular basis.

In the 6 districts, animadoras from P1A1, P1A2 & P2A1 provided lessons to at least 26,924 women through mother education groups, addressing malnutrition (100,608 participants over 4 sessions), exclusive breastfeeding (17,809 participants in 1 session), complementary breastfeeding (19,724 participants in 1 session), family planning (11,206 participants in 1 session), the role of community actors (8,497 participants in 1 session), diarrhea (71,671 participants over 4 sessions), malaria (49,897 participants over 4 sessions) and acute respiratory infections (27,373 participants over 3 sessions). Note that these numbers are the number of women who participated in sessions on each topic, but the same women participate in multiple sessions.

2.3. ADDRESS HIV RETENTION IN CLOSE COLLABORATION WITH CLINICAL PARTNERS ON THE CATCHMENT AREA OF EACH HF PROVIDING ART

Adherence to treatment among HIV positive and chronically ill patients is fostered through on-going support to HBC and/or PwP activists operating within the community platform. SCIP supports CL continuum of care focal points to conduct sensitization activities and discussions within their respective communities to reduce stigma and foster an enabling environment for HIV positive individuals to seek support from the CL and HBC/PwP activists and aid them in their adherence to treatment. Through these efforts CLs, alongside HBC/PwP activists identify pre-ART and ART clients that may face extensive barriers to care in order to preempt treatment interruption and reduce late/defaulters/LTFU individuals. Re-integration of late/defaulters/LTFU pre-ART, ART, and chronically ill patients is supported through activities that further strengthen the linkages between community actors, the HTC-C, and the HF through community-based platforms as well as through activities targeted towards families of these vulnerable patients. Building on the efforts of FY4 (prevention of new defaulters/LTFU and re-integration of late/defaulters/LTFU through the community continuum of care log book), SCIP aims to increase the number of clients supported by one-third. Moving towards greater sustainability, SCIP provides on-going support to the Continuum of Care (including both HIV and malnutrition) CL focal point

in order to foster greater understanding of HIV client retention, treatment adherence and the importance of supporting linkages between HBC/PwP activists, patients, HTC-C and the HF.

7 SCIP staff (3 provincial community health supervisors and 4 district community health supervisors) participated in a training provided by the MoH on the integration of HBC and social services during FY5Q3.

In FY5Q4 8 SCIP field supervisors of intensive districts were trained by the Ministry of Health to improve the qualitative supervision of the animadoras, aiming to strengthen the quality of home-based care services provided to chronically ill individuals.

CONTRIBUTE TO INCREASING THE NUMBER OF HIV+ AND OTHER CHRONICALLY ILL PATIENTS ADHERENT TO CARE AND TREATMENT SERVICES THROUGH THE COMMUNITY-BASED PLATFORMS AND LINKAGES TO HF SERVICE DELIVERY CHANNELS

SCIP focused on 54 ART HF catchment areas in the 14 districts throughout FY5. In these 54 localities SCIP has identified the additional number of CLCs which should be established in order to have complete CLC coverage. 66 additional CLCs were trained in Hot Topics during FY5 to continue increasing CLC coverage within the catchment areas of ART HFs from Angoche (16), Moma (15), Monapo (14) and Murrupula (21). CLFs from Eráti (26), Moma (60), Angoche (27) and Ribáuè (59) were trained in the Continuum of Care during FY5. 43 animadoras from Ribáuè (41) and Angoche (2) and 3 Promotors from Moma also participated in this training.

| 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 |
| FY5 Q1 | 3,553 |
| FY5 Q2 | 4,178 |
| FY5 Q3 | 4,161 |
| FY5 Q4 | 4,847 |

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. 8,216 chronically ill individuals received HBC services during FY5. At the end of FY5, 7,105 chronically ill individuals were alive and 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. 4,847 are confirmed as HIV+, 3,980 are on ART, 803 on Cotrimoxazole, 661 are on tuberculosis treatment and 160 are seropositive pregnant women.

Special attention was given during FY5Q3 to clean the data from the Livros de Seguimento of the HTC-C counselors, removing all clients who had not received a visit in the last six months.

| | Districts | # of PwP/HBC community providers | # of patients followed up as of FY5Q4 | Observations |
|-------------------|---|----------------------------------|---------------------------------------|--|
| APEs | Moma (25), Meconta (7), Mogovolas (25), Monapo (23), Angoche (19), Eráti (9) | 108 | 1,115 | <ul style="list-style-type: none"> • Fixed, village-limited geographical area • Integrated health approach • All chronic diseases as defined by the MoH |
| Animadoras | Ribáuè, Rapale, Nampula City, Malema, Mecubúri | 357 | 2,526 | <ul style="list-style-type: none"> • Fixed, village-limited geographical area • Integrated health approach • All chronic diseases as defined by the MoH |
| HTC-C | Moma, Meconta, Mogovolas, Monapo, Ribáuè, Rapale, Nampula City, Malema, Mecubúri, Memba, Nacala Porto, Nacala Velha, Eráti, Angoche | 39 | 3,464 | <ul style="list-style-type: none"> • Mobile, within 2-3 localities • Follows up only HIV+ patients • Will discharge HIV+ patients to APEs / animadoras where existing • Support APE & Animadoras for community-based HIV testing of higher risk groups |

At the end of FY5Q4, 39 counselors, 357 *animadoras* and 108 APEs offer the seven services of Positive Prevention in their regular follow up visits to households of HIV+ individuals. The community network strengthens the link between clients and health services through participation in HF Co-Management meetings and clinical HF committees, referrals, verification of counter-referrals and discussion with providers as needed.

REINTEGRATION OF PRE-ART & ART PATIENTS WHO HAVE EVER BEEN LATE/DEFAULTED/LTFU INTO CARE AT THE HF THROUGH HTC-C-BASED INITIATIVES AND COMMUNITY NETWORKS

In order to increase adherence to treatment, community network supervisors, HTC-Cs and APEs retrieve lists of late/defaulters/LTFU chronically ill patients from the HF so they can encourage them to return to the HF for treatment. Animadoras are especially important in this process as they are in regular contact with chronically ill patients and their families. There remain gaps, but technical meetings

| Reporting period (Fiscal Year and Quarter) | Number of Late/Defaulters/LTFU found 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 |
| FY5 Q1 | 317 |
| FY5 Q2 | 638 |
| FY5 Q3 | 951 |
| FY5 Q4 | 896 |

between SCIP, ICAP and providers have been very useful to define information flow and encourage regular updating of defaulter/LTFU lists.

49 (91%) of the 54 ART HFs provide lists of late/defaulters/LTFU patients to ART services. All HTC-Cs participate at least quarterly in the HF ART Committee meetings.

During FY5, 6,066 names were provided to HTC-Cs, APEs and Animadoras for active search, of whom 2,327 (38%) were found. 226 (4%) had recently passed away. 1,345 (64%) of those who were found alive returned to treatment.

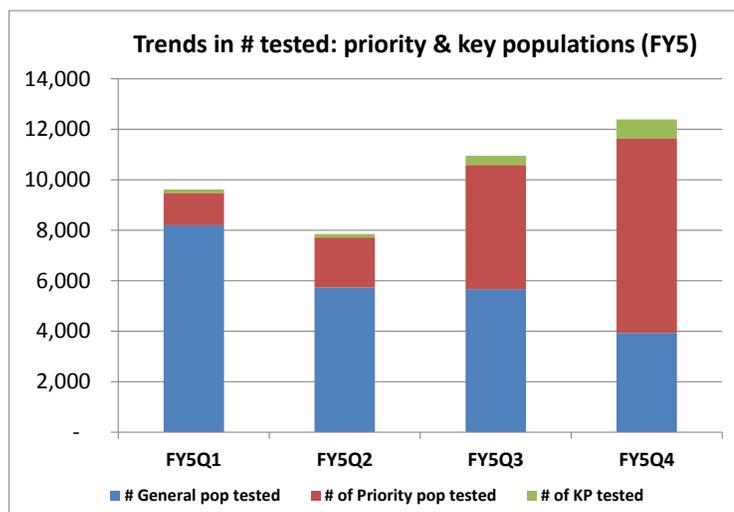
Counselors have worked intensely with health providers in active search efforts to return patients to treatment. When patients are concentrated geographically, HTC-C counselors and health providers encourage HIV+ chronically ill patients to establish/join GAAC groups in their communities. This continues to be discussed during ART meetings at the HF to try and address the difficulties in creating and maintaining these groups. Counselors follow up with patients on treatment to emphasize the importance of adhering to their treatment and to the HF, as well as to offer PwP services.

FOSTER RETENTION AND PROMPT EARLY ENROLLMENT IN CARE THROUGH HTC-C FOCUSING ON FAMILY MEMBERS OF KNOWN HIV PATIENTS AND/OR CHRONICALLY ILL PATIENTS IDENTIFIED AT COMMUNITY LEVEL WITH UNKNOWN HIV STATUS

We observed marked increases in the numbers of individuals tested in all target populations after the technical updates with HTC-C counselors in May and July. In FY5Q4, 68% of individuals tested were from target populations, a real improvement from the 14% reported in FY5Q1.

The number of newly identified seropositive people per quarter has increased consistently across all target populations, increasing the number of

HIV+ people who learned their positive serostatus. This contributes to the Counselling and Testing Objective of the Accelerated Treatment Plan of the MoH. Furthermore, the SCIP strategy has contributed to increasing the number of recently identified HIV+ children, one of the deficits identified in the Accelerated Treatment Plan.



In FY5 3,762 chronically ill individuals were tested for HIV, 946 (25%) of whom tested positive. The table below shows the quarterly number of chronically ill patients, their partners and children who were tested in FY5. While the number of chronically ill tested has increased, our percent of chronically ill who are HIV+ has decreased as HTC-C counselors have broadened their focus, no longer concentrating

exclusively on the most severely chronically ill. In order to reach more chronically ill individuals and their families, HTC-Cs coordinate with community animadoras and camp in the localities to provide testing and counselling services.

| Reporting period | FY5Q1 | | | FY5Q2 | | | FY5Q3 | | | FY5Q4 | | |
|---|--------|------|----|--------|------|----|--------|------|----|--------|------|----|
| | Tested | HIV+ | % |
| Identified by community network and tested by HTC-C | | | | | | | | | | | | |
| # of chronically ill individuals | 116 | 103 | 89 | 319 | 177 | 56 | 946 | 297 | 31 | 2,342 | 453 | 19 |
| # of partners of chronically ill individuals | 88 | 15 | 17 | 174 | 26 | 15 | 512 | 61 | 12 | 836 | 98 | 12 |
| # of children of chronically ill individuals | 235 | 3 | 1 | 664 | 10 | 2 | 1,365 | 36 | 3 | 1,628 | 32 | 2 |

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. After obtaining consent, HTC-C counselors visit the homes of the seropositive pregnant women to provide health counseling on various diseases, sanitation, community support and prevention. PwP messages are shared throughout the counselling. Partners and children are counseled and tested for HIV. SCIP aims to keep the pregnant woman in PMTCT services at the HF, and in the event the partner is HIV positive, that he is also integrated in care and treatment services.

In FY5 837 partners were tested for HIV during household visits, of whom 251 (30%) tested positive. 1,669 children of seropositive pregnant women were tested for HIV, of whom 70 (4%) tested positive.

SCIP contributes to the reduction of MTCT through a strategy of Male Involvement. A partner who understands the situation and basic health issues of his pregnant HIV+ partner can encourage and support her to continue necessary pre-natal consults. CLFs trained in the Continuum of Care help create supportive environments for this issue.

| Reporting period | FY5Q1 | | | FY5Q2 | | | FY5Q3 | | | FY5Q4 | | |
|---|--------|------|----|--------|------|----|--------|------|----|--------|------|----|
| | Tested | HIV+ | % |
| Positive Prevention in the context of PMTCT | | | | | | | | | | | | |
| # of partners of HIV+ pregnant | 91 | 32 | 35 | 124 | 42 | 34 | 300 | 80 | 27 | 347 | 101 | 29 |

| | | | | | | | | | | | | | |
|--------------------------------------|----|---|---|-----|----|----|-----|----|---|-----|----|---|--|
| women | | | | | | | | | | | | | |
| # of children of HIV+ pregnant women | 92 | 0 | 0 | 152 | 14 | 10 | 582 | 14 | 2 | 812 | 31 | 4 | |

SCIP targets higher-risk populations (CSW, IDU, MSM, Bridge and mobile populations) for testing and counseling services in areas not covered by the CDC MARPS intervention. 4,351 higher-risk individuals were tested in FY5, of whom 401 (9.2%) tested positive. The majority of CSW were tested in Ribáuè, Nacala Velha, Nampula City, Nacala Porto and Moma – sites of major projects with mobile populations, commerce and transactional sex. The majority of bridge and mobile populations were tested in Meconta, Nacala Porto, Nacala Velha, Nampula City, Rapale and Ribáuè, along the Cuamba-Nacala corridor. The table below shows the disaggregation by group.

| Reporting period | FY5Q1 | | | FY5Q2 | | | FY5Q3 | | | FY5Q4 | | |
|---|--------|------|---|--------|------|----|--------|------|----|--------|------|----|
| HIV testing for higher-risk populations | Tested | HIV+ | % | Tested | HIV+ | % | Tested | HIV+ | % | Tested | HIV+ | % |
| CSW | 104 | 4 | 4 | 115 | 13 | 12 | 283 | 32 | 11 | 536 | 59 | 11 |
| IDU | 10 | 0 | 0 | 9 | 2 | 23 | 59 | 10 | 17 | 92 | 8 | 9 |
| MSM | 7 | 0 | 0 | 5 | 1 | 20 | 24 | 2 | 8 | 115 | 3 | 3 |
| Bridge and mobile populations | 274 | 5 | 2 | 411 | 29 | 7 | 953 | 91 | 9 | 1,332 | 134 | 10 |

2.4 HIV TESTING AND COUNSELING INTEGRATED WITH FP AND PMTCT

In FY5, 40,807 individuals (20,767 male and 20,040 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. 7,198 individuals were tested in a couple counseling session and 10,064 individuals were tested in a family session. 2,731 (6.7%) of individuals tested were HIV+.



Family counselling and testing session in Rapale.

Quarterly regional technical meetings with HTC-C counselors reinforce strategies of targeting higher-risk populations and improving adherence to services of HIV+ individuals, addressing challenges counselors face in achieving daily tasks. The performance of each counselor is evaluated at this time.

The HTC-C team offered testing and counseling through a number of different outreach activities in FY5, including World AIDS Day 2013, the National Cultural Festival in Nampula, Corridor De Nampula, the Provincial Directorate of Transportation, the prisons in Nacala Porto

and Nampula City, Belo Horizontes in Rapale, road workers in Ribáuè and Malema, Pensão Axinene in Nampula City and several health fairs in Murrupula and basket tournament involving secondary schools in Nampula City, HIV prevention program of Peace Corps Volunteers in secondary schools.

Per the request of FHI360, SCIP supported the training of 48 Niiwanane activists on HTC, treatment and retention aiming to improve the quality of the home visits they provide for 600 children and their families. The activists work in four neighborhoods of Nampula City: Napipine, Murapaniwa, Naticiri and Marrere. The aim of this collaboration is to integrate these activists in the community platform (SCIP HTC-Cs, SCIP animadoras, Nivenyee activists, Niiwanane activists) in the active search process in Nampula City. Furthermore, SCIP HTC-C counselors of Nampula City will support activists in community-based counseling and testing services for higher risk groups.

2.5 ADDRESS THE NEEDS OF OVCs

The needs of OVCs continue to be addressed with a particular emphasis on providing economic development opportunities for older OVCs through savings and loan groups and agricultural opportunities provided by the youth farmer clubs (YFCs), supporting the delivery of basic services through the community network and other public service delivery channels as outlined in the OVC action plan (PACOV). These activities are institutionalized at the community level by the CL OVC focal point's participation in CLCs, further fostering linkages between YFCs and other community-based activities to increase OVC access to opportunities to better their futures.

EXPAND ECONOMIC STRENGTHENING INITIATIVES FOR OVC FAMILIES (MORE DETAILS IN RESULT 4)

These initiatives are described in detail in 4.3.1.

CONTINUE TO SUPPORT THE DELIVERY OF OTHER PACOV (OVC ACTION PLAN) BASIC SERVICES STRENGTHENING THE ABILITY OF THE COMMUNITY NETWORK TO DELIVER SERVICES AND LINK OVCS WITH OTHER PUBLIC SERVICE PROVIDERS

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 five of implementation, the community health network continued to support OVC needs in education, legal protection, and economic empowerment although psychosocial support, food and nutrition. These are the basic services that the community network provides 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.

With the phasing out of 12 localities of Intensive districts, SCIP has reached 43,063 OVCs in 14 districts with at least one of the seven services during FY5. 41,823 OVCs received food and nutrition counselling as well as “Psychosocial, social and/or spiritual support”. 4,154 OVCs were assisted in enrolling in school for the first time and reported as receiving the Education service in FY5. 5,846 OVCs have been referred from the community to the HF and are reported as receiving the Health Care referral service, and 2,386 OVCs whose families were integrated into RSLG groups were reported as those benefiting from the economic strengthening service. In FY5Q3, SCIP updated the number of OVCs who are being currently supported, taking into account phase-out of specific localities.

150 OVC sub-committees are supported to serve 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.



Minheuene RSLG meeting in Eráti

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. 3,453 OVCs benefited from legal protection services in FY5 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).

Integration of OVCs into YFCs was a SCIP strategy carried out from FY1 to FY5Q2 to address the needs of OVCs through the provision of socialization, training and livelihood opportunities. While the YFC strategy is no longer a priority to address the needs of OVCs, YFCs are still active with minimal support of the RSLG district’s technical assistants, as they are based at community level and continue to receive assistance from the Community YFC Monitors. In order to give technical support to the monitors, a monthly one day meeting is organized. Monitors focus support towards identifying OVC families to be integrated in the RSLG.

5,766 OVCs are active members of YFCs in FY5. These OVCs are counted as the number of eligible clients who received food and/or other nutrition services through their participation in YFC. In FY5, a maximum of 5,297 participated in demonstration plot activities for rainy season crops, 4,085 participated in demonstration plot activities for horticulture, 5,466 on safe food handling and conservation, 5,766 on nutrition and 4,406 on adolescent and youth sexual and reproductive health.

2.6. GENDER AND MALE INVOLVEMENT

SCIP continues to support CL male involvement focal points in facilitating small group discussions on gender, decision-making agency, gender-based violence and their effect on health outcomes and behaviors (e.g. maternal mortality, HIV and the uptake of FP and SRH services). The importance of male involvement in programming surrounding these issues is emphasized through the use of Pathfinder's "Pathways to Change" game and flipbooks illustrating gender dynamics. Small group sessions are complemented by discussions surrounding these issues during CLC meetings to reinforce key gender dynamics messages thus fostering a more conducive environment for the adoption of gender equitable behaviors throughout the community.

348 CLs from Mogovolas (66), Angoche (30), Mecubúri (28), Memba (24), Moma (69), Monapo (39), Murrupula (30), Nacala Velha (32) and Rapale (30) were trained as facilitators of Male Involvement discussions in FY5.

2.7. PROMOTE BEHAVIOR 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. SCIP and the community radio stations hold monthly planning meetings to share information on community activities, agree on a broadcasting schedule for radio spots and to organize for on-air discussions and interviews.

There are active MoUs 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).

Radio spots were broadcast 19,446 times during FY5, addressing FP (2,287), diarrhea prevention (5,534), Malaria (4,058), HIV (3,075), conservation agriculture (2,549), MCH (1,025), Nutrition (576) and Stigma and Gender-based violence (342).

2.8. DEVELOP AND PRODUCE IEC PRINTED MATERIALS

The following IEC printed materials were received in FY5:

- 2,200 flip books addressing OVC vulnerabilities and treatment adherence for the chronically ill
- 1,500 flip books on hygiene and sanitation

20,700 pamphlets on *Modern Methods of Family Planning* and 10,000 pamphlets on *7 Reasons to Use a Condom* were ordered in FY5Q3 and have been reprinted but were not yet received by SCIP Nampula.

CHALLENGES AND SOLUTION STRATEGIES

- Establishing new GAAC groups is a challenge.
 - Training of CLFs in the CoC strategy will help create a more supportive environment. CLFs will establish a pre-GAAC group at the community level.

- Locating HIV+ clients for follow up is challenging for three reasons. First, false addresses are provided at the HF. Second, HFs provide outdated lists of patients. Third, inconsistencies of names provided during registration (false names, informal and official names, similarities of names). Meanwhile, the situation has started to improve.
 - 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, stronger follow up by district coordinators will continue.
 - Community leaders will continue to be trained on the importance of the continuum of care to foster a positive environment.
 - As health providers co-facilitate CoC trainings with CLFs, they are more committed to improving their registration of clients: accuracy of addresses and verification of details provided at the HFs.
 - SCIP continues to complete CLC coverage in the catchment areas of ART HFs, offering the HF psycho-social focal point 1 CoC CLF per CLC as the community focal point.
 - SCIP staff continues to participate in the regular HF ART meetings to increase the linkage between the community network and the HFs.

UPCOMING EVENTS

- New capulana design for SCIP-supported community volunteers with key health promotion messages.
- Continue to provide technical support to HTC-C counselors through regional technical updates.
- Joint supervision visits with DPS to improve the quality of services provided by HTC-Cs.
- 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 expansion of OVC sub-committees in CLCs.
- Continue coordination with DPS to complement APE trainings with the HBC/PwP module in Murrupula.
- Continue to strengthen the coordination between the HF, the HTC-C and animadora to recuperate those late/defaulters/LTFU
- 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.

- Continue targeting of OVP and KP: chronically ill and families, drivers, migrant workers and sex workers (in non-VIDAS project districts).
- Continue to ensure access to RSLG through partnership with Ophavela; sensitization of animadoras on the RSLG concept in order to facilitate integration of OVC families.
- We must continue to support HTC-Cs, animadoras and APES in the use of the *Livro de Seguimento de Doentes Crónicos*; improve follow up and monitoring of “late” clients identified through PwP visits that are referred to the HF.
- In the localities selected to offer the intensive nutrition package, finalize mobilization, recruitment and training of additional promotores and animadoras (P3A1 & P3A2), extend CLC coverage to 90% in half of the localities targeted in FY6.

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

| Indicator | Annual Target | Achieved Year 5 (%) | Achieved by quarter | | | |
|---|--|---------------------|---------------------|-------|-------|-------|
| | | | Q1 | Q2 | Q3 | Q4 |
| 3.1 # of community-based distribution systems | 1,760 | 158% | 2,070 | 2,130 | 2,130 | 2,756 |
| | We have exceeded our target for the # of CBD systems for FY5, due to the increased numbers of animadoras trained to provide CBD in Nutrition Localities. | | | | | |
| 3.2 # of HF meeting with CLC representatives at least quarterly to evaluate health issues (denominator = 143 HF) | 84% (120) | 72% | 106 | 101 | 95 | 103 |
| | 103 HF CMCs met during FY5Q4. We will continue to focus on this important activity. | | | | | |

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.

Building on the improvement seen in FY5 in community structures that meet regularly (HF CMCs, CLCs and CLLs), activities in FY6 will focus on:

1. Strengthening the accountability of CL facilitators through a quarterly meeting.
2. Supporting the quarterly or bi-annually CLL meetings during which the indicators are presented by the CLC representatives and some other invited key community people. Led by the “*chefe da localidade*” (a civil servant), this meeting strengthens the accountability to the state representative at the most peripheral level.
3. Introduction of a monthly CLC reporting form with key community indicators. Outcome and output indicators include the # of maternal deaths, # of infant deaths, # of children <1 year fully vaccinated, # of children identified as undernourished, # undernourished children transferred to HF, # of women referred for an initial FP consultation, # of women reached through FP CBD, # of women who had an institutional delivery; # of chronically ill people followed up monthly by community actors, # of defaulters/LTFU reintegrated to HF services). Programmatic indicators include the # of community discussions carried out by the different types of CLFs (Male Involvement, CLTS, CoC, Nutrition), # of households with a latrine/Tip Tap/dish rack/landfill (complete coverage will lead to Open Defecation Free (ODF) status), # of families visited by activists, # of active activists within the CLC area, # of OVC services provided (such as economic strengthening and school enrollment). General demographic indicators to report include the

population of the CLC, the # of families within the CLC area, the number of women of reproductive age, the number of children <1 year, etc.

This monthly CLC sheet will be submitted by the CLC representative to the quarterly HF CMC meeting and to the quarterly or bi-annually CLL meeting. This can be considered a “decentralized reporting system” referring to the different existing ministerial sectorial policies (MOH, Women and Social welfare, Ministerio das Obras Publicas e Habitação)

3.1 STRENGTHENING COMMUNITY LEADERSHIP ACCOUNTABILITY

The link between the community and the HF is guaranteed through HF Co-Management Committees (HF CMCs) 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.

In FY5, 105 HF CMCs met during Q1, 98 during Q2, 94 during Q3 and 103 during Q4. 84 committees met every quarter. 12 reported meeting during 3 quarters and 10 met during 2 quarters. Some groups meet more than once per quarter to discuss problems, analyze data and plan future activities together to improve the services offered in the communities. The role of the SCIP team is to prepare the contents and the agenda with the responsible officers of the HFs.

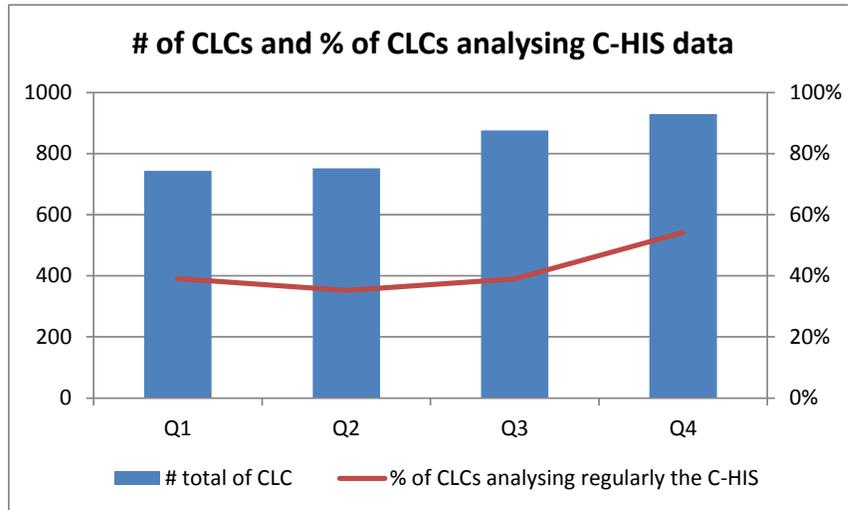
SCIP continues to provide technical support so that these meetings take place regularly and that the community network is integrated in the activities of the HF. In some HFs committee members support the cleaning, organization of patients into queues, etc. Please see Annex 6 for the detail of which HF CMCs met during which quarter(s) of FY5.

CLCS ANALYZING COMMUNITY HEALTH (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. Data is recorded in each CLC notebook, enabling further follow up and shared at the CLL meeting.

In FY5, 123 new CLCs were trained in community involvement (72 in Chalaua, 35 from Larde and Naicole localities in Moma and 16 in Monapo) in order to cover previously unreached communities in Nutrition Districts.

291 (39%) CLCs met during Q1, 265 (35%) met in FY5Q2, 342 (39%) met in FY5Q3, and 504 (54%) met in FY5Q4. During these meetings, CLCs use community health data collected by the community network (TBA, Animadora, Promotor, APE, CLF) to make decisions for health improvement at the community level. There were 186 new CLCs consolidated during FY5, the majority of which (123) were from Nutrition districts in order to cover 100% of the specialized



nutrition localities. We will continue to encourage the use of community health data, especially the CBD, WASH and nutrition data that is available at the community level during FY6.

CLLS SUPPORTED TO CONDUCT SEMI-ANNUAL MEETINGS TO MONITOR CLC ACTIVITIES AND PROGRESS ON ACTION PLANS

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.

CLLs hold biannual meetings during which the issues of the diverse range of actors in the community network (CLC presidents, *animadoras*, TBAs, Water Committee presidents, YFC Monitors and CL facilitators) are discussed. 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. Over the course of the year, SCIP observed a growing maturity in the accountability process among CLC members in CLLs that met more than once.



CLL meeting in Negoro Locality, Eráti.

56 CLLs met over the course of FY5. Of these, 24 CLLs met at least twice. This has improved from FY4 and these meetings will continue to be supported in FY6 as this strategy is key to the handover process and increased sustainability. The details are provided in Annex 7.

During FY5Q3, 4 CLLs were trained in strategic planning and community involvement for health promotion at the community level in Moma (Chalaua Sede, Piqueira, Nailocone & Namiwi).

3.2 CONSOLIDATE CAPACITY BUILDING AND PROGRESS TO DATE IN ESTABLISHED COMMUNITY BASED SYSTEMS TO ADVANCE THEM TOWARDS SUSTAINABILITY

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

In FY5Q4 there were 2,786 CBD systems based on the existence of 2,531 *animadoras* in the complementary districts and 255 operational CLCs in intensive districts.

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. 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. Condoms distributed through CBD channels has steadily increased, reaching 12.5% of the total number of condoms distributed (497,075 out of 3,982,533) during the last three quarters of FY5. Despite condom availability at the national level, it remains a challenge to meet the demand at the community-level. In December 2013, due to lack of availability, SCIP was unable to transport condoms from the provincial warehouse to the district level. Central level must be more pro-active in responding to provincial demands. Condoms do not seem to be a priority as a health commodity.

SCIP district community officers and provincial supervisors meet regularly with *animadoras* and promoters to support them in their activities, especially to improve communication and validate data produced by the *animadoras* as well as to enhance initial consult client referrals to the HF and to improve distribution of inputs. SCIP continues to support providers in holding meetings with the community network.

CHALLENGES AND SOLUTION STRATEGIES

- The challenge is to encourage communities to address the most vulnerable populations of their village through their community plans as well as to discuss the gaps in HIS-C data and to prioritize HIV issues linked to the COC and PWP.
 - Meeting with CLC secretaries to provide continuous technical assistance to CLCs.
 - Consolidation of Model Family Concept.

- Training of CLFs in the COC curriculum.

UPCOMING EVENTS

- Continue implementing the respective CLL meetings associated with the progressive phasing-out of 12 localities in intensive districts.
- Continue the consolidation and training of new CLCs in Angoche, Meconta, Moma, Mogovolas, Monapo and Murrupula in order to cover 100% of the specialized nutrition localities.
- Continue the identification and selection of additional animadoras/promotors will be carried out jointly with the newly-established CLCs in the 6 Nutrition districts.
- Continue to integrate chronic malnutrition and continuum of care as regular topics addressed by the HF CMC in order to reinforce community level efforts.
- Continue to support the integration of new providers to lead the review and planning activities of the HF CMC, minimizing the impact of HF staff turnover.
- Work together with CEGOV and district administration to define a list of indicators to be reported at the CLL level.

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 Y5 (%) | Achieved by quarter | | | |
|--|--|-----------------|---------------------|--------|--------|--------|
| | | | Q1 | Q2 | Q3 | Q4 |
| 4.1 # of community groups developed and supported | 2,100 | 101% | 1,835 | 1,850 | 2,035 | 2,119 |
| | We have met our target for FY5. | | | | | |
| 4.2 # of people (by type) trained in using conservation farming techniques as a result of USG assistance | 54,000 | 134% | 18,967 | 17,685 | 19,442 | 16,292 |
| | We have exceeded our target in FY5. | | | | | |
| 4.3 # of people (by type) trained in safe food handling, use and storage techniques | 40,000 | 150% | 15,897 | 13,900 | 14,994 | 15,214 |
| | We have exceeded our target in FY5. | | | | | |
| 4.4 # of direct participants in savings groups (ASCA/VSLA) supported by the project (cumulative) | 1,578 | 83% | N/A | 143 | 836 | 1,317 |
| | We have reached 83% of the target. | | | | | |
| 4.5 # of beneficiaries indirectly benefiting from other family members participating directly in savings groups (ASCA/VSLA) supported by the project | TBD | % | N/A | 314 | 1,449 | 2,330 |
| | 2,330 OVCs indirectly benefitted from the participation of a family member in a RSLG in FY5. | | | | | |

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. PROGRESSIVELY INITIATE PHASING-OUT IN 12 SELECTED LOCALITIES WITHOUT ART SERVICES AT HFs (MALEMA, MECUBÚRI, RIBÁUÈ, RAPALE, ERÁTI, NACALA VELHA AND MEMBA)

SCIP implementation to date has resulted in the revitalization and establishment of a myriad of community structures to foster collective action on and accountability for health outcomes throughout the supported localities and districts. As these structures (e.g., YFC, CLC, CLC sub-committees, and water committees) mature, SCIP provides tailored support in consolidating capacity building efforts to date and advancing these community-led platforms towards sustainability. Following the tailored-phased approach outlined in regards to the project's support to localities and their respective CLCs, SCIP employs the same approach in facilitating and fostering linkages between the multi-sectorial community structures while simultaneously phasing out the provision of intensive support. During this process, SCIP

works to strengthen linkages between the CL OVC focal points, the OVC sub-committees in each CLC and YFCs in each of the supported localities.

In the 12 localities of intensive districts targeted for phase-out, SCIP continued the discussion begun in FY5Q1: task-shifting between the *animadoras* and the supervisor for 10 volunteers in order to decrease support from *animadoras* and maintain home visits by volunteers. We oriented the *animadora* to reduce her workload and to use the remaining time on delivering specific services such as visits to OVCs and chronically ill people as well as to collect community data which she should present to CLCs for subsequent follow-up. CLCs were oriented to motivate the *animadoras* and community volunteers to provide community services according to their time available for volunteering.

4.2 CONTINUE STRENGTHENING THE COMMUNITY PLATFORM: CLCs, WATER COMMITTEES, YOUTH FARMER CLUBS

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.

We have made a lot of effort to increase the CLC coverage in Nutrition localities and in the catchment areas of ART HFIs during this quarter in order to reach 100% coverage and strengthen the community platform to support retention and extend nutrition activities.

As YFC are no more a strategic option for OVCs, no new clubs were established in FY5Q3 or Q4 but 116 new YFC members were integrated in FY5Q3 and 37 were integrated in FY5Q4. Since the inception of the project, SCIP YFC development activities have reached a cumulative number of 28,044 club members (15,201 male and 12,843 female), of which around 26% are OVCs. There were 20,427 active members (12,247 male and 8,180 female) during FY5Q3, and 20,106 active members (12,056 male and 8,050 female) in FY5Q4.

160 new CLCs and 132 water committees were established in FY5. 385 water committees have been visited regularly. 904 CLCs are active. 2,119 community groups were developed and/or supported at the end of FY5.

NUMBER OF COMMUNITY GROUPS DEVELOPED AND SUPPORTED ^R

| Community group | FY2 | FY3 | FY4 | FY5 | FY5 | | | | | | | |
|-----------------|-------|-------|-------|--------|-----|-------|-----|-------|-----|-------|-----|-------|
| | | | | | Q1 | | Q2 | | Q3 | | Q4 | |
| | Total | Total | Total | Target | New | Total | New | Total | New | Total | New | Total |
| CLC | 142 | 652 | 744 | 890 | 0 | 744 | 8 | 752 | 124 | 876 | 28 | 904 |
| YFC | 521 | 698 | 826 | 830 | 4 | 830 | 0 | 830 | 0 | 830 | 0 | 830 |
| Water committee | 109 | 217 | 253 | 380 | 8 | 261 | 7 | 268 | 61 | 329 | 56 | 385 |
| Total | 772 | 1,567 | 1,823 | 2,100 | 12 | 1,835 | 144 | 1,850 | 119 | 2,035 | 84 | 2,119 |

4.3: INCREASE ADOLESCENT'S, YOUNG PEOPLE'S, AND OVC'S ACCESS TO SKILLS- AND KNOWLEDGE-BUILDING AND INCOME GENERATION ACTIVITIES THROUGH YOUTH FARMER CLUBS (YFC)

Recognizing the importance of addressing the needs of OVC families in addition to OVCs themselves, SCIP YFC worked to increase OVC family access to economic empowerment opportunities through participation in savings and loans groups and the provision of sweet potato runners, rainy season crops and horticulture seeds for increased income generation. SCIP focused on capacity-building activities to advance the opportunities for and knowledge of older OVCs, adolescents and young people on conservation farming, nutrition, and income generation. Older adolescents and YFC members (including OVCs) showing promise in agriculture and conservation farming will receive additional opportunities to not only build their skills through the use of demonstration plots, but also to market these skills for future opportunities with local agro-businesses. Agricultural activities for increased income generation was complemented by the facilitation of additional opportunities with businesses such as Coca-Cola as well as savings and loan groups (focusing on OVC families) to provide additional economic empowerment opportunities for older adolescents and young people.

During FY5Q3 and Q4, YFC objectives were further concentrated on Economical Strengthening for OVCs families. Technical assistance to the 830 YFC has been phased out, with more responsibility and autonomy being handed over to the Community YFC Monitors. In order to adapt the SCIP/CLUSA workforce to the new budgetary context of the cost extension, the team was reduced by half (2 provincial supervisors and 7 district-based YFC assistants). Each of the remaining 7 YFC assistants is now supporting 2 districts.

4.3.1 EXPAND ACCESS TO ECONOMIC STRENGTHENING OPPORTUNITIES FOR OVC FAMILIES THROUGH THE YFC INITIATIVE

There are four steps involved in the process of integrating OVC families into Rotating Savings and Loans Groups (RSLG): (a) community sensitization at the CLC level through OVC sub-committees; (b) identification of OVC families; (c) allocation of farming inputs (seeds and equipment) and technical assistance; and (d) integration of OVC families into RSLG as minimum funds necessary to contribute for RSLG membership are met. If the family already has the minimum necessary funds and are willing to contribute, they are immediately invited to join the existing RSLG.

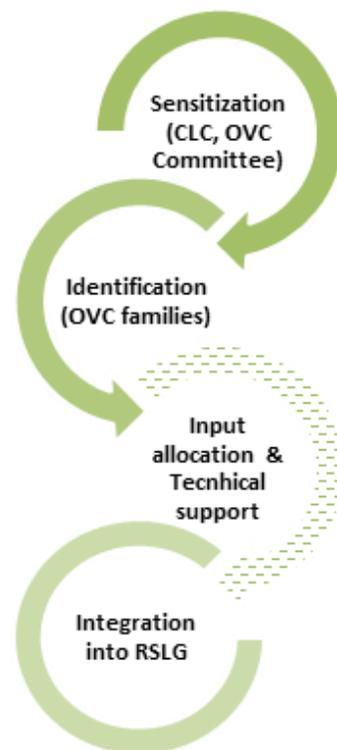
In order to integrate as many OVC's families as possible in an Economic Strengthening activity, SCIP is building on the opportunities existing at community level such as CLCs, OVC Sub-Committees, Community RSLG, YFC and other community social networks. SCIP focuses first on areas where more community structures are active and collaborative: 1) communities with CLC and YFC and existing RSLG; 2) communities with CLC and YFC without RSLG – in this case, the CLC is used for RSLG inception, integrating OVC's families from the beginning; 3) communities with CLC and without YFC/RSLG, but with an existing RSLG in a neighboring community –in this case, inviting the RSLG animator to help establish a new RSLG. OVC families are followed up throughout the different steps leading to their integration in RSLGs.

For OVC families living under the poverty line, families benefit from agriculture inputs (depending on soil conditions of the family land) and technical assistance through the RSLG district assistant and the Community monitor. Inputs can be either horticulture or rainy season seeds. A portion of the crops will be sold, the profit of which will be used to contribute to a local RSLG (to be established if there are none existing). Of the seeds distributed in FY5, 12% were used to support the YFC demonstration plots, 58% for OVC families and 30% for emerging farmers.

In FY5Q2 YFC Assistants participated in training on RSLG (in partnership with local microcredit organization Ophavela). Both theoretical and practical, assistants learned how to structure RSLGs, stages and dynamics in the functioning of an RSLG, recording and monitoring the RSLG, and gender issues in establishing RSLGs. YFC Assistants carried out replica training for YFC Monitors at the district level.

During this period considerable efforts were carried out to include OVC families in RSLGs. There were **143** OVC families who had been integrated into RSLGs as of FY5Q2. As of FY5Q4, **1,317** families are participating in RSLG. Consequently, the number of OVCs benefiting from economic strengthening activities through inclusion in RSLG also increased from **314** in FY5Q2 to **2,330** (1,225 male, 1,105 female) in FY5Q4.

At the end of FY5Q4 1,938 OVC families (with 3,056 OVC beneficiaries) received agriculture inputs since the beginning of the FY5. We expect to be able to report most of these OVCs families as being included in a RSLG in FY6.



The table below shows the number of OVC families and beneficiaries of agriculture inputs and participation in RSLGs during FY5.

| | Angoche | Eráti | Malema | Meconta | Mecubúri | Memba | Mogovolas | Moma | Monapo | Nacala Porto | Nacala Velha | Nampula City | Rapale | Ribáuè | Total |
|--|---------------|------------|-----------|------------|------------|------------|------------|------------|------------|--------------|--------------|--------------|-----------|------------|--------------|
| # OVC families benefiting from agriculture inputs | 89 | 161 | 88 | 146 | 134 | 175 | 197 | 165 | 188 | 101 | 132 | 133 | 94 | 135 | 1,938 |
| # OVC beneficiaries | Male | 78 | 125 | 92 | 101 | 139 | 136 | 100 | 151 | 65 | 109 | 124 | 143 | 136 | 1,662 |
| | Female | 44 | 125 | 95 | 74 | 165 | 116 | 75 | 15 | 144 | 73 | 74 | 135 | 119 | 1,394 |
| | Total | 122 | 250 | 187 | 175 | 328 | 255 | 211 | 115 | 295 | 138 | 183 | 259 | 262 | 3,056 |
| # OVC families in RSLGs | 53 | 97 | 51 | 117 | 127 | 122 | 57 | 94 | 183 | 67 | 69 | 92 | 84 | 104 | 1,317 |
| # OVC beneficiaries | Male | 48 | 72 | 85 | 109 | 156 | 98 | 38 | 55 | 147 | 42 | 72 | 83 | 114 | 1,225 |
| | Female | 21 | 58 | 91 | 67 | 161 | 78 | 28 | 47 | 142 | 45 | 57 | 104 | 103 | 1,105 |
| | Total | 69 | 130 | 176 | 176 | 317 | 176 | 66 | 102 | 289 | 87 | 129 | 187 | 217 | 2,330 |

YFC MEMBER PROMOTED TO MONITOR & STIMULATES ACTIVITIES IN HIS COMMUNITY

A success story from the community of Muiravale in Monapo district, Nampula

When he was 16, Amade Selemane joined the Muiravale Youth Farmer's Club (YFC), a SCIP-supported club in the Itoculo locality, Monapo. Amade finished primary school in 2012, yet was unable to continue with his studies due to the distance (35km) between his community and the secondary school. Amade had neither the means to travel nor a place to stay in Itoculo.

As he explains, "At 5 years old, I lost my father and lived with my mother and 7 siblings. Family life was very difficult and although I was younger, I was very worried about my mother. The situation became worse the following year when I lost 3 siblings, two of my sisters and one brother. At this time, my mother was still single and working alone to sustain the family."

Amade was an active member of the Muiravale YFC, even motivating other youth to join. Amade was elected Club President as club and CLC members recognized his commitment and leadership capacity. Shortly thereafter, he was elected Monitor by the Sanhote and Muiravale CLCs and by club members themselves. Amade contributed to creating two more YFCs (Jardim and Mantanha), became a member of his CLC and continued to help his family practice and share information on Conservation Agriculture, Hygiene and Sanitation, Nutrition and Safe food storage and preparation.



Amade working with the Muiravale YFC.



Showing an OVC family how to mulch.

When Amade reflects on his experience, he remarks that "Many things have changed in my life. I really appreciate SCIP's activities in my community. The Club not only taught me healthy ways to live (conservation agriculture, nutrition, hygiene), but also was a place where I could smile and find happiness in the recreational activities.

Today, I feel like a man ready to take on the challenges of life. Already, I have managed to: convince an uncle to stop drinking (it tarnished the reputation of the family in the community, he was violent with the children in the family), chair the meetings in 4 YFCs; participate in CLC meetings, and get to know other districts and monitors who do work similar to mine in their communities. I was very happy to help distribute seeds for vegetable gardens for other OVC families. I feel that I am contributing to the development of my community and families even though my family did not have this privilege. I am very grateful to have the opportunity to monitor the YFCs of my community", says Amade Selemane.

4.3.2 STRENGTHENING YFC CAPABILITIES IN CONSERVATION FARMING, NUTRITION, FOOD HANDLING AND STORAGE, IN PREPARATION FOR FUTURE CONTRIBUTIONS & PARTICIPATION IN PRODUCER ASSOCIATIONS & COOPERATIVES

The SCIP YFC component trains community youth in conservation farming techniques. YFC members are being trained on five messages with basic principles of CF: early land preparation, mulching the soil, superficial tillage, not to use burning practices and crop rotation. It is expected that the benefits of this training will extend beyond club members and that community members themselves will adopt CF principles. Training on CF is based on seasonal farming activities – demonstration plots for both rainy season and irrigation crops.

In FY5Q1, 4 SCIP YFC supervisors and 14 YFC assistants participated in a 3-day ToT addressing CF for rainy season crops, theory and practice related to fruit tree planting and care, community land tenure rights and legislation. 128 monitors participated in the subsequent training on the same material. Activities during FY5Q1 and 2 focused on establishing 407 CF demonstration plots (maize, peanuts, sesame and beans) using single and paired crop combinations in the practical application of CF principles. In FY5Q3 and Q4 CF activities focused on post-harvesting practices for rainy season crops (maize, peanuts, sesame and beans), vegetable gardens and post-harvesting practices for vegetables and their commercialization. 414 horticulture demonstration plots were established.

Trainings are practical. Participation of YFC members (including OVCs) is presented in the table.

| YFC member and OVC participation in YFC trainings | | | | | | | | |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | Q1 | | Q2 | | Q3 | | Q4 | |
| Training topics | YFC Members | OVC Members |
| Conservation Farming | 18,967 | 6,398 | 17,685 | 6,076 | 19,442 | 6,827 | 16,292 | 5,789 |
| Safe food storage and handling | 15,897 | 5,466 | 13,900* | 4,906 | 14,994 | 5,399 | 15,214 | 5,397 |
| Horticulture & gardening | | | 5,873 | 1,937 | 11,569 | 4,085 | | |
| Nutrition | 16,025 | 5,471 | 14,197 | 4,968 | 15,995 | 5,766 | 15,066 | 5,324 |
| SRH | 11,589 | 3,775 | 11,870 | 4,004 | 10,372 | 3,511 | 12,306 | 4,406 |

3 final year Nutrition students from UniLúrio interned with SCIP for 2 months each. All students will be based in Nampula City due to security concerns related to elections by UniLúrio. Students worked with HFs, CLCs and YFCs to discuss causes of malnutrition, assess the types of malnutrition most frequently seen in communities and provide treatment and recommendations.

In FY5, 505 YFC members (387 male and 118 female) graduated and were integrated into farmers associations or cooperatives. 82% of graduates remain involved in agriculture activities, and 8% are

retailers. The rest are involved in activities as diverse as community radio, carpentry, mining, studying, baking, mechanics, working with small and medium-sized businesses.

4.3.3 ENGAGE YFC MEMBERS IN JOINING THE EXISTING VALUE CHAIN WITH SPECIAL FOCUS ON INCLUSION OF OVCS

In FY5 128 emerging farmers (all YFC monitors) were supported to join the existing value chain, 19 of which are OVCS. Furthermore, 31 YFCs were involved in economic strengthening initiatives and were linked to the local value chain through selling vegetables, moringa and rainy season crops; chicken production and egg sales.

During FY5Q3, SCIP facilitated a contract between IKURU and two YFCs in Moma district for sesame marketing. Another partnership was formalized between 12 YFC and the “Wissa Company” - a woman-led business that processes and markets moringa leaves. In FY5Q4, Wissa purchased 80 kilos of moringa at 300 meticaïs/kilo, generating 24,000 meticaïs in profit for YFCs. YFC involved in horticulture sell their products along the main roads and towns, increasing availability of fresh vegetables in many communities. OVC families were additionally supported in the harvesting and processing of orange pulp sweet potatoes for further marketing, income generation and RSLG integration.

PARTNERSHIP WITH DPA AND OTHER PARTNERS

Per DPA request, SCIP supported the consolidation of their concept note related to the Pro-Savana program, clarifying community interests and land rights in a series of five 2 hour meetings. These meetings were held with the support of the agriculture and natural resources thematic group and the civil society provincial platform.

The SCIP YFC manager participated in the *Land Tenure National Forum* held in Nampula, in the monthly meetings of the Agriculture and Natural Resources thematic Group (Civil Society Provincial Platform), in the Provincial Farmers Meeting for Investment Preparedness and in the annual meeting of Technology Transfer held in Anchilo, Nampula (REPETE).

In partnership with DPA, SCIP assisted in the establishment of the Provincial Farmers Union, advising on institutional structuring and leadership – April 2014. At the district level, the SCIP team supported SDAEs with organization, logistics and the funding of “field days” promoting farming technology and dissemination of results.

SCIP participated in the DPA annual review meeting (*Conselho consultivo da DPA*). SCIP presented the results of the YFC initiative and its impact on OVCS as well as the SCIP progressive phasing out methodology to be carried out in FY6.

4.3.4 ENGAGING FAMILY AND COMMUNITY MEMBERS ON ADOPTION OF CF PRACTICES

During FY5 community monitors used SCIP IEC materials to share the five main conservation farming messages including the effects of uncontrolled burning practices in communities, targeting CLCs and

farmer associations. As part of the DPA provincial strategy to eliminate uncontrolled burning, SCIP was asked to foster sensitization activities at the community level between July and October.

Communities are adopting improved technologies such as the improved peanuts dryer introduced through YFC, with the active support of their CLCs. YFCs continue to engage community members through their participation in CLC meetings and in their own families by sharing knowledge of conservation farming practices.

CHALLENGES

- To increase the sustainability of YFCs “post- SCIP”, the following activities were designed to facilitate the YFC phasing out transition.
 - Build strong linkages between CLCs and the YFC operating as farming field school as exit strategy;
 - Ensure the progressive handover of responsibility to YFC monitors and their respective CLCs, in order to ensure the continuation of the usual YFC activities through increasing involvement of CLCs and minimal inputs of SCIP technical assistance.
 - Support linkages between the private sector through outsourcing schemes and the YFC operating as “community farming field school” in order to be contracted as potential demonstration plots for selected crops.
 - Consolidate partnerships with district SDAE for the integration of YFC monitors into the PITTA - “*Programa Integrado de Transferência de Tecnologia Agraria*” – supporting skilled farmers with farming inputs to showcase best practices at community level.

UPCOMING EVENTS

- Continue the sensitization, identification and technical assistance to OVC families for RSLG integration and support.
- Provide production inputs for rainy season crops to OVC families for farming, commercialization and integration into RSLG.
- Conduct monthly meetings with the YFC monitors providing technical assistance focusing on rainy season farming activities and land preparation.
- Link YFC members and OVC families to local existing value chain opportunities
- Give the necessary technical support to the existing RSLG.

IR5: AVAILABILITY AND USE OF CLEAN, MULTI-USE WATER INCREASED IN THE 5 WATER SPECIALIZED DISTRICTS AND THE 6 SPECIALIZED NUTRITION DISTRICTS

| Indicator | Annual Target | Achieved Year 5 (%) | Achieved by quarter | | | | Total Y5 |
|--|--|---------------------|---------------------|-----|-----|-----|----------|
| | | | Q1 | Q2 | Q3 | Q4 | |
| 5.1 # of water sources repaired / constructed | 88 | 15% | 0 | 5 | 5 | 3 | 13 |
| Total | | | | | | | |
| Boreholes | 88 | 15% | 0 | 5 | 5 | 3 | 13 |
| Shallow wells | 0 | - | - | - | - | | - |
| Repaired | 74 | 11% | 0 | 0 | 5 | 3 | 8 |
| Constructed | 13 | 38% | 0 | 5 | 0 | 0 | 5 |
| Small urban systems | 1 | 0% | 0 | 0 | 0 | 0 | 0 |
| | We have reached 15% of our target for boreholes for FY5. We have reduced the number of new boreholes to be constructed from 13 to 6. The target of 60 boreholes to be repaired in the Nutrition districts will be extended to FY6. Work on the small urban system in Nacala Porto continues at the end of FY5. | | | | | | |
| 5.3 # of people trained in safe water | 876 | 145% | 91 | 84 | 419 | 678 | 1,272 |
| | We exceeded our target. | | | | | | |
| 5.4 # of localities with integrated water and health committees | 130 | 102% | 81 | 128 | 128 | 132 | |
| | We have met our target. | | | | | | |

KEY REMARKS ON THE PROGRESS OF RESULT 5

Proper nutrition and health cannot be achieved without access to safe multi-use water. The project will continue to address the water access needs of the 5 WASH districts (Erati, Memba, Nacala Porto, Nacala Velha and Monapo) as well as the remaining 5 specialized nutrition districts (Mogovolvas, Angoche, Moma, Meconta and Murrupula). Within the 5 WASH districts SCIP continues to oversee the progress made to-date with the existing 238 water committees, emphasizing community accountability (through meetings with locality heads) and management (correct completion of management book, regular maintenance of water source).

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.

Taking in account that the project has been extended to December 2015 and that one of the requests of the cost extension is to support WASH capacity building activities in the 6 Nutrition districts, the decision was taken to reduce the number of new water sources to be drilled in FY5 (from 13 to 6). These funds will be directed instead to education and community capacity building activities.

In this context, although SCIP did launch the bid for the 8 remaining drillings, only one was allocated during FY5Q4: the borehole will supply the community and HF of Nantoge (Eráti). Attempts to find water have been unsuccessful until now, but efforts will continue in FY6. In the meantime, a rain-harvesting system has been established.

5.1 CONSOLIDATE CAPACITY BUILDING OF WATER COMMITTEES AND PROGRESS TO DATE

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 HFs. 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 in mobile brigades. Activities are recorded in the maintenance book: meeting minutes, contributions, expenses for spare parts and accounting.

WATER COMMITTEES REVITALIZED AND SUPPORTED IN NUTRITION DISTRICTS

WASH activities in Nutrition districts (galvanizing community accountability and management of the already established water sources, training water committee members on spare parts and water pump maintenance, training WASH CLs focal points, CLCs, and water committees to promote the use of Certeza/SODIS for water treatment, safe water storage, as well as sanitation and hygiene

| District | # of WC trained FY5Q3 | # WC trained FY5Q4 | Participants | | |
|--------------|-----------------------|--------------------|--------------|------------|--------------------------------|
| | | | # Male | # Female | # of additional CLs sensitized |
| Monapo | 3 | 11 | 98 | 72 | 56 |
| Angoche | 9 | 6 | 98 | 82 | 60 |
| Moma | 8 | 19 | 162 | 162 | 108 |
| Mogovolas | 8 | 7 | 86 | 89 | 32 |
| Meconta | 6 | 6 | 84 | 65 | 48 |
| Murrupula | 0 | 7 | 51 | 34 | 28 |
| TOTAL | 34 | 56 | 579 | 504 | 332 |

practices) has begun in 6 of the Nutrition districts, as demonstrated in the table. 4 CLs per water committee were integrated in this training to encourage sustainability.

34 water committees were trained in Nutrition districts FY5Q3 and 56 were trained in FY5Q4. The distribution is shown in the table. Themes addressed included management, operations, maintenance, repair of water sources, personal hygiene, safe transportation and conservation of water and sanitation.

WATER COMMITTEES ESTABLISHED AND TRAINED IN OPERATION AND MAINTENANCE (WASH DISTRICTS)

The 268 water committees consolidated as of FY5Q2 are still functional, with communities continuing to contribute to water source maintenance. 12 additional water committees were trained in FY5Q3 in Memba (8), Nacala Velha (2), Eráti (2).

5.2 FACILITATE WATER COMMITTEE ACCESS TO WATER PUMPS SPARE PARTS IN THE 6 NUTRITION DISTRICTS

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. 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.

SCIP initiated this strategy in the nutrition districts with local administrative posts to promote the marketing and selling of pump spare parts through the localities. Spare parts have been purchased and distributed in the districts. Local authorities are all disseminating the local availability of spare parts.

| District | Administrative Post | Starter kit of spare pump parts | |
|-----------|---------------------|---------------------------------|----------------|
| | | Received | Yet to receive |
| Angoche | Namitória | X | |
| | Namaponda | X | |
| Meconta | Sede | X | |
| | Corrane | X | |
| Mogovolas | Sede | X | |
| Moma | Sede | X | |
| | Chalaua | X | |
| Murrupula | Nihessiue | | X |
| | Sede | X | |

A shop through which to sell spare parts in Nihessiue has been identified and will receive the spare parts kit in FY6Q1.

5.3 INCREASING ACCESS TO POTABLE WATER

REPAIR OF NON-FUNCTIONING WATER SOURCES

SCIP plans to repair 14 water pumps in WASH districts (Memba, Eráti, Nacala Porto, Nacala Velha) in FY5. Necessary spare pieces have been ordered and have already arrived in Nampula.

Artisans were contracted locally to rehabilitate 10 water sources in Nacala Porto (7) and Memba (3). The WASH SCIP technician will rehabilitate 4 in Nacala Velha. This work is delayed but we expect it will be completed during FY6.

SCIP plans to repair 60 water pumps in the Nutrition districts (Mogovolas, Angoche, Moma, Meconta, Monapo, Murrupula) in FY5 and FY6. We have extended the timeline for completion of this work through FY6 to ensure that the capacity-building activities are done correctly, emphasizing the linkages with CLCs and CLLs for accountability. 5 water sources were rehabilitated during FY5Q3 in Moma and 3 water sources were repaired during FY5Q4 in Monapo (1) and Mogovolas (2).

CONCLUDE THE WORK INITIATED IN FY4 IN THE ESTABLISHMENT OF NEW WATER SOURCES

As explained above, the FY5 target for new water sources was reduced from 13 to 6. 5 were completed in FY5Q2 (4 Nacala Velha, 1 Nacala Porto) and drilling attempts for the borehole in Nantoge began in FY5Q4. Attempts to find water have been unsuccessful until now, but efforts will continue in FY6. In the meantime, a rain-harvesting system has been established.

SCIP started work on the small urban system of Nacala Porto in FY5Q1. The metallic water tower and 4 plastic 7500 liter tanks were already erected in Chalaua community – Chalaua is the highest point in the area of Quissimanjulo and Mahelene. The communities excavated 500 meters for distribution pipes. The Nacala Porto district government subcontracted a machine to excavate a total of 12,000 meters of distribution pipes needed for the completion of the small urban system. The submersible pump was installed in the existing SCIP-supported borehole in Mutuzi with a capacity of 30,000 liters/h. A second pump (elevation pump) was installed to push the water from Mutuzi (high capacity borehole) to Chalaua (highest altitude) – a distance of 3.000 meters with a 135 meter elevation. In Mutuzi, a platform for 4 7,500 liter plastic tanks was installed. 7 fountains with 2 taps were installed for the 3 areas (Lili; Mahelene; Chalaua), serving 6000 beneficiaries. The population has access to water and we are in the testing phase, monitoring the initial challenges that happen with such a complex system.

5.4 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 seeds are also promoted as a coagulant of solid particles present in unclean water.

1,073 community members from Angoche (180), Meconta (144), Mogovolas (177), Moma (252), Monapo (235), Murrupula (85) were trained in safe water storage and treatment together with maintenance in FY5, representing 100 water committees.

5.5 COLLABORATION WITH GOVERNMENT AND PARTNERS

SCIP coordinates with provincial and district governments through the DPOPH/DAS and SDPIs, who are involved in decision-making when new boreholes are planned (development of contracts for drilling new boreholes, the evaluation of technical and financial proposals, management of contractors). Upon completion, payment is disbursed following the agreement of district government. There was a joint analysis of the bid launched in May 2014 and analysis was carried out in June for the planned borehole in Nantoge. SCIP participated in many technical meetings throughout FY5, including a one-day workshop to brainstorm solutions for regularly updating SDPI databases, water sector meetings together with other NGOS and DPOPH, the National Conference of Sanitation held in Maputo with the active participation of one CLTS CLF from Eráti presenting his community experience, and sessions of the District Consultative Councils and the monthly meetings of the provincial water thematic group (upon invitation).

District water technicians of Nacala Porto, Nacala Velha and Monapo are in process of being integrated in the planning and infrastructure departments of their respective districts. Contracts were signed in August.

CHALLENGES AND SOLUTION STRATEGIES

- With the expansion of the WASH strategy to nutrition districts, we confirmed that the SDPI databases of boreholes needing repair are not updated.
 - SCIP WASH technicians will work at the SDPI level to assess boreholes and update the databases.
 - Water technicians of WASH districts have been re-allocated to Nutrition districts during FY5Q3.

UPCOMING EVENTS

- Complete training of water committees in the 6 Nutrition districts.
- Completion of the Nacala Porto small urban system.
- Continue drilling attempts for the borehole at Nantoge.
- Legally recognized local artisans and the SCIP technician from Nacala Velha will continue rehabilitation of boreholes under contracts signed with district governments (Nacala Velha (4), Nacala Porto (4)).
- 60 water sources will be rehabilitated in the Nutrition districts during FY6.
- Continue to train community leaders as trainers for water treatment: awareness & 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
(EXIT STRATEGY FOR 5 WATER SPECIALIZED DISTRICTS AND INTENSIFYING IN 6 SPECIALIZED
NUTRITION DISTRICTS)**

| 6.1 # of households with latrines | Annual Target | Achieved Year 4 (%) | Achieved by quarter | | | |
|-----------------------------------|---------------|---------------------|---------------------|-----|-------|-------|
| | | | Q1 | Q2 | Q3 | Q4 |
| | 8,000 | 116% | 2,955 | 540 | 3,837 | 1,936 |
| We have exceeded our target. | | | | | | |

KEY REMARKS ON THE PROGRESS OF RESULT 6

SCIP activity implementation under Result 6 builds on the touch points and community structures established throughout all activities, especially those with water committees and CL focal points under Result 5, complementing their outcomes with the continued promotion of proper sanitation facilities and hygienic practices throughout the targeted communities. SCIP supports the promotion of these practices through on-going support to the operationalization of CLTS by trained CL WASH focal points throughout the districts. SCIP fosters the adoption of proper hygiene at the community level through promotion of the Tip-Tap hand-washing mechanism within YFCs as well as in collaboration with the SDSMAS during national health days and health fairs. Following SCIP’s efforts to streamline support to community structures during the 5th year of implementation, support to CLCs and water committees within 4 supported WASH districts was tapered.

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.

WASH CL TRAINED IN CLTS, USE OF TIP-TAP, WATER CONSERVATION & TREATMENT IN INTENSIVE NUTRITION DISTRICTS

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.

CLTS CLFs hold quarterly review meetings. A programmatic form was introduced in August 2014 to collect data on the numbers of latrines constructed, the number of families with landfills, the number of dish racks constructed & the number of families with TipTaps.

222 CLs were trained as CLFs during FY5 from Monapo (125), Moma (44), Meconta (30), Murrupula (23). Mogovolvas had already completed training for CLTS CLFs in the nutrition localities. Angoche has partially completed their CLTS CLF trainings in FY4 for Nametoria, Aube and Namaponda.

25 communities (2 Murrupula, 3 Meconta, 5 Angoche, 5 Mogovolvas, 5 Monapo, 5 Moma) are ready to be certified as ODF. The certification process normally takes place in December each year.

WASH CL TRAINED IN CLTS, USE OF TIP-TAP, WATER CONSERVATION & TREATMENT IN 4 WASH DISTRICTS

In the WASH districts, 189 CLs were trained as CLTS CLFs from Eráti (58), Memba (60) and Nacala Velha (71) in FY5. Review and technical update meetings were held in all districts, including Nacala Porto (who had already trained 114 CLFs during FY4).

159 communities have been declared ODF since 2011. The detail is provided in the table.

| Number of communities declared ODF | | | | |
|------------------------------------|------|------|------|-------|
| | 2011 | 2012 | 2013 | Total |
| Eráti | 7 | 14 | 25 | 46 |
| Memba | | 12 | 36 | 48 |
| Monapo | 5 | 8 | 23 | 36 |
| Nacala Porto | | 1 | 4 | 5 |
| Nacala Velha | | 14 | 10 | 24 |
| Total | 12 | 49 | 98 | 159 |

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.

A flip book covering WASH topics was produced and received in Nampula by the end of July 2014. This flip book is being used by the CL facilitators in CLTS as well as by the water committees.

CHALLENGES

- Certification of communities as ODF is delayed – there are 25 communities who are waiting to be visited by the multi-sectorial Provincial committee.
 - Decentralizing this process to the District level can facilitate this process.
 - Increasing the number of evaluations from once per year would also

UPCOMING EVENTS

- Continue to mobilize communities for the construction of latrines.
- Assessment of 25 communities (2 Murrupula, 3 Meconta, 5 Angoche, 5 Mogovolvas, 5 Monapo, 5 Moma) as ODF.
- Continue training community leaders as CLTS CLF and water committees in hygiene and sanitation in Nutrition districts.
- Continue quarterly CLTS CLF review meetings.

SCIP PERFORMANCE MONITORING, RESEARCH AND DOCUMENTATION

1. PERFORMANCE MONITORING SYSTEM

DEVELOPING/UPDATING PERFORMANCE MONITORING TOOLS AND REFRESHER TRAINING SESSIONS

In FY5Q1 the SCIP M&E team continued to update the SCIP PMP, reflecting the changes of the work plan for FY5. District M&E Officers received a refresher training session on the use of the new/adapted tools. The logbook for the COC of chronically ill patients including HIV patients on Pre-ART/ART was updated again in line with the new approach to improve HIV retention and reduce defaulters/LTFU while implementing prevention with positives activities. Tools for the active search of defaulters/LTFU patients were also updated. New PEPFAR indicator reference guidance received in September 2014 will require additional revision of field instruments. These constant revisions have implications on the quality of the data collected from the community level.

STRENGTHENING SUPPORTIVE SUPERVISION, FOCUSING ON MANUAL DATA QUALITY VERIFICATION

During FY5, the M&E team continued implementing its plan of supportive supervision with an emphasis on improving the completeness, consistency, correctness and timeliness of data being reported across all intervention components.

Over the course of FY5, particular emphasis was paid to (i) the use of the logbook to track chronically ill patients including the HIV positive under ART and the respective packages of positive prevention, adherence to treatment and reduction of defaulters/LTFU. On-site verification of the data registered on this logbook allowed SCIP to improve its use by APEs, Animadoras and HTC-C; (ii) # of LTFU patients re-integrated into the health facilities (HF); (iii) the use of the new form to track RSLG economic strengthening activities of OVC family members; (iv) verification of OVC data: participation in YFCs, services provided by the community network; (v) CBD of contraceptive pills and condoms; (vi) verification of institutional health data (# institutional deliveries, # pre-natal consults, # of first FP visits, # of FP methods provided).

INTEGRATING NUTRITION IN THE SCIP M&E SYSTEM

Nutrition activities in the six Intensive Nutrition districts began in FY5Q2. 3 new monitoring instruments (and their respective summary forms) were developed to capture activity data at the community level: the *Ficha de Despiste de Malnutrição*, the *Livro Comunitário de Seguimento da Criança Malnutrida* & the *Ficha de Presenças dos Grupos de Mães*. The Nutrition database provides information at the level of the animadora/CLC, enabling performance to be tracked over time and successive nutrition screenings at the community level. As with the *Livro de Seguimento de Doentes Crônicos*, the *Livro de Seguimento da Criança Malnutrida* needs specific support to ensure the correct use.

2. STRENGTHENING DATA QUALITY BY SUPPORTING HEALTH AUTHORITIES AT THE PROVINCIAL LEVEL

Routine data quality has been an issue of major concern for both Nampula health authorities and SCIP project managers. During FY5Q3 SCIP continued to support the DPS and proposed a plan to conduct a

holistic journey of data quality verification by providing on-site training to health workers and helping with data processing and analysis (including training and sensitization of the use of RDQA). Following this SCIP suggestion, DPS organized a session where data quality experiences and plans were shared by the provincial stakeholders. The next steps will be to harmonize these experiences and conduct more structured field data quality verification across all health facilities.

3. DOCUMENTATION AND RESEARCH STUDIES

POPULATION-BASED ENDLINE STUDY

The SCIP M&E team spent a substantial amount of time during FY5Q3 & 4 to refine preparations and complete data collection of the SCIP endline survey.

The team successively did the following:

- Request administrative approval of the Minister of Health, after receiving the letter of scientific and ethical approval by IRB (CNBS)
- Request approval to conduct the survey to the DPS and to obtain supporting credentials.
- Meeting with the DPS and district health authorities (SDSMAS) to inform about the endline survey and get their support to inform target communities
- Identification, recruitment and training of surveyors and supervisors
- Hire a specialist to conduct the survey to develop training tools and to train surveyors following the standards of fieldwork based on the rules of the INE (National Bureau of Statistics)
- Hire a consultant to develop and implement a mobile system (m-health) to collect and manage survey data (CommCare). This included development of the questionnaire in mobile phones, testing, refining the tools in mobile technology. The two consultants conducted the training jointly.
- Preparation of the logistics of the survey.
- Field work ran 35 days with 6 teams of 6 interviewers. Data collected using smartphones was sent to a virtual server. Consultants cleaned the data and we are currently in the data analysis and interpretation stage.

DOCUMENTING SCIP PRACTICES

Identification and development of Best Practices is part of SCIP's efforts to improve documentation of a range of successful interventions. During FY5 SCIP M&E team did the following activities:

- Oral presentation at APHA, Boston: *Combined community and health system strategies to increase institutional deliveries: lessons from an emerging practice in Mozambique*
- Poster presentation at ICFP, Addis Ababa: *Successful Implant pilot in Nampula, Mozambique*
- Poster presentation at the CEGOV Best Practice fair: *Abordagem combinada aumenta significativamente o uso dos dispositivos intra-uterinos (DIUs): província de Nampula*
- Shared a publication: *Evaluating the Coverage and Cost of Community Health Worker Programs in Nampula Province in Mozambique*

- Additional data collection in Angoche and analysis of Institutional Delivery practice, in the writing up stage in FY5Q4.
- Began data collection for documentation of bicycle ambulances and maternal waiting houses.
- Poster presentation at AIDS conference in Melbourne: *Championing Male Involvement in PMTCT: The SCIP Experience in Nampula, Mozambique*

CHALLENGES & SOLUTION STRATEGIES

- Some SCIP CHWs still continue with problems to improve monitoring procedures.
 - Intensifying supportive supervision with focus on data quality.
- Constant changes in indicator definitions and requirements require adjustments to programmatic areas and to the existing M&E system (instruments, databases, data flow). It takes time for the changes to be implemented at the community level and affects data quality.

UPCOMING EVENTS

- Update instruments to collect data needed for new/revised indicators: logbook for OVCs, key and priority populations reached with preventive interventions, active search for LTFU (TARV 16.01, 18.01 & 19.01), referrals and counter-referrals from the community network, supervision forms for nutrition (providers/HFs), district-level malaria program management strengthening.
- Work together with CEGOV and district administration to define a list of indicators to be reported at the CLL level.
- Train district M&E Officers and community partners on the new M&E frameworks and tools developed.
- Make necessary adjustments to the existing Excel database, based on the changes
- Continue training program staff in the field on the proper use of primary (data collection/gathering) and secondary (data aggregation) tools.
- Review performance data with project staff (quarterly).
- Continue data verification visits and spot checks; provide supportive supervision
- Continue monthly review of district health statistics
- Consolidate data on the use of bicycle ambulances and maternal waiting houses and their contribution to the increase of institutional deliveries, define next steps.
- Disseminate results of endline evaluation.
- Consolidate results of institutional deliveries practice, draft working paper.

MAJOR IMPLEMENTATION ISSUES

In FY5, there were reductions in human resources at SCIP due to the budget reduction planned for FY5 & 6 in the context of the progressive phase out as well as the programmatic adjustments of USAID. Overall, SCIP has diminished the number of positions by approximately one-third at the central and district levels.

PEPFAR EXPENDITURE ANALYSIS

In FY5Q1, SCIP undertook the PEPFAR Expenditure Analysis exercise in order to develop a more robust evidence-based 2014 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.

ACCOMMODATION IN THE DISTRICTS

SCIP has adjusted the policy for accommodation in the districts for Provincial staff, establishing contracts with and making payments directly to accommodation providers as of FY5Q2. This permits better cost-management and improved accommodation conditions for employees.

TRANSPORTATION

During FY5, five additional gas stations were contracted in the districts to provide petrol for SCIP trucks and motorbikes. SCIP has requested six vehicles to substitute old ones, which will be delivered in October. 4 vehicles from the USAID Family Planning Initiative project in Pemba are expected to join the SCIP fleet in FY6. SCIP began transferring payments to garages as well during FY5Q2.

MAJOR IMPROVEMENTS IN OFFICE MANAGEMENT

- Measures to reduce costs such as taxis, water supply and accommodation at the provincial level.
- Negotiation and renewal of fuel supplier and security contracts.
- Restructuring of tasks and responsibilities in the Administration Department to improve efficiency and quality.

PROCUREMENT AND LOGISTICS

- Improved coordination, control and systemization of essential supplies. SCIP continues to improve procurement and logistics, negotiating the best prices and better understanding the challenges of each supplier in order to identify the best stores to purchase material for the best price and quality. Routine supplies are purchased in quantity in order to meet the needs of the districts in a timely manner.
- Consolidation of pre-inspection guidelines for all material, from the point of purchase to final destination.
- Improved transportation management of vehicle movements and servicing.

FINANCE

SCIP has significantly reduced the number of cash payments by introducing more payments via bank transfers to different suppliers and partners.

There was an external audit of SCIP in June 2014.

During FY5Q4, much effort was dedicated to update documentation for all businesses who provide goods and services to the SCIP project for the correct integration into “Serenic”, the new accounting software that will be used for the remainder of the project. Procedures were updated to accompany the new system.

CHALLENGES AND SOLUTION STRATEGIES

- SCIP will continue to further reduce cash handling, and is in negotiation with M-Pesa to facilitate direct payment of participation subsidies of community partners.

UPCOMING EVENTS

- Recruitment for a senior accountant, M&E Director.
- Integration of reduced PSI team within Pathfinder staff as PSI has left the consortium (end of September 2014).

***Pathfinder International is committed to full compliance with the Tiahrt Amendment and all other USG legislative and policy requirements in its USG-funded C/FP projects throughout the world. We are committed to the thorough monitoring of Tiahrt Amendment compliance at Pathfinder government- and NGO-implemented projects. Pathfinder believes that volunteerism and informed choice are an essential component of all C/FP programs.*

ANNEX 1 – STATUS SUMMARY OF SCIP DELIVERABLES FY5

| Key areas | EXPECTED DELIVERABLE BY YEAR FIVE | SCIP PROGRESS OCTOBER 2013 – SEPTEMBER 2014 |
|---|---|---|
| RESULT 1: Quality health goods and services access and availability improved | | |
| 1.1 Support health systems strengthening for management and logistics, focusing on peripheral health units | 1,200 mobile brigades to conduct outreach activities on ANC, EPI, FP, iron and folic acid distribution for pregnant women and adolescents | There were 3,040 mobile brigades supported in FY5: 753 in Q1, 544 in Q2, 985 in Q3 and 758 in Q4. |
| | Support 2 National Health Week campaigns on topics including deworming and Vitamin A | Two National Health Weeks were supported in FY5: one in FY5Q1 and another in FY5Q3. |
| | 120 HF CMCs strengthened (existing 110 plus 10 new) in order to increase service uptake and monitor progress on community health indicators | 105 HF CMCs met during FY5Q1, 98 met during FY5Q2, 94 met in FY5Q3 and 103 during FY5Q4. |
| | 11 HF rehabilitated including facilitating water supplies and needed equipment | 11 HFs were handed over during FY5. 1 HF (Iapala Monapo HF, Ribáuè) was handed over in FY5Q1. Projects at 7 HFs (Nametoria HF, Angoche; Murrripa HF, Malema; Mazua HF, Momba; Iulute HF, Mogovolas; Larde HF, Moma; 8 low-cost porches, Moma; Namigonha HF, Ribáuè) were completed and handed over in FY5Q2. 2 HFs (Muatua HF, Mogovolas and Nacavala HF, Meconta) were handed over in FY5Q3. 1 HF (Nantoge, Eráti) was handed over in FY5Q4. |
| 1.2 Improve the quality of service delivery at peripheral level: FP, contraception, MNH | 120 providers mentored from 85 HFs in the provision of FP, MNH and SRH services in line with MOH quality standards | 61 HFs were mentored in FY5Q1, 65 HFs in FY5Q2, 55 HFs in FY5Q3 and 67 HFs in FY5Q4. |
| | On-the-job training provided for management of services including the flow of MCH services and quality based performance standards for FP, safe motherhood and newborn health for HF providers in 85 HFs | 61 HFs were visited in FY5Q1, 65 HFs in FY5Q2, 55 HFs in FY5Q3 and 67 HFs in FY5Q4. 44 HFs were visited at least 3 quarters, 35 were visited at least twice and 24 were visited once during FY5. |
| | Technical and logistical support to maternal and neonatal mortality audit committees at district level provided | During FY5 district-level meetings were held in Eráti (Q2, Q3), Monapo (Q1, Q2), Moma (Q3), Ribáuè (Q4) and Nacala Velha (Q2, Q3). Provincial meetings were held in Nampula City. |
| | 14 HF (1HF/district) supported on AYSRH consultations through separate spaces (SAAs) and / or integrated SAAs | 11 HFs were supported to hold AYSRH consultations in FY5. |
| 1.3 Mitigate barriers to service uptake by improving service delivery linkages between the peripheral HF and community-based service delivery channels | 60 bicycle ambulances provided to selected CLCs for transportation of referred pregnant women and other patients and provide training on bicycle management and maintenance | 25 ambulance trailers were distributed in FY5Q1. |
| | 60 MCH HF providers trained as trainers to build CLC capacity in Nutrition, HIV retention, FP, institutional delivery, GBV and integration | 65 providers were trained in Hot Topics in FY5. 6 providers were trained as trainers of the Continuum of Care LCFs during FY5Q3. |
| | 95 HF strengthened to ensure the availability of FP commodities for CBD through on-going monitoring and monthly dialogue with community health network | 61 HFs were visited in FY5Q1, 65 HFs in FY5Q2, 55 HFs in FY5Q3 and 67 HFs in FY5Q4, during which CBD activities were monitored. |
| 1.4 Improve quality of nutrition services at HF level in accordance with USAID's nutrition technical focal | 23 HF benefitting from on-the-job training for their health providers to (i) improve their skills in identifying malnourished children and pregnant women; (ii) strengthen two-way internal referral mechanisms between clinical services and consultations for healthy | 20 HFs received on-the-job training in FY5. |

| Key areas | EXPECTED DELIVERABLE BY YEAR FIVE | SCIP PROGRESS OCTOBER 2013 – SEPTEMBER 2014 |
|--|--|---|
| areas in selected areas of: Moma, Angoche, Mogovolas, Meconta, Monapo, Murrupula districts | children and at-risk children (CCS/CCR); and (iii) to provide counseling and access to FP and HTSP to mothers of malnourished children | |
| | 75 community health Promotors trained as trainers (TOT) to increase CLC and animadora knowledge of nutrition | 92 promotors were trained as trainers during FY5. |
| | 1,350 animadoras trained by community health Promotors to build their capacity in nutrition. | 1,534 animadoras were trained in Nutrition in FY5. |
| | 240 CL from CLC trained to follow-up identified cases of malnutrition | 817 CLs were trained as Nutrition CLF in FY5. |
| | 23 HF CMCs provided with technical assistance reinforcing messages on the importance of identifying CCR & establishing referral mechanisms from the HF to the community-based services | 20 HFs received on-the-job training in FY5. |
| 1.5 Improve HIV Client Retention through the establishment and reinforcement of linkages between HF and community-based service delivery channels to mitigate structural barriers to accessing care | 600 community leaders (CL) trained as focal points from each CLC area on the importance of discussing stigma surrounding HIV, treatment adherence, risks associated with treatment interruption | 111 CLFs from Angoche (30), Moma (28) and Ribáuè (53) were trained as CoC focal points during FY5Q3. Additional trainings are planned for FY5Q4. |
| | 180 APEs and community activists trained in PwP/HBC in order to achieve 100% coverage of community-based services throughout all CLCs within ART HF catchment areas | 161 APEs from Mogovolas (17), Monapo (8), Moma (27), Meconta (8), Memba (24), Angoche (29), Nacala Velha (22) and Eráti (26) were trained in FY5Q4. |
| | 56 HF CMC members (health providers and CLC representatives) supported to regularly address continuum of care issues during monthly meetings | In FY5Q1 HTC-Cs participate regularly in ART Committees of 35 HFs. 46 HTC-Cs participate regularly in FY5Q3. 39 HTC-Cs participate regularly in FY5Q4. |
| | Nivenyee to add (develop recruitment plans) in 3 new neighborhoods to complement the organization's existing geographic coverage in urban areas | In FY5 technical assistance was provided to Nivenyee, with the Napipine and Carrupeia neighborhoods being completely mapped in sub-areas by activists. |
| | 120 Nivenyee community activists trained in PwP/HBC in order to cover all city neighborhoods in close collaboration with the existing community network (e.g., animadores) (covering only 1/3 of Nampula City) | 46 activists were trained in HBC in FY5Q2. |
| | 40 HF benefitting from joint supervision visits with the DPS and clinical partners to monitor HF progress in retention efforts | Meconta, Monapo and Ribáuè districts received joint supervision visits in FY5Q2. 14 HFs from Moma (2), Angoche (2), Monapo (2), Eráti (4), Meconta (2) and Ribáuè (2) received joint supervision visits in FY5Q4. |
| 1.6 Build capacity of community leaders (CLs) to increase their knowledge of SRH, FP, maternal health, HIV/AIDS/STI in order to foster the uptake of services by community | 60 peripheral HF health providers trained as trainers on a comprehensive curriculum of SRH (e.g., FP, MNH, institutional delivery, newborn care and treatment, HIV/AIDS/STI, and gender dynamics) to be replicated for CLs | 23 providers from Eráti, Memba and Meconta were trained as trainers in FY5Q1. 15 providers were trained in FY5Q2 in Memba (3), Monapo (8), Moma (1) and Nacala Porto (3). 30 providers were trained in FY5Q3 from Rapale, Moma, Angoche, Mogovolas and Murrupula. |
| | 6,000 CLC members trained in the comprehensive SRH curriculum to foster adoption of health behaviors and uptake of services at HFs, especially from community-based delivery channels | 4,009 CLs from Monapo (410), Angoche (410), Moma (450), Murrupula (656), Eráti (359), Malema (90), Mecubúri (599), Memba (324), Nacala Porto (630), Ribáuè (81) participated in Hot Topics discussions led by HF providers during FY5. |

| Key areas | EXPECTED DELIVERABLE BY YEAR FIVE | SCIP PROGRESS OCTOBER 2013 – SEPTEMBER 2014 |
|---|--|--|
| members | 200 CL (1 per CLC) trained on the "Model Family" concept and checklist | Planned for FY6: one training of 25 participants (CLFs, CLC presidents, community supervisors, CCC, Community Health officer of SDSMAS/Medical Chief, Locality Chief is planned in Ribáuè Sede |
| 1.7 Build capacity within communities to address WASH challenges | 250 CLs (trained in Y4) implementing CLTS | 206 CLFs from Angoche (30), Mogovolas (95), Ribáuè (61) and Meconta (30) participated in review meetings at the district level in FY5Q3. 32 CLFs from Mecubúri participated in review meetings in FY5Q4. |
| | 90 additional CLs trained on CLTS to promote proper sanitation practices and structures in every household in Malema, Mecuburi, Rapale | 92 CLs were trained in CLTS in Mecubúri (62) and Rapale (30) in FY5Q4. |
| | 50 CLs trained as facilitators to strengthen existing water committees on water source management and maintenance | Cancelled. |
| 1.8 Facilitate collaboration among and linkages between DPS, DPMAS and SDSMAS to further institutionalize linkages between HF-, community-, district-, and provincial-based initiatives related to increasing access to and utilization of quality services | Provide TA to support SDSMAS in preparation and follow-up of quarterly review meetings involving NGOs partners (share work plans, review activities progress, strengthen coordination) | Technical support was provided for SDSMAS of Monapo, Moma, Nacala Velha and Eráti in FY5Q2, the SDSMAS of Nacala Velha and Rapale in FY5Q3 and the SDSMAS of Ribáuè in FY5Q4. |
| | TA and support provided for elaboration of the DPS/SDSMAS annual plan (<i>Exercício de Planificação Integrada</i>) | Process initiated in September 2014, will be finalized in October 2014. |
| | TA and support provided for annual Provincial Multisectoral Nucleus for OVCs (<i>Núcleo Provincial Multisectorial dos COVs</i>) meeting as well annual district level meetings to facilitate linkages between and increase access to government and community OVC services | In FY5Q1 SCIP supported the realization of the DPMAS annual coordination meeting on the 27 and 28 October. The objective of the two day meeting was to analyze the level of coordination, the results achieved and the next steps. In FY5Q2 SCIP participated in a seminar of DPMAS/DNMA focusing on the minimum standards for OVCs, development of action plan to implement standards. In FY5Q3 SCIP participated in a 5 day ToT of Child Protection for community committees organized by MMAS, 2 coordination meetings with DPMAS and 1 district Multisectoral Nucleus for OVCs meeting in Mogovolas. |
| | TA provided to the monthly SDSMAS data analysis meeting (review of health indicators, adjustment of planned activities, other operational decision-making) | This is a monthly activity. |
| | TA provided to the annual review meeting involving main SDSMAS partners (Conselho Coordenador Annual Distrital") | Postponed to November 2014. |
| 1.9 Contribute to the increased availability of commodities through participation in working groups at Central Level, capacity building at HF level, and logistical support to District and Provincial level entities | Participate in the contraceptive security meeting at Maputo level to advocate for improved forecasting of contraceptive needs in Nampula and support for transportation of commodities | Takes place at the Central Level. In FY5Q1 UNFPA conducted a supervision visit in Nampula and debriefed with SCIP. Forecasting seems to be improving. |
| | Provide commodity stock management assistance to HFs including transportation of commodities as needed to reduce the number of commodity stock-outs of: contraceptive methods, HIV tests, and essential IMCI medicines | Ongoing activity. |
| | Assist the DPS/SDSMAS in cholera response through logistical support and enhance prevention through airing of radio spots, | SCIP supported the cholera response in Nampula City in FY5Q2. |

| Key areas | EXPECTED DELIVERABLE BY YEAR FIVE | SCIP PROGRESS OCTOBER 2013 – SEPTEMBER 2014 |
|--|--|---|
| | theater performances and CL sensitization | |
| | Support Universal Access to Malaria Prevention program through distribution of ITNs and promote its consistent use through community platforms | Ongoing activity at district level. |
| 1.10 Provide technical assistance and support to the Provincial Nucleus Against AIDS (NPCS) | Support the NPCS to monitor the implementation of PEN III. | In FY5Q1 (14 December 2013) SCIP participated in the NPCS annual review with all district administrators, SDSMAS directors and other NGOs. The SCIP annual review for HIV-related activities was presented and discussed. |
| | Support planning and implementation of World AIDS day | Done in FY5Q1. |
| RESULT 2: Appropriate health practices and health care seeking behavior adopted | | |
| 2.1 Promote the basic package of behavior change through individual, family and community levels in all SCIP intervention districts | 180,000 households visited monthly through the Community Health Network to ensure uptake of RH/CH services at HFs | Ongoing activity. 197,130 households were visited in FY5Q2 to share messages on malaria and diarrhea prevention. 208,767 households were visited in FY5Q3 to share messages on HIV. 217,296 households were visited in FY5Q4, focusing on FP and child health. |
| | Promote the adoption of new behaviors within households through home visits in order to increase to 80% of volunteers recognized as "model family" | A selection of volunteer HHs are assessed each quarter. In FY5, 20,136 volunteer HHs were assessed, with 15,341 (76%) being certified as model families. 71% (13,709 out of 19,235) of community HHs assessed were certified. |
| | Increase involvement and leadership of 160 CLCs (80% of the 200 CLC trained) in piloting and following-up on certification of "model families" | Planned for FY6 |
| | Mobilize households for increased awareness of and participation in National Health campaigns, National Health weeks, and World Health days | Carried out in FY5Q1 & 3. Activity undertaken in coordination with scheduled National Health Weeks. |
| | 400,000 people reached through community theater followed by small group discussions, IEC material & condom distribution | 419,601 people were reached through community theater/small group discussions in FY5. |
| | Increase the number of CLCs with facilitators regularly conducting debates and group discussions on: male involvement, GBV, CLTS, continuum of care for HIV and chronically ill patients to increase retention | 348 CLs were trained in male involvement in SRH in FY5: 30 in Angoche, 28 in Mecubúri, 24 from Memba, 66 from Mogovolas, 69 from Moma, 39 from Monapo, 30 from Murrupula, 32 from Nacala Velha and 30 from Rapale. 227 community members were trained in the Continuum of Care during FY5: CLFs from Eráti (26), Moma (60), Angoche (27) and Ribáuè (59). 43 animadoras from Ribáuè (41) and Angoche (2) and 3 Promotors from Moma also participated in this training. |
| | Provide technical support in the operationalization of <i>Programa Geração Biz</i> (PGB) in 14 selected secondary schools in all districts | Technical assistance was provided for <i>Programa Geração Biz</i> (PGB) at Secondary Schools in Malema, Ribáuè & Monapo during FY5. |
| 2.2 Promote nutritional health behavior change related to USAID | 600 CLCs throughout the SCIP community portfolio contribute to reaching more than 80% of the target groups in the <i>localidades</i> identified to receive the specialized nutrition | 817 CLFs were trained and mobilized communities for MUAC screening in FY5. |

| Key areas | EXPECTED DELIVERABLE BY YEAR FIVE | SCIP PROGRESS OCTOBER 2013 – SEPTEMBER 2014 |
|--|---|---|
| areas of technical focus for nutrition at individual, family and community levels in 6 districts (Moma, Angoche, Mogovolas, Meconta, Monapo, Murrupula) | package | |
| | Children identified as malnourished (thru MUAC band) at the community and integrated in the community action plan of nutritional rehabilitation | 1,378 children were identified as moderately malnourished, 253 as severely malnourished and 24 with bilateral edemas during the MUAC screening in FY5Q2. 1,789 children were identified as moderately malnourished, 265 as severely malnourished and 23 with bilateral edemas during FY5Q3. 3,233 children were identified as moderately malnourished, 550 as severely malnourished and 57 with bilateral edemas in FY5Q4. |
| | Mothers of malnourished children mobilized to use FP methods | Ongoing activity. |
| | Families of the target group (children <2 y, children 2-5y and pregnant women) mobilized to participate in the quarterly malnutrition screening sessions using MUAC band as well as to the mothers educational session groups | 20,761 children were screened for malnutrition in FY5Q2. 44,467 children were screened in FY5Q3. 89,931 were screened in FY5Q4. |
| | Educate adolescents and young women including pregnant women and women with children <2y through bi-weekly educational group sessions for mothers on health and nutrition | During FY5, at least 26,924 women were reached through mother education groups, addressing malnutrition (100,608 participants over 4 sessions), exclusive breastfeeding (17,809 participants in 1 session), complementary breastfeeding (19,724 participants in 1 session), family planning (11,206 participants in 1 session), the role of community actors (8,497 participants in 1 session), diarrhea (71,671 participants over 4 sessions), malaria (49,897 participants over 4 sessions) and acute respiratory infections (27,373 participants over 3 sessions). |
| | Identified malnourished children are followed up by animadoras and promoters at their houses | 2,144 children were followed up by animadoras, promoters and CLFs during FY5Q4. 1,536 children (72%) received at least 3 visits. |
| 2.3 Address HIV Retention considering the high percentage of defaulters and LTFU at ART clinical sites, focusing on the catchment area of each HF providing ART, in close collaboration with clinical partners. | Increase the number of SCIP CLCs to reach >80% of the community's HF catchment areas providing ART or planning to provide ART during FY5 | 123 new CLCs were consolidated in Moma (72 Chalaua, 35 Larde & Naicole) and Monapo (16) in FY5. |
| | Increased number of HIV+ patients on Pre-ART being followed up by the community network | Ongoing activity. |
| | Increased number of HIV+ patients in ART being followed by the community network | 2,507 chronically ill individuals receiving HBC (APEs & animadoras) in FY5Q2. 2,650 chronically ill individuals received HBC in FY5Q3. 3,980 HIV+ chronically ill received HBC in FY5Q4. |
| | 45% reduction in number of defaulters and/or LTFU who gave pre-consent to be reintegrated at the HF | In FY5, 6,066 names were provided to HTC-Cs, APEs and Animadoras for active search, of whom 2,327 (38%) were found. 226 (4%) had recently passed away. 1,345 (64%) of those who were found alive returned to treatment. |
| | Encourage defaulters/LTFU patients to join GAAC groups or to ask HFs to create a new one in their area | Ongoing activity. |
| | 10,400 chronically ill individuals with unknown HIV status and/or their family | 439 chronically ill individuals and family members were tested and counseled for HIV in FY5Q1, 1,157 were |

| Key areas | EXPECTED DELIVERABLE BY YEAR FIVE | SCIP PROGRESS OCTOBER 2013 – SEPTEMBER 2014 |
|--|--|--|
| | members counselled and tested (NB chronically ill definition include patients in Pre-TARV) | tested and counseled for HIV in FY5Q2, 2,823 were tested and counseled in FY5Q3 and 4,806 were tested and counseled in FY5Q4. |
| | 1,600 partners/husbands/children of HIV+ pregnant women who are participating in PMTCT counselled and tested during couple sessions within the community. | 183 family members of HIV+ pregnant women were tested and counseled for HIV in FY5Q1, 276 in FY5Q2, 882 in FY5Q3 and 1,159 in FY5Q4. |
| | 3200 migrant workers with unknown HIV status and/or their partners counselled and tested | 395 individuals from higher-risk populations were tested and counseled for HIV in FY5Q1, 540 in FY5Q2, 1,319 in FY5Q3 and 2,075 in FY5Q4. |
| 2.4 HIV CT integrated with FP and PMTCT | Provide 26,600 clients with FP and HIV counseling and testing, prioritizing chronically ill individuals, HIV+ pregnant mother and their partners and migrant workers | 40,807 individuals have been tested and counseled for HIV. |
| 2.5 Addressing the needs of OVCs | 47,000 OVC benefitting from one or more of the seven basic PACOV services (e.g., school enrollment, birth registration) | 43,063 OVCs have benefitting from one or more of the seven basic PACOV services in FY5. |
| | Continue to disseminate the USG child protection policy, adapted to local reality, followed by signing of code of conduct by participants | Policy adapted and disseminated. |
| 2.6 Gender and male involvement | Small group discussions conducted by CL facilitators on gender, decision-making power, GBV and their effect on health outcomes as well as the importance of male involvement | Ongoing activity. |
| | Quarterly CLC meetings held to discuss health issues and reinforce key messages surrounding gender issues, GBV, male involvement and power dynamics related to SRH and other health outcomes | Ongoing activity. |
| 2.7 Promote behavior change through radio and events | Air radio spots promoting positive health seeking behaviors, FP, HIV patient retention, good nutritional practices, gender equitable behaviors and male involvement. | Radio spots were broadcast 19,446 times during FY5, addressing FP (2,287), diarrhea prevention (5,534), Malaria (4,058), HIV (3,075), conservation agriculture (2,549), MCH (1,025), Nutrition (576) and Stigma and Gender-based violence (342). |
| | Facilitate the participation and reporting by radio journalists from community/local radios on SCIP community activities | Ongoing process. |
| 2.8 Develop and produce IEC printed materials | Review the IEC production plan within each programmatic area to ensure synchronization with BCC approaches | Plan updated in FY5Q1. |
| | Print flipbooks for HIV Retention, HIV prevention, nutrition and WASH topics to complement home visits and small group education sessions | 2,200 flip books addressing OVC vulnerabilities and treatment adherence for the chronically ill and 1,500 flip books on hygiene and sanitation were received in FY5. |
| RESULT 3: Accountability of community and district health structures to the people they serve increased | | |
| 3.1 Strengthening community leadership accountability | 20 additional HF CMCs (expanded from the existing 100) | 105 HF CMCs were operational in FY5Q1, 98 met in FY5Q2, 94 met in FY5Q3 and 103 met in FY5Q4. |
| | 150 CLCs supported to discuss progress of community health interventions through the analysis of C-HIS data | 291 CLCs (194 from Intensive Districts and 97 from Complementary Districts) met in FY5Q1. 278 CLCs met in FY5Q2, 186 CLCs met in FY5Q3 and 504 met in FY5Q4. |

| Key areas | EXPECTED DELIVERABLE BY YEAR FIVE | SCIP PROGRESS OCTOBER 2013 – SEPTEMBER 2014 |
|--|--|--|
| | 30 "Conselho Local da Localidade" (CLL -- Council of Locality Leadership) supported to conduct semi-annual meetings to monitor CLC activities and progress made on community action plans | 15 CLLs met in Angoche, Meconta, Eráti, Monapo and Memba in FY5Q1. In FY5Q2 30 CLLs met in Angoche (4), Eráti (1), Moma (1), Mogovolas (4), Memba (1), Meconta (5), Malema (2), Nacala Velha (7) and Ribáuè (6). In FY5Q3 30 CLLs met in Mogovolas (4), Malema (5), Meconta (3), Eráti (5), Moma (4), Memba (4), Monapo (3) and Nacala Velha (2). 9 CLLs met during FY5Q4: Memba (4), Monapo (3), Nacala Velha (3). |
| 3.2 Consolidate capacity building and progress to date in established community based systems to advance them towards sustainability | Consolidate the 2,050 CBD systems through supervision and mentoring, involvement of CLCs, and reinforcing linkages with HFs | In FY5Q4 there were 2,786 CBD systems based on the existence of 2,531 animadoras in the complementary districts and 255 operational CLCs in intensive districts. |
| | Foster discussion of key enablers of and barriers to community health outcomes (e.g., FP uptake, HIV retention, immunization, proper nutrition, institutional delivery, etc.) through agenda-setting activities with HF CMCs | Ongoing activity. |
| 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 Initiate progressively the phasing out strategy in selected "localidades" in the districts of Malema, Mecuburi, Ribauè, Rapale, Erati, Nacala Velha and Memba | Initiate phase-out in 12 "localidades" where ART is not offered at the HF, emphasizing handover to CLCs | Phase-out was initiated in FY5Q1 for the 12 localities. |
| | As part of the phasing out process, "CLL - Conselho Local da Localidade" meet 3 times per year with members of the respective CLCs | 3 CLL out of 12 met in FY5Q2 & 4, Muesse & Nacata (Malema) and Lupy (Ribáuè). This activity will continue in next quarters. |
| 4.2 Continue strengthening the community platform: CLCs, Water Committees, Youth Farmer Clubs | Establish 100 new CLCs in targeted localities that will benefit from HIV retention activities and nutrition specialized package and continue providing technical support to the existing 744 CLCs | In FY5, 123 new CLCs were trained in community involvement (72 in Chalaua, 35 from Larde and Naicole localities in Moma and 16 in Monapo) in order to cover previously unreached communities in Nutrition Districts. |
| | Consolidate 250 existing water committees in SCIP WASH intervention districts | Ongoing activity. |
| | Consolidate 810 existing YFCs in SCIP intervention districts: increase OVC membership, increased support to OVCs, increased number of YFCs with latrines and Tip-Tap, increased # of YFC members educated on AYSRH topics | Ongoing activity. |
| | Strengthen the operationalization of 75 additional OVC Sub-Committees (<i>Comites Comunitarios dos COVs</i>) within existing CLCs | We continued to support the 135 existing OVC sub-committees. 5 new OVC sub-committees in Mogovolas were established in FY5Q3 and 3 new OVC sub-committees were established in Nacala Porto in FY5Q4. |
| | Strengthen the operationalization of 75 CLCs "Model Family" sub-committees so that 100% of families meet the criteria | Planned for next quarters, beginning in Ribáuè. |
| 4.3.1 OVCs thru YFCs: Expand access to economic strengthening opportunities for | 600 OVC families integrated into existing <i>Poupanca Credito Rotativo</i> (PCR -Community Savings and Loan Groups) through partnership with <i>Ophavela</i> in joint districts and/or PCR groups initiated through YFC | 1,317 OVC families are participating in RSLGs as of FY5Q4. |

| Key areas | EXPECTED DELIVERABLE BY YEAR FIVE | SCIP PROGRESS OCTOBER 2013 – SEPTEMBER 2014 |
|---|---|---|
| OVC families through the YFC initiative | An additional 300 OVC families generate income from sweet potato runners | 1,938 OVC families have received agriculture inputs in FY5. |
| | An additional 250 OVC families generate income based on horticulture | 1,938 OVC families have received agriculture inputs in FY5. |
| | 268 existing OVC families already benefitting from IGA continue being supported | Ongoing activity. |
| | 160 OVC families benefitting from IGA through YFC interventions that are linked to value chain activities (i.e. linkages with agro-businesses for crop-selling) | Ongoing activity. |
| | 2 YFC training sessions on Community Savings and Loan mechanisms | Completed in FY5Q3. |
| 4.3.2 OVC thru YFC: Strengthening YFC capabilities in conservation farming, nutrition, food handling and storage, to prepare them for future contributions and participation in producer associations and cooperatives | 2 ToTs conducted for YFC assistants on farming associations, CF and food handling and storage content | In FY5Q1 14 YFC assistants participated in a ToT addressing CF for rainy season crops, theory and practice related to fruit tree planting and care, community land tenure rights and legislation. An additional ToT took place in FY5Q2. |
| | 2 ToTs conducted for 150 YFC mentors on CF, nutrition and food handling, fruit tree planting and care, animal husbandry, farming associations and cooperatives, land tenure rights, SRH, water and sanitation, community health | In FY5Q1 128 YFC mentors participated in ToT addressing CF for rainy season crops, theory and practice related to fruit tree planting and care, community land tenure rights and legislation. Follow up is provided through monthly meetings with monitors. |
| | 1,200 fruit trees distributed to YFC in order to replicate techniques of plant grafting | Activity cancelled due to inconsistent rainfall. |
| | 650 demonstration plots established for rainy season crops | 407 demonstration plots for rainy season crops were established as of FY5Q2. |
| | 700 horticulture demonstration plots established | 414 horticulture demonstration plots were established in FY5Q3. |
| | Facilitate bi-directional linkages between 2,200 YFC members and 14 UniLúrio Nutrition students, fostering knowledge and experience-sharing through Unilurio-conducted trainings on nutrition for YFC and Unilurio student internships with YFC surrounding farming practices | 3 Nutrition UniLúrio students will intern with SCIP in FY5, one of whom began in FY5Q3. Internships based in the districts were cancelled for security reasons associated with elections. |
| | | |
| 4.3.3. OVC thru YFC: Engage YFC members in being part of the existing value chain with special focus in the inclusion of OVCs | 80 emerging YF linked with agro-business companies who will then buy their crops | 128 emerging farmers (all YFC monitors) were supported in joining the existing value chain as of FY5Q2. |
| | 28 YFC (older adolescents and young people) involved in IGA through the establishment of 0.5 Hectare horticulture plots | Ongoing activity. |
| | 10 YFC (older adolescents and young people) involved in IGA through animal husbandry practices | Activity cancelled. |
| | 14 YFC (older adolescents and young people) involved in IGA through the establishment of 0.5 Hectare plots for market-oriented crops (soybeans, peanuts, beans, sesame) and establish linkages with agro-business companies | 14 YFCs (Moma (2), Malema (5), Mogovolas (3), Ribáuè (2), Nacala Velha (1) and Angoche (1) were assisted in FY5. 2 of the YFCs (Muhua and Rieque in Mogovolas) were involved in peanut IGA in FY5Q1. |
| | 15 YFC (older adolescents and young people) involved in IGA through the cultivation, processing and commercialization of Moringa leaves | 12 YFCs (Escola Profissional, Muthipa, Jovens Unidos, Mozambique Novo, OJM, Canlela, EPC 1 de Maio, Marrere, 28 Julho, Metoca, Ampalue, Tocolé) were involved in Moringa IGA and sold 24,000 meticiais worth of moringa in FY5Q4 to the Wissa company |

| Key areas | EXPECTED DELIVERABLE BY YEAR FIVE | SCIP PROGRESS OCTOBER 2013 – SEPTEMBER 2014 |
|---|---|---|
| RESULT 5: Availability and use of clean, multi-use water increased (5 water specialized districts) and 6 specialized nutrition districts | | |
| 5.1 Consolidate capacity building of water committees and progress to date | 250 existing water committees established in years 1-4 consolidated through on-the-job training and site visits emphasizing community accountability (WASH districts) | Ongoing activity |
| | 100 water committees revitalized and supported in the analysis of factors contributing to the deterioration of water sources. (Nutrition districts) | 34 water committees were revitalized in Nutrition districts in FY5Q3 and 56 were revitalized in FY5Q4. |
| | 13 new water committees established and trained in operation and maintenance, conflict resolution, accountability, importance of safe storage and water treatment (WASH districts) | 8 new water committees were established in FY5Q1 and 5 in FY5Q2. |
| 5.2 Facilitate water committee access to water pump spare parts in the targeted areas of the 6 Nutrition districts | Spare parts shop established in 6 nutrition districts | The spare parts shop in Monapo was established in FY4. 8 starter kits of spare parts were distributed in 4 districts (Angoche, Meconta, Mogovolas, Moma) in FY5Q2. 2 starter kits were distributed to Murrupula in FY5Q3. |
| 5.3 Increasing access to potable water | Rehabilitation of 14 water pumps concluded thru support of artisans in WASH districts as well as the rehabilitation of 60 water pumps in the 6 nutrition districts | Rehabilitation of 14 water pumps in WASH districts are planned for FY5Q4. 5 of the 60 water pumps in Nutrition districts were rehabilitated in FY5Q3. 18 are planned for FY5Q4. The remaining will be completed in FY6. |
| | 60 water committees trained in targeted areas of the 6 nutrition districts in the repair and maintenance of water sources, including training on the importance of drinking potable water | 34 water committees were trained in the targeted areas of the 6 nutrition districts in FY5Q3. |
| | 13 new water sources are to be finalized (WASH districts) | 8 boreholes (4 in Nacala Velha and 4 in Nacala Porto) were drilled and are awaiting flow testing and pump installation in FY5Q1. 5 boreholes were completed in FY5Q2 (4 in Nacala Velha and 1 in Nacala Porto). |
| | Construction of the Multiwater Point in Nacala Porto finalized | Under construction |
| RESULT 6: Sanitation facilities and hygiene practices in target communities improved | | |
| 6.1 Consolidate and expand Open Defecation Free communities | 150 WASH CL focal points trained in CLTS, use of Tip-Tap, water conservation and treatment in Nutrition districts | 23 CLTS CLFs were trained in FY5Q2 in Monapo). 27 CLTS CLFs from Monapo were trained in FY5Q3. 115 CLTS CLFs from Monapo (48), Moma (44) and Murrupula (23) were trained in FY5Q4. |
| | 163 ODF communities in the SCIP-supported areas of WASH Districts mentored to maintain achievements of CLTS | Ongoing activity for the 163 ODF communities from FY3 and FY4. |
| 6.2 Incite the adoption of proper hygiene behaviors throughout the community | More young farmers trained in hand-washing and latrine building activities in YFCs | 29 new latrines were constructed in YFCs in FY5Q1, 31 in FY5Q2, 7 in FY5Q3 and 3 in FY5Q4. |
| Monitoring and Evaluation | | |
| Monitor program performance | M&E frameworks for HIV retention and nutrition finalized | Nutrition instruments were developed, piloted and are in operation as of FY5Q2. We have strengthened our collaboration with the HFs to improve the functionality |

| Key areas | EXPECTED DELIVERABLE BY YEAR FIVE | SCIP PROGRESS OCTOBER 2013 – SEPTEMBER 2014 |
|--|---|--|
| | | of the retention M&E framework. |
| | SCIP PMP updated based on the changes made to the FY5 work plan and submitted to USAID for approval | The updated PMP for FY6 was submitted in FY5Q3. |
| | Monitoring tools developed with focus on HIV retention (data aggregation & reporting tools) and nutrition (both data collection, aggregation & reporting tools) | Nutrition instruments have been introduced and were re-assessed in FY5Q3. One of the forms (Presenças dos Grupos de Mães) was revised to facilitate data collection by Animadoras and consolidation by Promotors. |
| | 14 district M&E Officers trained on the new M&E frameworks and tools developed | Ongoing activity. |
| Data quality assessment and supportive supervision | Data verification visits and spot checks through supportive supervision | Ongoing activity. |
| | 2 RDQA conducted including the respective action plans and feedback for improvement | Postponed. |
| | Monthly review of district health statistics | Ongoing activity. |
| Outcome monitoring and/or "best" practices and/or Operations Research | List of potential outcomes to monitor or to develop "best" practices | List updated in FY4Q1. SCIP initiated the process of documenting MWH and BAs. |
| | Report of the "best" practices or outcomes shared | Regularly shared through abstracts, technical documents, success stories as ready. |
| | Conduct an analysis comparing performance of SCIP intervention areas with non-intervention areas for SRH | Planned for next quarters. |
| Endline Evaluation | Endline evaluation with tools and staff ready to be in the field | Initial steps begun in FY5Q1. In FY5Q2 the consultant was contracted to review the questionnaire, adjust data collection software/application. Training of field staff and finalization of software and instruments were completed in FY5Q3. |
| | Data collected and entered into the system | Completed in FY5Q4. |
| | Data analyzed and interpreted; report written | Planned for next quarters. |

ANNEX 2: HFs THAT RECEIVED MENTORING DURING FY5

| | HF | Q1 | Q2 | Q3 | Q4 | | HF | Q1 | Q2 | Q3 | Q4 | | HF | Q1 | Q2 | Q3 | Q4 | |
|-----------------|-----------|--------|----|----|----|-------------|-------------|----------|----|----|--------------|----------------|---------------|-------------|-----------|----|----|---|
| Angoche | Aube | x | x | | x | Membra | Baixo Pinda | | x | x | | Murrupula | Cazuzu | | x | | x | |
| | Inguri | x | | | | | Caleia | x | x | x | | | Chinga | | | x | x | |
| | J. Machel | | | | x | | Cavá | | | x | | | Murrupula | | x | x | x | |
| | Mirrepe | x | x | | x | | Chipene | | x | x | x | | Nihessiue | | x | | x | |
| | Namaponda | x | x | | x | | Geba | | | x | x | | Tiponha | | | x | x | |
| | Nametoria | x | | | x | | Mazua | x | x | x | x | | Nacala Porto | Mahelene | | x | | |
| | Natir | x | x | | | | Memba Sede | x | x | | | | | Matapue | | x | | |
| | Sangage | x | x | | | | Namahaca | x | x | x | x | | | Murrupelane | x | x | | x |
| Eráti | Alua | | x | | | Napila | | | x | x | Muzuane | x | | | x | | | |
| | Jacoco | | x | | | Mogovolas | Calipo | x | x | | x | Naherengue | | x | x | | | |
| | Kutua | | | | x | | Iulute | x | x | | x | Quissimanjulo | | x | x | | x | |
| | Mirrote | | x | x | x | | Mecutamala | x | x | | x | Urbano | | x | x | x | | |
| | Namapa | x | x | x | | | Muatua | | | | x | Barragem | | | x | x | | |
| | Namirroa | | | | x | | Murrerimue | x | x | | x | Nacala Velha | Ger-Ger | | | x | | |
| | Odinepa | | | | x | | Nanhupo Rio | x | x | | x | | Mueria | | x | x | | |
| | S. Machel | | x | | x | | Briganha | x | x | | x | | NV Sede | | x | | | |
| Malema | Chihulo | | | x | | | Chalaua | x | x | | | | Namalala | | x | x | | |
| | Murralelo | x | x | | | Guarnea | x | | | | 1º de Maio | | | | x | | | |
| | Murripa | x | | | x | Larde | | | | x | Nampula City | | Anexo d HPsi | | | x | x | |
| | Mutuali | x | x | x | x | Mavuco | x | x | | | | | Mucuache | | x | x | x | |
| | Nacata | x | x | x | x | Metil | x | | | | | | Mutava Rex | | x | x | | |
| | Nataleia | x | x | x | x | Moma | Micane | | | | | x | Nametequeliwa | | | | x | |
| Meconta | Corrane | x | | | x | | Mucorroge | x | | | | | Namicopo | | | x | | |
| | Japir | | | | x | | Murrupanama | x | | | | | Napipine | | x | x | | |
| | Meconta | | | x | | | Nambilane | x | x | | | Niarro | | x | x | x | | |
| | Mecua | | | | x | | Pilivili | x | | | x | Rapale | Anchilo | x | x | x | x | |
| | Nacavala | | | x | | | Savara | x | | | | | Caramanja | x | x | x | x | |
| | Namialo | | | x | | | Topuito | | | | x | | Maratane | x | x | x | x | |
| | Teterrene | | | x | | | Uala | x | x | | | | Mucova | x | | | | |
| | Mecuburi | Issipe | | x | | | Monapo | Carapira | x | x | | | x | Ribáue | Namachilo | x | x | |
| Milhana | | x | x | x | | Chihiri | | | | | x | | Namaita | | x | x | x | x |
| Momane | | | | | x | Ituculo | | x | x | | x | | Namucaua | | x | x | | x |
| Muite | | x | x | x | x | Mecuco | | | | x | x | | Chica | | x | | | |
| Nahipa | | x | x | x | x | Monapo Sede | | | x | x | | Cunle | x | | x | x | x | |
| Namina | | | x | x | x | Mucojua | | | x | | x | Hospital Rural | | | x | x | | |
| Napai | | x | x | x | | Natete | | x | | x | x | Iapala Monapo | x | | x | x | x | |
| Popue | | x | | | x | Netia | | x | | x | x | Iapala Sede | x | | x | x | x | |
| Ratane de Muite | | x | x | x | x | Ramiane | | | | x | x | Namigonha | | | x | x | x | |
| | | | | | | | | | | | | Riane | x | | x | x | | |

ANNEX 3: MODEL MATERNITY STANDARDS PROGRESS DURING FY5

| Model Maternity Standards progress during FY5 | | | | | | | | | | | | | | |
|---|---------------|----------------------|----------------------|----|----------------------|----------------------|----|----------------------|----------------------|----|----------------------|----------------------|----|--|
| District | HF | Q1 | | | Q2 | | | Q3 | | | Q4 | | | |
| | | # standards assessed | # standards achieved | % | # standards assessed | # standards achieved | % | # standards assessed | # standards achieved | % | # standards assessed | # standards achieved | % | |
| Eráti | Alua | | | | 41 | 30 | 77 | | | | | | | |
| | Jacoco | | | | 38 | 33 | 86 | | | | | | | |
| | Mirroto | | | | 56 | 32 | 32 | | | | | | | |
| | S. Machel | | | | 35 | 34 | 97 | | | | | | | |
| Malema | Mutuali | | | | 65 | 49 | 75 | | | | 79 | 71 | 89 | |
| | Murralelo | | | | 66 | 41 | 62 | | | | | | | |
| | Nacata | | | | 64 | 43 | 63 | | | | 79 | 48 | 66 | |
| | Nataleia | | | | 64 | 29 | 45 | | | | | | | |
| Mecubúri | Milhana | | | | 64 | 39 | 60 | | | | | | | |
| | Muite | | | | 53 | 20 | 38 | | | | 79 | 26 | 40 | |
| | Napai | | | | 63 | 33 | 52 | | | | | | | |
| Meconta | Corrane | | | | | | | | | | 40 | 15 | 44 | |
| Memba | Caleia | | | | 38 | 15 | 39 | | | | | | | |
| | Memba Sede | | | | 42 | 19 | 45 | | | | | | | |
| Moma | Chalaua | 55 | 9 | 16 | 54 | 25 | 45 | | | | | | | |
| | Larde | 33 | 19 | 58 | | | | | | | | | | |
| | Marrupanama | 39 | 14 | 37 | | | | | | | | | | |
| | Mavuco | 39 | 15 | 38 | 63 | 25 | 33 | | | | | | | |
| Monapo | Carapira | 54 | 23 | 43 | 66 | 31 | 47 | | | | | | | |
| | Itoculo | 54 | 23 | 43 | 63 | 27 | 42 | | | | | | | |
| | Natete | 51 | 22 | 41 | | | | | | | | | | |
| | Ramiane | | | | | | | 48 | 38 | 79 | 81 | 39 | 72 | |
| | Monapo | | | | 70 | 25 | 36 | | | | | | | |
| Murrupula | Chinga | | | | | | | | | | 54 | 17 | 32 | |
| NP | Murrupelane | 54 | 17 | 31 | | | | | | | | | | |
| | Quissimanjulo | 43 | 16 | 37 | | | | | | | | | | |
| | Urbano | 62 | 38 | 61 | | | | 64 | 44 | 69 | | | | |
| NV | Barragem | | | | 44 | 19 | 43 | | | | | | | |
| | Mueria | | | | 50 | 13 | 26 | | | | | | | |
| Rapale | Anchilo | | | | | | | 66 | 31 | 47 | | | | |
| | Caramaja | | | | | | | 63 | 30 | 48 | | | | |
| | Marratane | | | | | | | 66 | 29 | 44 | | | | |
| | Namucaua | | | | | | | 66 | 31 | 47 | 79 | 38 | 70 | |
| | Namaita | | | | | | | 64 | 31 | 48 | | | | |
| Ribáuè | Namigonha | | | | 72 | 25 | 34 | | | | | | | |
| | Riane | | | | 65 | 30 | 46 | | | | | | | |
| | Iapala Monapo | | | | 62 | 29 | 46 | | | | | | | |

ANNEX 4: MALNUTRITION RATES BY CATEGORY, P1A1 & P1A2

| Malnutrition rates by category, P1A1 over 3 MUAC screenings | | | | | |
|---|--------|----------|--------------------|--------------------|---------|
| District | Months | Moderate | Acute Malnutrition | Bilateral Edemas % | Total % |

| | | malnutrition % | | | % | | | | | | | | |
|------------------|--------------|----------------|-------------|------|-------------|-------------|------|-------------|-------------|------|--------------|-------------|------|
| | | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | 3 |
| Angoche | 6-23 | 11.03 | 1.90 | | 1.19 | 0.11 | | 0.00 | 0.00 | | 12.22 | 2.01 | |
| | 24-59 | 8.23 | 0.91 | | 0.85 | 0.00 | | 0.11 | 0.00 | | 9.19 | 0.91 | |
| Meconta | 6-23 | 6.79 | 3.66 | 2.78 | 0.68 | 0.19 | 0.23 | 0.00 | 0.10 | 0.00 | 7.47 | 3.95 | 3.00 |
| | 24-59 | 3.58 | 1.39 | 1.29 | 0.82 | 0.10 | 0.05 | 0.14 | 0.00 | 0.00 | 4.54 | 1.48 | 1.34 |
| Mogovolas | 6-23 | 12.00 | 6.50 | | 3.33 | 1.19 | | 0.28 | 0.00 | | 15.61 | 7.69 | |
| | 24-59 | 7.12 | 3.39 | | 2.14 | 0.21 | | 0.25 | 0.00 | | 9.51 | 3.60 | |
| Moma | 6-23 | 8.41 | 3.33 | 1.74 | 1.96 | 0.52 | 0.14 | 0.09 | 0.06 | 0.04 | 10.46 | 3.92 | 1.92 |
| | 24-59 | 5.06 | 1.63 | 1.49 | 0.76 | 0.24 | 0.16 | 0.19 | 0.03 | 0.00 | 6.01 | 1.90 | 1.66 |
| Monapo | 6-23 | 6.92 | 3.19 | | 0.69 | 0.17 | | 0.03 | 0.00 | | 7.64 | 3.36 | |
| | 24-59 | 2.90 | 2.28 | | 0.48 | 0.00 | | 0.09 | 0.00 | | 3.46 | 2.28 | |
| Murrupula | 6-23 | 10.37 | 3.58 | | 1.33 | 0.87 | | 0.00 | 0.05 | | 11.7 | 4.50 | |
| | 24-59 | 6.10 | 1.49 | | 0.54 | 0.32 | | 0.00 | 0.05 | | 6.64 | 1.86 | |
| TOTAL | 6-23 | 8.55 | 3.54 | | 1.48 | 0.45 | | 0.08 | 0.03 | | 10.11 | 4.02 | |
| | 24-59 | 4.75 | 1.89 | | 0.96 | 0.13 | | 0.15 | 0.01 | | 5.86 | 2.03 | |

| Malnutrition rates by category, P1A2 over 2 MUAC screenings | | | | | | | | | |
|--|---------------|--------------------------------|--------------|-----------------------------|--------------|---------------------------|--------------|----------------|--------------|
| District | Months | Moderate malnutrition % | | Acute Malnutrition % | | Bilateral Edemas % | | Total % | |
| | | MUAC1 | MUAC2 | MUAC1 | MUAC2 | MUAC1 | MUAC2 | MUAC1 | MUAC2 |
| Angoche | 6-23 | 3.97 | 1.13 | 0.81 | 0.09 | 0.00 | 0.00 | 4.78 | 1.2 |
| | 24-59 | 1.06 | 0.84 | 0.13 | 0.00 | 0.00 | 0.00 | 1.19 | 0.8 |
| Meconta | 6-23 | 4.66 | 2.30 | 0.33 | 0.04 | 0.00 | 0.04 | 4.99 | 2.4 |
| | 24-59 | 1.52 | 1.74 | 0.09 | 0.00 | 0.00 | 0.09 | 1.61 | 1.8 |
| Mogovolas | 6-23 | 8.67 | 5.80 | 2.87 | 1.51 | 0.32 | 0.05 | 11.86 | 7.4 |
| | 24-59 | 4.19 | 3.24 | 1.12 | 0.29 | 0.00 | 0.00 | 5.31 | 3.5 |
| Moma | 6-23 | 5.62 | 3.47 | 1.42 | 0.34 | 0.21 | 0.00 | 7.25 | 3.8 |
| | 24-59 | 4.22 | 2.73 | 0.60 | 0.24 | 0.21 | 0.00 | 5.03 | 3.0 |
| Monapo | 6-23 | 5.75 | 1.93 | 1.19 | 0.18 | 0.00 | 0.00 | 6.94 | 2.1 |
| | 24-59 | 2.27 | 1.36 | 0.12 | 0.13 | 0.00 | 0.00 | 2.38 | 1.5 |
| Murrupula | 6-23 | 7.08 | | 1.42 | | 0.00 | | 8.5 | |
| | 24-59 | 2.58 | | 0.34 | | 0.06 | | 3.0 | |
| TOTAL | 6-23 | 5.92 | 2.86 | 1.32 | 0.41 | 0.10 | 0.02 | 7.34 | 3.29 |
| | 24-59 | 2.80 | 1.98 | 0.43 | 0.14 | 0.06 | 0.02 | 3.28 | 2.14 |

ANNEX 5: QUALITY OF COMMUNITY-BASED NUTRITION SERVICES PROVIDED, P1A1

| Quality of community-based nutrition services provided, P1A1 | | | | | | | | | | | | | | |
|--|-----------------------|-----------------|----------------------|--------------------|--------|-----------------------|------------------------|-----------------------|---------------------|--------|-----------------------|------------------------|-------------------------|--------|
| District | Angoche | | Meconta | | | Mogovolas | | Moma | | | Monapo | | Murrupula | |
| MUAC# | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 1 | 2 |
| Malnutrition rate P1A1 MUAC | 10.8% | 1.5% | 6.0% | 2.7% | 2.2% | 12.4% | 5.5% | 8.3% | 2.9% | 1.8% | 5.5% | 2.8% | 9.2% | 3.2% |
| # children identified as malnourished | 220 | 77 | 248 | 113 | 93 | 472 | 247 | 366 | 192 | 104 | 349 | 230 | 461 | 118 |
| # children being followed up | 188 | 79 | 196 | 86 | | 568 | 247 | 365 | 98 | | 347 | 223 | 412 | |
| % of children who received at least 3 visits | 79% | 25% | 49% | 45% | | 91% | 98% | 80% | 68% | | 99% | 99% | 25% | |
| # children in Lareira 1 | 177 | 21 | 132 | 75 | | 528 | 243 | 339 | 98 | | 310 | 220 | 399 | |
| % of children followed up who participated in Lareira 1 | 177/188 (94%) | 21/79 (27%) | 132/196 (67%) | 75/86 (87%) | | 528/568 (93%) | 243/247 (98%) | 339/365 (93%) | 98/98 (100%) | | 310/347 (89%) | 220/223 (99%) | 399/412 (97%) | |
| % children who graduated from Lareira 1 | 114/177 (64%) | 17/21 (81%) | 115/132 (87%) | 59/75 (79%) | | 421/528 (80%) | 190/243 (78%) | 99/339 (29%) | 52/98 (53%) | | 240/310 (77%) | 209/220 (95%) | 347/399 (87%) | |
| % children who graduated from Lareira 2 | 49/65 (75%) | 4/5 (80%) | 9/34 (26%) | 7/12 (58%) | | 92/142 (65%) | 53/53 (100%) | 110/254 (43%) | 27/44 (61%) | | 65/70 (93%) | 10/11 (91%) | 110/115 (96%) | |
| % children who graduated from Lareira 1 & 2 | (114+49)/177 (92%) | 21/21 (100%) | (115+9)/132 (94%) | (59+7)/75 (88%) | | (421+92)/528 (97%) | (53+190)/243 (100%) | (99+110)/339 (62%) | (52+27)/98 (81%) | | (240+65)/310 (98%) | (209+10)/220 (100%) | (347+110)/399 (115%) | |
| estimated # general population covered | 12,534 | 32,417 | 25,343 | 25,564 | 25,850 | 23,361 | 27,478 | 26,938 | 40,693 | 35,846 | 39,251 | 49,889 | 30,613 | 22,871 |

| Quality of community-based nutrition services provided, P1A2 | | | | | | | | | | |
|--|----------------|------|-----------------|------|-------------------|------|------------------|------|------------------|------|
| District | Angoche | | Meconta | | Mogovolas | | Moma | | Monapo | |
| MUAC# | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Malnutrition rate P1A2 MUAC | 3.0% | 1.0% | 3.4% | 2.1% | 8.5% | 5.4% | 6.2% | 3.4% | 4.6% | 1.8% |
| # children identified as malnourished | 89 | | 156 | | 327 | | 351 | | 158 | |
| # children being followed up | 89 | | 136 | | 322 | | 304 | | 154 | |
| % of children who received at least 3 visits | 77% | | 47% | | 97% | | 80% | | 99% | |
| # children in Lareira 1 | 78 | | 92 | | 313 | | 297 | | 153 | |
| % of children followed up who participated in Lareira 1 | 78/89 (88%) | | 92/136 (68%) | | 313/322 (97%) | | 297/304 (98%) | | 153/154 (99%) | |
| % children who graduated from Lareira 1 | 48/78 (62%) | | 51/92 (55%) | | 243/313 (78%) | | 163/297 (55%) | | 146/153 (95%) | |
| % children who graduated from Lareira 2 | 27/40 (90%) | | 16/30 (53%) | | 69/69 (100%) | | 87/132 (66%) | | 6/6 (100%) | |
| % children who graduated from Lareira 1 & 2 | 75/78 (96%) | | 67/92 (73%) | | 312/313 (100%) | | 250/297 (84%) | | 152/153 (99%) | |
| estimated # general population covered | 18,368 | | 28,215 | | 23,456 | | 35,006 | | 20,907 | |

ANNEX 7: CLLS MEETING DURING FY5, BY QUARTER

| | | Q1 | Q2 | Q3 | Q4 | | | Q1 | Q2 | Q3 | Q4 |
|----------------|--------------|---------|----|----|----|------------------|---------------------|-------------|----|----|----|
| Angoche | Aube | x | x | | | Moma | Mirupe | | | x | |
| | Namaponda | x | x | | | | Mpago | | x | x | |
| | Nametoria | x | x | | | | Naicole | | | x | |
| Meconta | Corrane | | x | x | | | Pilivili | | | x | |
| | Meconta | | x | | | Mogovolas | Calipo | | x | x | |
| | Mecua | x | | x | | | Iulute | | x | x | |
| | Nacavala | x | | | | | Muatua | | x | x | |
| | Namialo | | x | | | | Nanhupo Rio | | x | x | |
| Memba | 7 de Abril | | | x | x | Malema | Canhunha | | | x | |
| | Chipene | x | x | | | | Chuhulo | | | x | |
| | Geba | x | | x | x | | Muessi | | x | | |
| | Mazua | x | | | | | Murralelo | | | x | |
| | Memba Sede | | | x | x | | Nacata | | x | | |
| | Tropene | | | x | x | | Nataleia | | | x | |
| | Eráti | Alua | | x | | | | Nioce | | | x |
| Meliva | | x | | | | | Nacala Velha | Covó | | x | x |
| Namapa | | x | | x | | Mangane | | | x | | |
| Nantoge | | | | x | | Micolene | | | x | | |
| Negoro | | x | | x | | Nacololo | | | x | x | |
| Odinepa | | x | | x | | Namalala | | | x | | x |
| Samora Machel | | x | | x | | Sede-Mueria | | | x | | |
| Monapo | | Canacue | x | | x | | | Vida Nova | | x | |
| | Chihiri | | | | x | Ribáuè | | Iapala Sede | | x | |
| | Itocolo | | | | x | | Lupy | | x | | |
| | Muatuca | | | x | | | Matharya | | x | | |
| | Mucujua | | | x | | | Noré | | x | | |
| | Nacololo | x | | | | | Riane | | x | | |
| | Netia | | | | x | | Vila Municipal | | x | | |