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# **USAID Community Care Program (USAID Programa de Cuidados Comunitários)**

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**Quarterly Report: Q3-Yr 5, April - June 2015 (Q19)**



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**COMMUNITY CARE  
PROGRAM**

Report Submission: July 2015

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**List of Acronyms** \*indicates the Portuguese acronym here rendered in English

AIDS	Acquired Immune Depressant Syndrome
ANEMO*	Mozambique National Nurses Association
ART	Anti-Retroviral therapy
ARV	Anti-Retroviral
BOM*	Banco Oportunidade de Mozambique
CAP	Capable Partners Project
CCP	Community Care Program
CDC	Centers for Disease Control and Prevention
CHASS-Niassa	Clinical HIV AIDS Systems Strengthening Project – Niassa
CHASS-SMT	Clinical HIV AIDS Systems Strengthening Project – Sofala, Manica, Tete
CSO	Civil Society Organization (same as CBO, Community Based Organization)
DNAM*	National Directorate of Medical Assistance
DPMAS*	Provincial Directorate of Women and Social Action
DPS*	Provincial Directorate of Health
DQA	Data Quality Assessment
FHI 360	Family Health International
GAAC*	Community Adherence Support Group
GAVV*	Office of Victims of Violence
GRM	Government of the Republic of Mozambique
HIV	Human Immunodeficiency Virus
HBC	Home Based Care
HU	Health Unit
INAS*	National Institute of Social Action
M2M	Mother to Mother (groups)
M&E	Monitoring and Evaluation
MISAU*	Ministry of Health
MMAS*	Ministry of Women and Social Action
MoU	Memorandum of Understanding
MUAC	Middle Upper Arm Circumference
NGO	Non-Governmental Organization
NPCS*	Provincial Nucleo to Fight AIDS
OVC	Orphans and Vulnerable Children
PH	Project HOPE
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PNAC*	National Action Plan for Children
PPP	Public Private Partnership
PPPW	Pre- and/or Post-Partum Women
PSS	Psychosocial Support
RMAS*	Department for Women and Social Action
SDSMAS*	District Services of Health, and Women and Social Action
TA	Technical Assistance
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development

VS&L Village Savings and Loan (groups)

1. **Project Duration:** (5) Five years
2. **Starting Date:** September 2010
3. **Life of project funding:** September 2010 – September 2015
4. **Geographic Focus at end Q19 (Q3 – Yr 5):** Maputo (5 districts), Sofala (8 districts), Tete (7 districts), Cabo Delgado (1 district) and Niassa (4 districts), **25 districts** per map below.



5.

USAID/Mozambique's Community Care Program (CCP), also known as Programa de Cuidados Comunitários (PCC) in Portuguese, is designed to strengthen the community-based response to HIV/AIDS in seven provinces and improve the health and quality of life of people living with HIV (PLHIV), orphans and vulnerable children (OVC), and pre- or post-partum women. Working in close partnership with civil society organizations (CSOs), the Ministry of Health (MoH, or MISAU in Portuguese), the Ministry of Women and Social Action (MMAS in Portuguese), and the private sector, CCP will also strengthen the government's capacity to coordinate, manage, and oversee an integrated continuum of care and support and will build the CSOs' capacity to provide comprehensive, community-based care and support services. Within five years, CCP will achieve for PLHIV, pre- or post-partum women, OVC and their families: increased provision of family-centered, community-based HIV care and support services, and increased access to economic strengthening activities and resources for HIV-affected households.

The CCP Results (objectives) are:

- 1) Increased provision of quality, comprehensive, community-based care and support services to people living with HIV and AIDS and their families.
- 2) Increased family-centered, community-based services that improve health outcomes and quality of life for PLHIV, OVC, and pre/post-partum women and that are implemented by the coordinated efforts of the Ministry of Women and Social Action (MMAS), the Ministry of Health (MISAU), and civil society organizations (CSOs).
- 3) Increased numbers of HIV/AIDS positive individuals and affected households have adequate assets to absorb the shocks brought on by chronic illness.

CCP also applies six cross-cutting strategies to ensure the sustainability of project results, including: 1) community-driven approaches; 2) services integration; 3) capacity building and systems strengthening; 4) partnership and coordination; 5) performance improvement; and 6) gender-sensitive and age-appropriate interventions.

## 6. Summary of the reporting period, Q3 – Yr 5

This reporting period marks the conclusion of CCP implementation of the project activities. This quarter, the 27 remaining active districts under FHI 360 leadership became “closed” at the end of June, complementing the closures of the 15 subcontractor-led districts in Manica and Inhambane provinces at the end of March. Closure assumed multiple manifestations, both actual and administrative. CCP has developed a Best Practice for community level close outs – see final report section Best Practice – and the provincial level close out activities are robust as well, being participatory and interactive. The Sofala province CCP close out event on June 19<sup>th</sup> is captured below:



Front row includes: representatives of implementing CSO partners; DPS HBC focal point, DPMAS OVC focal point, other sector stakeholders. Standing row includes: additional CSO partners and sector stakeholders; provincial Permanent Secretary’s representative, GAVV, provincial Nucleo Contra SIDA; FHI 360 CCP staff.

The provincial level close outs resemble the district level close out events, in the breadth of participants. All the GRM and sectorial partners with whom CCP worked and built linkages with over the life of the project get invited to celebrate together. While there was much praise for the CCP accomplishments, service, and operational style, amid lamentations about the project closing, a useful take away lesson for future

complex programming like CCP is to make even more effort to assure communications reach all intended structures.

On that result, the program involved staff from DPS, DPMAS in TOT training and then were invited to replicate the training in the CBOs. On the other hand, in coordination with that institutions, the technical staff was part of the supervision team in the field, mainly who coming from SDSMAS together with CBOs supervisor. Usually, the nurses in the CBOs did home care visits with Health Units Nurses.

At national level, participation on technical meetings where was produced many diversity of documentation and report documentation.

The administrative side saw CCP central staff carrying out pre-close out site visits, to provide TA on required documentation both programmatic and financial.

As with last quarter, the final push on sustainability preparations took place, such as a round of refresher trainings of *activistas* and district level partners. All the FHI 360-lead CSOs continued their implementation and the results are shown below. CCP actually performed quite well during this final implementation quarter, ending with 9 months of activities against 12-month targets, all within a very complicated project year. To give credit where credit is due, in this Executive Summary, CCP will present a nuanced view of this quarter's results, which will not have the chance to show up in the APR given the quantitative targets and results will show for the reporting year. See next section below the table.

Overall, CCP remains strong in its high focus areas - OVC care and support, and adherence support. The project overall reached the high water mark of more than 185,000 cumulative OVC receiving services this quarter. As well, with continued strong linkages to the USG-supported HIV services health facilities, the *activistas*' rate of returning treatment defaulters to clinical ARVs was 82% of those defaulters they found on the clinic provided lists.

## 7. Project Performance Indicators for Q3 – Yr 5 (9 month performance period)

Indicator	Annual Target #	Q1 Results	% Achieved end Q1	Q2 Results	% Achieved end Q2	Q3 Results ***	% Achieved end Q3	Summary Yr 5 Results	% Achieved in Yr 5
# of new HBC clients	10,783	3,867	36%	3,752	35%	2,032	19%	9,651	90%
# of cumulative HBC clients receiving care		21,001*		21,624		10,701		21,624	
# of New OVC served	79,127	15,583	20%	16,960	21%	9,941	13%	42,484	54%
# of cumulative OVC served		138,338*		175,105		185,046		185,046	
# pre/post-partum women referred to PMTCT	4,811	242	5%	367	8%	158	3%	767	16%
# receiving nutrition services	20,423	12,133	59%	12,723	62%	7,215	35%	32,071	157%
# participating in Kids' Clubs	5,446	2,111	39%	2,063	38%	1,163	21%	5,337	98%
# referrals to MCH (general), HIV (CT), Social Services, including GAVV	15,113	4,451	29%	3,968	26%	1,834	12%	10,523	68%
# referrals to MCH (general)		207		344		108		659	
# referrals to HIV (CT)		2,428		2,545		1,291		6,264	
# referrals to Social services		1,816		1,079		435		3,330	
# referrals to TB/Malaria and CCR	2,986	1,858	62%	1,444	48%	713	24%	4,015	134%
# referrals to TB		411		457		127		995	
# referrals to Malaria		1,130		707		394		2,231	
# referrals to CCR		317		280		192		789	
# of OVC 15-17 y.o. referred to family planning	681	167	25%	253	37%	55	8%	475	70%

% HIV defaulters on list returned to ART/clinic	60%		48% 85%**		49% 90%**		40% 82%**		46% 86%**
# of pregnant women referred with suspected malnutrition	N/A	1,130		92		10		1,232	
# of children referred with suspected malnutrition	N/A	411		74		34		519	
# of new VS&L groups	N/A	101		47		_***		148	
# of VS&L members by gender	70% of all members are female		71%		68%	_***			70%

\*Signifies calculations per APR methodology: cumulative achievement against “New” targets. See Tables 5 and 7, respectively, for details.

\*\*CCP reports both the original indicator - % defaulters from clinic LTFU lists returned to ART and.... % defaulters from clinic LTFU lists **found** and returned to ART, ... and ....respectively, demonstrating high achievement by the *activistas* when defaulters are actually found.

\*\*\*Project HOPE had concluded its implementation at the end of the previous quarter, so no new VS&L groups were created in this period.

Given that the targets for Yr 5 were assuming a 12-month implementation period, CCP performed very well for its 9-month maximum timeframe. During this reporting period, results were uniformly lower against almost all indicators in the table above, understandably. One main contributing factor is that 15 fewer districts were implementing for the entire quarter based on the subcontracting partners Africare and World Relief entering their respective close out periods, as reported in the last quarterly report. The 15 districts were comprised of 10 in Manica province, and five (5) in Inhambane province. Project HOPE also entered their close out period, so no new VS&L groups were founded in this quarter, across all CCP provinces. The other significant factor was carrying out massive refresher trainings across the remaining CSOs in this period, as part of the CCP sustainability effort. CCP intended to leave the CSOs and *activistas* in as strong a position as possible to continue their activities after

the funds finished. As well, the CSOs were covering a lot of close out activities and assuring their files were in compliance, etc.

That said, in HBC, CCP enrolled 2,032 clients this quarter, and continued reaching 10,701 clients total. The newly enrolled clients were not bedridden, reflecting the evolving status of PLHIV, and include many resulting from the *busca activa* efforts shared with the CHASS projects-supported clinics, as well as the CDC-funded clinical partners.

The newly enrolled OVC in this reporting period total 9,941, in the midst of 185,046 total cumulative OVC receiving various services according to the OVC minimum package, and reflecting both intensive and maintenance phase activities. Here is where CCP needs to drill down further to appreciate the realities, given just three quarters of implementation.

The real quarter based target for this reporting period should have been 60% of the per quarter target of 19,781 new OVC, since just 25 of the 42 districts were active this quarter (60%). The 9,941 new OVC this quarter then actually reflect 84% achievement against the quarterly target proportion of the annual target. (The previous quarters in this project year would then reflect 78% and 85% achievement, respectively.) While not achieving 100% of total quarterly new OVC targets, it must also be acknowledged that the *activistas* are continuously carrying an OVC case load of varying intensity totally the 185,046 mentioned above.

Nutrition services were very successfully provided in this quarter. Referrals to PMTCT are significantly under target, a function of both too unrealistic a target, and the continuing complexities of direct referrals to that service. Referrals of pre- and post-partum women to MCH gets these women into the proper clinic to channel them into PMTCT as appropriate to their HIV status upon testing. CCP is also observing that many people are changing their health seeking behavior and taking themselves to their health facility on their own, meaning not undergoing the referral process and thus not being reported, especially as regards persistent cough.

**Result 1: Increased provision of quality, comprehensive, community-based care and support services to people living with HIV and AIDS and their families.**

**Activity Area 1.1:** Training and capacity building of CSOs and providers in community-based care and support

**Trainings**

Refresher trainings on key CCP implementation areas were conducted across the project during this reporting period. These trainings aimed to strengthen the *activistas'* capacity and knowledge on: integrated care and support package, psychosocial support, child protection, orientation of CCPCs, using the referral tool (*Guia de Referência*), Parenting Skills, and M&E tools, in order to continue carrying out community care activities after the project phase out. The majority of these trainings were facilitated by the local cadres of CSO supervisors and SDSMAS Technical Officers that CCP invested in throughout the life of the project. REPSSI Technical Officers facilitated the psychosocial support refresher trainings. Specific Early Childhood Development refresher is only done in two districts in Maputo province, in partnership with PATH.

The original subcontracting relationship with ANEMO has evolved into a complementary peer type of partnership. ANEMO under other donor funding conducted integrated care and support package refresher training in Niassa province (Cuamba district) for the 22 Hankoni *activistas*, also resulting in accreditation of the Hankoni supervisor as a Trainer. ANEMO also accredited two other CSO supervisors in Tete province, in Moatize and Mutarara districts, Kupulumussana and Caritas respectively. These ToT accreditations are important investments in the knowledge base and sustainability of community based services.

*Table 1: Q3 – Yr 5 Selected Refresher Trainings by technical area, sex*

Province	Inte-grated care		Parenting Skills		Referral tool (Guia)		Gender and child protec-tion		Psychoso-cial support		Supporting CCPC		Early Child-hood Devel-opment	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Cabo Delgado	7	16	7	16	7	16	7	16	7	16	7	16		
Inham-bane														
Manica														
Maputo	31	94	34	108	34	108			32	102	42	101	4	18
Niassa	32	55	49	73	44	63			34	50	37	18		
Sofala			100	162	100	162			100	162	41	51		
Tete	3	19	542	791	347	425	69	70	347	425	347	425		
Total by sex	73	184	732	1,150	532	774	76	86	520	755	474	611	4	18
<b>Total Q3-Yr5</b>	<b>257</b>		<b>1,882</b>		<b>1,306</b>		<b>162</b>		<b>1,275</b>		<b>1,085</b>		<b>22</b>	

The table above shows the refresher trainings conducted across the project, during this reporting period and merits description to best understand the contribution to longer term sustainability of the CCP initiatives: (Q3 results tables no longer carry the closed provinces of Manica and Inhambane)

- **Integrated Care – 5 days:** overall, a total of 257 *activistas* (73 male and 184 female) underwent refresher trainings on integrated care, which includes OVC care and support, HBC/adherence support, gender, and nutrition, with more emphasis on skills transfer from *activistas* to household caregivers, as well as on M&E data collection tools. Lower training numbers or no numbers in the table above reflect refresher trainings having occurred in the previous quarter.
- **Parenting Skills – 1 day:** a total of 1,882 people (732 male and 1,150 female) had refresher training on parenting skills in this quarter. The standardized target training group across the CCP districts includes the *activistas*, 1 Social Action technical officer, 1 CCPC representative, and 2 VS&L Community Facilitators from each district. This cross section of community stakeholders broadens the knowledge pool for better parenting and mutual accountability regarding children. One final refresher training on parenting skills will take place in Chiuta district (Tete province) early in the coming quarter.
- **Referral tool – 1 day:** the referral and counter referral tool (*Guia*) refresher trainings included 532 males and 774 females, totaling 1,306. Like the Parenting Skills target group, this standardized target training group consists of: the *activistas*, 1 GAVV technical officer, 1 Social Action technical officer, 1 CCPC representative, 2 VS&L Community Facilitators and linked Health Unit technical officers (from subspecialties such as MCH, HIV treatment and Emergencies) in each implementing district. This cross section of stakeholders also contributes to strengthening the important linkages between community-based providers and clinical and social services providers.
- **CCPC – 2 days:** in this quarter, deepening the community ownership of child related care and support, CCP conducted refresher trainings to Child Protection Committees across the implementing provinces, reaching a total of 1,085 participants (474 male and 611 female). Participants in the CCPC training included: the *activistas*, CCPC members, community leaders and district level Social Action officers, using the GRM CCPC development guidelines. This training will take place early in the next reporting period, in five districts in Sofala province, to complete this exercise.
- **Psychosocial support – 1 day:** refresher trainings on psychosocial support also took place across the implementing districts this quarter. A total of 1,275 participated (520 male and 755 female), facilitated by district level Social Action Officers who were previously accredited by REPSSI as trainers. In Niassa and Tete provinces, Health Unit psychiatric technical officers also participated. They receive referrals from the *activistas* on more complicated cases they encounter in their case loads. Notably, not all HUs in all districts have this particular staff member.
- **Early Childhood Development (ECD) – 2 days:** in Maputo province (Marracuene and Moamba districts), ECD refresher training reached 22 participants (4 male and 18 female). This training was facilitated by CSO supervisors previously trained as ToTs by PATH, in the context of the partnership established under CCP.

## Organizational Capacity Building

Organizational Capacity Building receives special highlight in this final quarter of CCP implementation. As well, CCP gives special recognition to CAP, the leading USAID-funded civil society capacity building project in Mozambique. CCP and CAP have worked side by side in a complementary fashion per designated target districts. CCP implementing CSOs have benefitted greatly from the more intensive CAP approach, given there more focused mandate. In this quarter, the following concluding activities were conducted under Organizational Capacity Building, noting that these would have taken place in the previous quarter in provinces not mentioned here:

- **Revision of Manuals on Policy and Administrative Procedures**

Three CSOs in Tete province: Caritas Diocesana, Kuthandizana Kuchira, Kupulumussana, and four in Niassa province: Thandizanani, Hankoni, Wupuwela and Irmãos Unidos, finalized and printed Manuals on Policy and Administrative Procedures. These covered human resources management, administrative and financial management, internal regulations, and their organogram, all contributing to the CSOs longer term sustainability and value in their respective communities.

- **CSOs Final evaluation**

In this reporting period, CCP carried out the remaining needed CSO final evaluations in Tete and Niassa provinces regarding organizational capacity development. This exercise complements the original CSO Assessment process when CCP started up, and will reflect the progress made by the CSOs during the CCP life of project. The complete findings will comprise a significant part of the CCP Final Report, due in at Close of Project. This evaluation is disaggregated in the table below, with overall participation of 94 people (47 male and 45 female), carried out by CCP technical officers. It is useful to note the breadth of identified CSO participants, which fosters mutual accountability and strength, transforming many CSOs from one-person enterprises to truer organizations or associations.

Table 2: Q3 - Yr 5 Organizational Capacity Building final evaluation

Participants	Province	Organization	Participants		
			M	F	Total
(1) President, (1) Book Keeper, (1) Coordinator, (1) Administrative	Tete	Filhas de Caridade		4	4
(1) President, (1) Book Keeper, (1) Coordinator, (1) Administrative, (1) Board Chair, (1) Program & M&E officer, (2) Members	Tete	Caritas Diocesana de Tete	5	3	8
(1) Coordinator, (1) Vice-President of the General Assembly, (1) Supervisory Board Chair, (1) Administrative, (1) Finance, (1) Board Chair, (1) Program & M&E officer, (2) Members	Tete	Kupulumussana	8	4	14
(1) President of the General Assembly, (1) Supervisory Board Vice-Chairman, (1) Administrative, (1) Board Chair, (1) Program & M&E Officer, (5) Members/ <i>Activistas</i>	Tete	Kuthandizana Kuchira	6	4	10
(2) Coordinators, (1) Supervisory Board Chair, (1) Administrative, (1) Board Chair, (1) Program & M&E Officer, (4) Members/ <i>Activistas</i>	Niassa	Irmãos Unidos	8	4	12
	Niassa	Wupuwela	9	11	20

1) Coordinator, (1) Supervisory Board Chair, (1) Administrative, (1) Board Chair, (1) Program & M&E Officer, (4) Secretaries, (11) Members/ <i>Activistas</i>					
(1)Coordinator, (1) Vice-President of the General Assembly, (1) Supervisory Board Chair, (1) Administrative, (1) Finance, (1) Board Chair, (1) Program & M&E Officer, (6) Members	Niassa	Thandizani	6	8	14
1) Coordinator, (1) Supervisory Board Chair, (1) Administrative, (1) Board Chair, (1) Program & M&E Officer, (2) Secretaries, (4) Members	Niassa	Hankoni	5	7	12
		<b>Total</b>	<b>47</b>	<b>45</b>	<b>94</b>

In this reporting period, the CCP collaboration with the FHI 360 CAP project resulted in the PAOPs, Health Checks, and MANGO training.

### **CCP Support and Technical Assistance visits to CSOs**

During this reporting period, Technical Assistance visits to CSOs were carried out across the implementing provinces to provide support to CSOs on close out activities and refresher trainings prior to close out. The table 4: *Q3 – Yr 5 Selected Technical Assistance (TA) and Joint Visits* shows the various activities carried out under TA.

Besides TA visits conducted to the CSOs at their district sites, TA is also provide by phone and email when possible to ensure the observance of recommendations made during previous field visits and to ensure continuity between site visits. Joint site visits are made when the activity is shared with another collaborating partner project or technical partner, to best maximize synergies or a comprehensive approach. In all cases of USAID staff making a site visit, CCP always provides accompaniment and support. Often, CCP and CAP carry out joint TA visits.

During technical assistance was possible to verify that the key messages provided, like breastfeeding for new born and HIV Positive mothers, was not updated. Some reference guide was orienting mothers to exclusive breastfeeding for six months and other information was orienting them to continue breastfeeding after six months simultaneously adding food.

Mother to mother groups were exclusively functioning in Health facilities even though the government oriented to be implemented also in the communities. PCC strengthened that strategy through technical and joint visits with focal points for HIV in DPS at provincial level and SDSMAS at district level. That kind of implementation was successful and from certain point of the time started integrating men within the mothers groups.

Shared visit helped to reinforce linkages and collaboration for Buscas activas, with community leaders' involvement. It was done an identification and sensitization for default patients and its reintegration for ART. The DPS Representative supported on OVCs reintegration in pediatric ART and adults found in "Buscas activas" activities. During the implementation period, it was possible to advocate the supervisors on health committee, where many challengers addressed and wide range of solutions discussed together related to positive HIV mothers (PMTCT). Issues related to the customer satisfaction, OVCs needs, were discussed during TA, and the identified as vulnerable were referred to INAS and other similar institutions.

In relation for testing process and reference guide use, it is also important to mention the rotation of activists in the Health Units in order to increase the number of people to be tested. At the beginning was very difficult to reference guide to be accepted by the health staff and patients were afraid to use it. After strong sensitization and presentation about the importance and the results expected from the guide usage through government representatives through formal letters the situation changed and the number of patients increased a lot. However, it seems for the future soon, the process of reference from Health Units to the communities will still need additional improvement and reinforce.

Table 4: Q3 – Yr 5 Selected Technical Assistance (TA) and Joint Visits

Province	Team members	Activities conducted	Findings or Next Steps
Maputo	FHI360/CCP CAP	In all Maputo province districts, TA visits were conducted for pre-close out activities.	During pre-close out, recommendations included updating the inventory, submission of final reports and correction of OVC, PMTCT data for the months of April & May
	FHI360/CCP & USAID	A SIMS visit was conducted in Matutine district, with the CCP CSO partner ASD. USAID SIMS visits are meant to verify project implementation is up to standards, and complement the projects own monitoring and management results.	Will await the findings.
Cabo Delgado	FHI360 /CCP ANEMO	2 TA visits were conducted to verify data collection tools.  ANEMO focused their supportive supervision visit on the performance of the nurse supervisor and <i>activistas</i> .	The CSO M&E officer had resigned and they were having some temporary difficulties with controlling data collection. Recommendations included continue carrying out data quality assurance on a monthly basis.
Niassa	FHI360/CCP	TA visits aimed to verify administrative and finance files, conduct pre-close out activities, and support refresher trainings.	Recommendations included: updating the inventory for close out process, and conduct General Assembly within the CSOs as part of organizational capacity building.
	DPS, DPMAS, Save the Children	The visit with Save the Children aimed to monitor the activities of the Essential Package (for 0-5 yr olds)	Findings: no data collection tools were included in the piloting for this activity, so that will be taken up in the GTCOV for development.

		being piloted in three CCP districts, to ensure it is being implemented as per recommendations.	
<b>Tete</b>	FHI360/CCP	<p>Coordination meetings with DPMAS, DPS and SDSMAS to discuss CSOs sustainability after close out phase.</p> <p>While in the CSO, pre close out activities were carried out.</p>	<p>Kuthandizana Kuchira (in Tete Cidade) was supported to be sure to fully enroll OVC even during June (the last month) since SDSMAS focal points will continue supporting <i>activistas</i> after CCP closes.</p> <p>Some <i>activistas</i> still face difficulties using the CSI. The supervisor will support and mentor those <i>activistas</i>. The provincial team will support the CSO on compiling close out documentation.</p>
	ANEMO, FHI360/CCP & SDSMAS	<p>Held meeting with CCPC, Children's clubs, GAACs, representatives of M2M and VS&amp;L groups to share experiences on sustainability from other provinces.</p> <p>Physical verification of equipment and goods purchased under CCP, as well as compliance on subcontract requirements as part of close out activity.</p> <p>Verify data collection tools.</p>	<p>Local leaders and structures should be involved in community activity, by intensifying birth registration, school integration, retention &amp; progress, as well as income generation activities.</p> <p>The provincial team will assist the Chiuta and Cahora Bassa district partners on improving their filing systems.</p>
<b>Sofala</b>	FHI360 /CCP	Conduct pre-close out activities, including orientation on compilation of the final report.	The provincial team will support the CSOs to develop their final documentation plan for close out.
	FHI360/CCP, CAP	In Kugarissica (Beira) two visits were conducted in the context of institutional capacity building (internal control to verify the use of stickers in the purchased equipment's as well as updating inventory list and report drafting).	

		The visit also aimed to verify the accounting system and budget execution.	
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**Activity Area 1.2:** Strengthen the provision of comprehensive services at community level for PLHIV, OVC and Pre- and Post-partum women and their families.

This Activity Area reports on both referrals of beneficiaries to clinical and social services (Table 4), as well as directly provided services by the CSOs' trained and supervised *activistas*.

### **Referral Network**

The recent MISAU approval of the bi-directional referral tool – the *Guia de Referência* – there is a significant increase of completed referrals made from the clinical partners to the CCP community based services. Maputo province implementers – who are linked with CDC-supported clinics, and Niassa and Tete provinces implementers – who are linked to CHASS projects clinical partners, showed the strongest increases in referrals made to the CCP CSOs. This reflects the potential that the *Guia* holds for referrals for achieving community based adherence.

Kudos must be acknowledged for the super performance by Kaeria in Pemba district, Cabo Delgado province, during this reporting period. Kaeria is an especially highly motivated CSO among those implementing with CCP, itself an association of PLHIV. Often Kaeria outperforms other provinces with more districts/CSOs implementing. The process of adaptation for reference guide was accepted in different contexts. At the beginning the acceptability was very poor and the beneficiaries were fear to bring the reference guide to the health facilities because of law acceptance. After sensitization, joint visits between FHI 360 Staff and health staff the situation changed and improved starting operating according to the orientation given during TA and rules in use in the country. Finally, it was realized from the all partners the importance of role played by the reference guide, so the government authorities started advocated it by their own.



Table 4: Q3 – Yr 5 Total Completed Referrals by province, service referrals by area

Province	Referrals received from HU (ALL)	Uncompleted Referrals	MCH Services (782)						HIV Services (1,647)						Social Services (435)						Other Services (686)				
			Maternity for birth	MCH	Family planning consultation	Post birth Consultation	Consultation for children at Risk (CCR)	PMTCT	CT	STI	Pre TARV/IO	HIV+ Test	LTFU TARV	PPE	Community/CSO	Education	Social Action	GAVV/Police post	Psychology/ Psychiatrist	IPAJ	Children referred suspected of malnutrition	Pregnant women referred with suspected malnutrition	Emergency	Suspected of TB	Suspect of Malaria
Cabo Delgado	659	273	56	38	47	50	112	51	27	29	14	21	0	0	19	32	39	12	12	0	14	7	21	8	50
Inham-bane																									
Manica																									
Maputo	405	51	4	7	33	0	0	83	172	17	1	13	28	0	7	6	10	5	0	1	1	1	26	12	60
Niassa	514	73	3	12	26	13	15	13	99	8	1	12	20	0	105	0	81	2	2	0	6	1	16	30	88
Sofala	968	4	2	21	12	8	18	5	636	10	11	21	85	5	0	27	49	4	2	0	7	1	33	52	107
Tete	545	34	27	30	17	26	47	6	357	5	17	10	28	0	1	4	15	0	0	0	6	0	25	25	89
<b>Totals</b>	<b>3,091</b>	<b>435</b>	<b>92</b>	<b>108</b>	<b>135</b>	<b>97</b>	<b>192</b>	<b>158</b>	<b>1,291</b>	<b>69</b>	<b>44</b>	<b>77</b>	<b>161</b>	<b>5</b>	<b>132</b>	<b>69</b>	<b>194</b>	<b>23</b>	<b>16</b>	<b>1</b>	<b>34</b>	<b>10</b>	<b>121</b>	<b>127</b>	<b>394</b>

In this quarter, there were 3,550 completed referrals to the various health and social services. The increased **referrals from other providers to the CSOs** noted above, totaling 3,091, is getting close to equalizing the bi-directional nature of the referral networks and linkages established during CCP period of performance. Of the total 3,550, 3,114 were to combined health and HIV services, and 435 for social services. There is always a variation in completed referrals across quarterly reporting periods, depending on the intensity of all combined activities by the *activistas*, for example in this quarter a fair amount of their time was dedicated to refresher trainings and completing files in preparation for close out. As well, this is the only quarterly CCP is now reporting on only five (5) provinces' results, given the Africare and World Relief partners ceased implementing at the end of the previous quarter. This factor explains well the reduction in Uncompleted Referrals.

### Home Based Care

In this reporting period, CCP enrolled 2,032 new HBC clients. During this reporting period, the project provided care and support for a cumulative total of 12,709 HBC clients (3,990 male and 8,719 female). Over the life of CCP, the nature of HBC has evolved. The current HBC client base includes PLHIV, drawn frequently from successful *busca activa* results – returning treatment defaulters to their clinical ART regimens and enrolling them in CCP for adherence support and full family assessments and referrals. As well, some proportion of HBC clients are Pre- or Post-Partum women. There do remain some bedbound clients as well, which keeps the need for the HBC kits active but in a very diminished scope.

See pg 26.

*Table 5: Q3 – Yr 5 Achievement in New and Cumulative HBC clients by province*

PROVINCE	HBC Annual Target Yr 5	(Newly Enrolled in Q3 Yr 5)	Cumulative HBC Q3 Yr 5 Disaggregated by sex			Alive & In Care
			Male	Female	Total	
Cabo Delgado	76	93	363	612	975	970
Inhambane	1,445	-	-	-	-	-
Manica	2,890	-	-	-	-	-
Maputo	806	329	1,112	2,615	3,727	3,574
Niassa	1,232	483	981	2,226	3,207	2,766
Sofala	2,601	680	625	1,518	2,143	1,523
Tete	1,734	447	909	1,748	2,657	1,868
<b>TOTAL</b>	<b>10,783</b>	<b>2,032</b>	<b>3,990</b>	<b>8,719</b>	<b>12,709</b>	<b>10,701</b>

As per Table 5, Niassa province implementers performed the best this quarter, enrolling an average of 120 clients per district.

The Alive and in Care results reflect strongly for adherence to ARV treatment due to the CSOs community-based follow up.

Table 6: Q3-Y 5 HBC clients disaggregated by sex and age, total 12,709 from Table 5

PROVINCE	Sex		Age		Patient Status (CCC)			
	Male	Female	0-14	15+	Alive & In Care	Lost to Follow-Up	Dead	Discharged
Cabo Delgado	363	612	220	755	970	-	-	5
Inhambane								
Manica								
Maputo	1,112	2,615	386	3,341	3,574	10	16	127
Niassa	981	2,226	405	2,802	2,766	-	18	423
Sofala	625	1,518	203	1,940	1,523	6	25	589
Tete	909	1,748	211	2,446	1,868	12	23	754
<b>TOTAL</b>	<b>3,990</b>	<b>8,719</b>	<b>1,425</b>	<b>11,284</b>	<b>10,701</b>	<b>28</b>	<b>82</b>	<b>1,898</b>

Worth noting from Table 6 above, women consistently outnumber men in HBC, and 11% of HBC clients are 0-14 yrs old. The Alive and In Care results reflect that, using broad calculations<sup>1</sup>, *activistas* during the last quarter of implementation (this Q 19) had a case load of around 20 HBC/adherence support clients, in addition to their OVC case load which follows below. This is a result of the combination of fewer bedbound PLHIV HBC clients who need frequent visits, and the 1,898 clients who were discharged, having met the graduation criteria of consistent adherence and positive personal behaviors. Factoring for Manica and Inhambane provinces having closed implementation, deaths reduced this quarter from 116 to 82 in the five active provinces. As well, Lost to Follow Up cases reduced from 41 to 28.

### Orphans and Vulnerable Children

In this quarter, CCP reached 9,941 (4,949 male and 4,992 female) new OVC, a noticeable drop if comparing to last quarter. This result needs to be taken in the context of project close out, both from the perspective of reduced number of implementing districts (27 this quarter compared to 42 last quarter) and the massive cumulative number of OVC actually being reached across both intensive and maintenance service delivery phases. The consistent LOP characteristic of many more OVC girls than boys enrolling reduced to just a small differential this quarter.

Table 7 below merits clarification, since the total cumulative OVC in care shows 185,046. This total needs to remain in place to remain concordant with APR reporting, but since Inhambane and Manica provinces have ceased implementation on which they would report, ostensibly just 133,537 (63,700 male and 69,837 female) would be the cumulative total for this reporting period.

<sup>1</sup> 27 districts implementing with minimum 20 *activistas*

Table 7: Q3 – Yr 5 OVC, Newly Enrolled and Cumulative, by province and sex

PROVINCE	New OVC Target Yr 5	Newly Enrolled OVC in Q3 Yr 5	Newly Enrolled OVC in Q3 Y5, by sex			Cumulative OVC in care, Disaggregated by sex		
			Male	Female	Total	Male	Female	Total
Cabo Delgado	558	268	113	155	268	1,817	2,367	4,184
Inhambane	10,602	-	-	-	-	11,107	13,925	25,032
Manica	21,205	-	-	-	-	13,048	13,429	26,477
Maputo	5,915	901	436	465	901	8,405	9,853	18,258
Niassa	9,040	2,236	1,121	1,115	2,236	10,925	12,154	23,079
Sofala	19,084	3,019	1,519	1,500	3,019	20,791	21,684	42,475
Tete	12,723	3,517	1,760	1,757	3,517	21,762	23,779	45,541
<b>TOTAL</b>	<b>79,127</b>	<b>9,941</b>	<b>4,949</b>	<b>4,992</b>	<b>9,941</b>	<b>87,855</b>	<b>97,191</b>	<b>185,046</b>
<b>Totals without Inhambane and Manica</b>						<b>63,700</b>	<b>69,837</b>	<b>133,537</b>

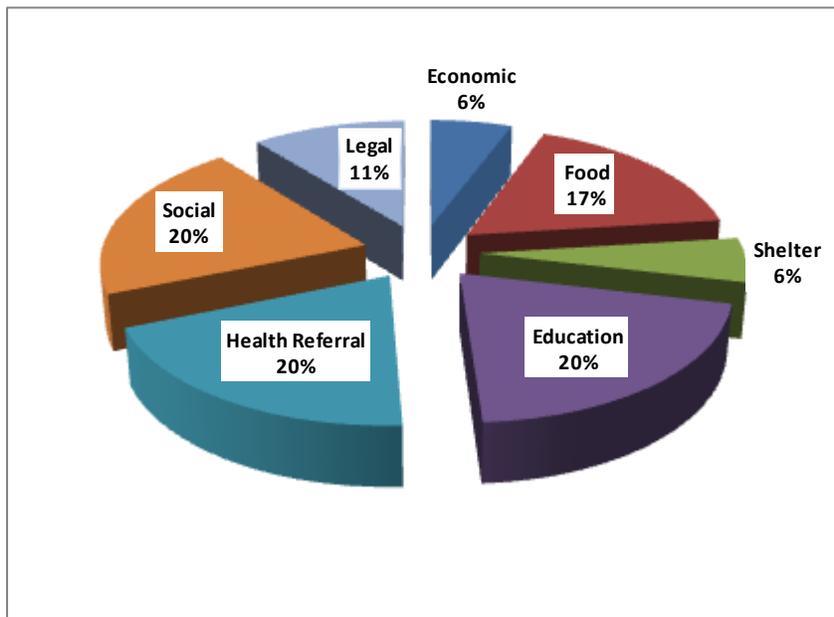
Table 8: Q3 – Y 5 Services provided to OVC disaggregated by sex and Service

Province	New OVC target for Y5	M	F	Economic	Food (nutrition services)	Shelter	Educational	Health Referral	Social (Psychosocial Support)	Legal
Cabo Delgado	558	113	155	138	66	184	246	204	51	0
Inhambane	10,602	-	-	-	-	-	-	-	-	-
Manica	21,205	-	-	-	-	-	-	-	-	-
Maputo	5,915	436	465	184	617	176	649	474	548	290
Niassa	9,040	1,121	1,115	322	1,076	288	1,317	1,193	1,102	393
Sofala	19,084	1,519	1,500	288	946	266	1,220	1,180	1,093	295
Tete	12,723	1,760	1,757	484	1,573	480	1,627	1,811	2,267	1,688
<b>TOTAL</b>	<b>79,127</b>	<b>4,949</b>	<b>4,992</b>	<b>1,416</b>	<b>4,278</b>	<b>1,394</b>	<b>5,059</b>	<b>4,862</b>	<b>5,061</b>	<b>2,666</b>

Nutrition services (food) still include referrals to malnutrition rehabilitation clinical services if MUAC assessment suggests, nutrition education, cooking and home garden demonstrations. This indicator also includes those who have received direct food basket support from INAS, by referral, when a household is extremely needy. The Economic services result has increased significantly over last quarter but that is discounting the large number of OVC benefiting from

family members of the VS&L groups reported last quarter.<sup>2</sup> We can conclude that the HES benefit to OVC is still in place as long as their parent or guardian is still in their respective group.

Graph 1: Services provided to OVC by proportion (April-June, 2015)



Although shelter accounts for only a 6% share of the OVC services provided this quarter, CCP is confident in the manner the shelter service is provided. Consistently, when OVC need improvements to the place they live, the *activistas* and CSOs are doing a good job of mobilizing community leaders and stakeholders, and the linkages with government services through SDSMAS and/or INAS to collaboratively meet the shelter needs indicated. This reflects exactly the community sustainability model that CCP has been building over the life of the project, community oversight and ownership of OVC care and support needs.

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<sup>2</sup> The VS&L group member disaggregation data was collected by Project HOPE, whose implementation ceased the end of last quarter.

## Adherence Support

During this final implementing quarter, *Busca activa/consentida* continued to be a key activity for adherence support and retention across CCP. This activity is implemented through mature linkages with the clinic partners in each CCP district: CHASS Niassa in Niassa province, CHASS SMT in Sofala and Tete provinces, and CDC-supported Ariel in Maputo and Cabo Delgado provinces. The challenges of the clinic based defaulter lists are still vexing. However, while the relatively new practice in Cabo Delgado province of using *Busca Activa* cards, which contain additional ART patient information to facilitate the “*busca activa*” process, appears not to have made a positive effect yet. Cabo Delgado still only found 41% of defaulters on the clinic list. They were most successful in returning 95% of those they found to treatment regimens.

Table 9: Q3 – Yr 5 *Busca Activa/Consentida* by province and sex

PROVINCE	List of defaulters to the CBOs			Recovered (found) by <i>activistas</i>			Recovered and Reintegrated on ART			(% of Recovered and reintegrated to HU against list)	% of Recovered and reintegrated to HU against those found
	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL		
Cabo Delgado	42	60	<b>102</b>	14	28	<b>42</b>	14	26	<b>40</b>	41%	95%
Inhamitane											
Manica											
Maputo	132	297	<b>429</b>	23	57	<b>80</b>	9	34	<b>43</b>	10%	54%
Niassa	57	129	<b>186</b>	36	80	<b>116</b>	29	62	<b>91</b>	49%	78%
Sofala	202	284	<b>486</b>	112	193	<b>305</b>	102	166	<b>268</b>	55%	88%
Tete	64	83	<b>147</b>	53	70	<b>123</b>	44	60	<b>104</b>	71%	85%
<b>TOTAL</b>	<b>497</b>	<b>853</b>	<b>1,350</b>	<b>238</b>	<b>428</b>	<b>666</b>	<b>198</b>	<b>348</b>	<b>546</b>	<b>40%</b>	<b>82%</b>

Treatment defaulters restored to ARVs through *Busca Activa/Consentida* and their family members are enrolled into CCP, thereby accessing all the PLHIV care and support assessments, interventions, and referrals, such as to VS&L groups, the GAACs and other community support groups as appropriate. Of course orphans or vulnerable children in the household are also assessed, referred, and receive direct care and support per the normal CCP program.

To fully understand Table 9 above, of the 1,350 defaulters from the clinic compiled lists, *activistas* found around 666 of those patients. Of the 666, a total of 546 (348 female and 198 male), were reintegrated into ARV treatment, at 82% of those found. This attests to the abilities and knowledge of the *activistas*, serving well as HIV counsellors in their communities.

Patients returned and were reintegrated in the program as consequence of counselling and adherence education done for each individual and his household. During that period, patients and their household were integrated in income generations activities and as a result of that

integration life conditions improved in communities with food provision/availability, shelter improvement and Psychosocial support and others.

### **Pre- and Post-partum Women**

According to the provincial reports this quarter, 3,475 PPPW were enrolled in CCP. These women were mobilized for adherence to MCH consultations, HIV Voluntary Counselling and Testing, nutrition education including cooking demonstrations and home gardens, orientation for breastfeeding and referrals to M2M as well as VS&L groups. CCP *activistas* also played a very important role in mobilizing fathers to accompany their wives to MCH consultations whenever possible. Of these beneficiaries (additional to the HBC reporting), a total of 158, or about 4.5% were referred to PMTCT in this quarter, meaning these women knew their HIV status and were open about it. With their openness, the *activistas* also have the opportunity to provide better and more relevant services, such as greater emphasis on treatment adherence, institutional birth, nutrition education, exclusive breastfeeding and CCR.

### **Support Groups**

In this final implementation quarter, the CCP *activistas* continued to manifest the strong linkages to clinical and GRM partners, to assist clinical staff with the groups they initiate such as the M2M, GAAC and PLHIV groups, as well as assisting the SDSMAS OVC focal point with starting up CCPCs. These various community groups serve different purposes, depending on the group. The *activistas'* role also varies per group type, but can consistently be said to be one of skills transfer such as nutrition education for breastfeeding mothers, PLHIV, or their children; providing training and/or messages such as Parenting Skills, children's rights, or on how to be a community committee. CCP supported 51 new community support groups, adding onto the 926 various extant community support groups receiving some CCP support.

There continue to be small steps in improving male involvement in family needs and health care. In the already active M2M groups, the rate of male participation was 17% in Maputo province, and 12% in Cabo Delgado province. In this quarter, in the Sofala and Cabo Delgado province new M2M groups, the rate of male participations was 26% for Sofala and 16% this time for Cabo Delgado. While perhaps small steps, these are very important advances in improved gender roles, improved parenting, improved care for family members by those in charge, and another testament to the effectiveness of the CCP community based *activistas* in broadening support for children.

Table 10: Q3 – Yr 5 Active Groups and Committees Supported;  
Groups and Committees Created, disaggregated by type, sex

Province	Total active groups Q3-Yr5 = 926															New (additional) groups in Q3-Yr5 = 51											
	CLC			CCPC			M2M			F2F			PLHIV			CCPC			M2M			GAAC			PLHIV		
	Nº	M	F	Nº	M	F	Nº	M	F	Nº	M	F	Nº	M	F	Nº	M	F	Nº	M	F	Nº	M	F	Nº	M	F
Cabo Delegado	8	42	38	8	42	38	16	25	200										2	6	36						
Inhambane																											
Manica																											
Maputo	34	142	110	2	40	40	31	51	288										2		37	3	8	10	1	8	22
Niassa				35	371	343	4		88	3	53																
Sofala	93	94	84	133	416	482	120		634				142	240	498	1	7	15	14	9	34				14	9	34
Tete	6	58	68	41	386	387	88		951				162	411	482	1	7	8	4		42				9	14	35
<b>Total</b>	<b>141</b>	<b>336</b>	<b>300</b>	<b>219</b>	<b>1255</b>	<b>1290</b>	<b>259</b>	<b>76</b>	<b>2161</b>	<b>3</b>	<b>53</b>	<b>0</b>	<b>304</b>	<b>651</b>	<b>980</b>	<b>2</b>	<b>14</b>	<b>23</b>	<b>22</b>	<b>15</b>	<b>149</b>	<b>3</b>	<b>8</b>	<b>10</b>	<b>24</b>	<b>31</b>	<b>91</b>

Legend Table 10: CLC = Community Leaders Committee (or Council)  
 CCPC = Community Child Protection Committee  
 M2M = Mother to Mother Group  
 PLHIV= People Living with HIV or AIDS Group  
 F2F = Father to Father Group  
 GAAC = Community Adherence Support Group

## Nutrition

Nutrition is a cross cutting component that benefits all target groups with extra focus on PLHIV, pregnant women, breastfeeding women and children from 0-5 years old. During this reporting period, a total of 8,215 people received nutrition services. Of the total, 3,475 were pregnant women, 2,291 were between the ages of 0 to 14, 747 are aged 15-17 years, and the remaining 1,702 are above 18 years. The 0 to 14 age group merits comment; obviously the younger side of that age range are not receiving the direct nutrition services of nutrition education, or the cooking or garden demonstrations. Rather they are receiving indirect service delivery, benefiting from their parent(s) or caregiver(s) receiving those services directly. These services are provided during the home visits, in M2M groups, in VS&L groups, and also in the Children's Clubs, using locally grown produce. The foods prepared in the cooking demonstrations are shared with the participants. Those children whose MUAC during assessment indicates under- or malnourishment receive referrals to the Malnutrition Rehabilitation part of the local health facility, if they have one, and are also counted in this result.

*Table 11: Q3 – Yr 5 Nutrition services disaggregated by age and PPPW*

Province	Age			PPPW*	TOTAL	
	0-14	15-17	18+			
Cabo Delgado	58	23	100	24	181	
Inhambane						
Manica						
Maputo	423	120	322	110	865	
Niassa	665	227	344	921	1,236	
Sofala	1,003	294	378	2,170	1,675	
Tete	142	83	558	250	783	
<b>SUB TOTALS</b>	<b>2,291</b>	<b>747</b>	<b>1,702</b>	<b>3,475</b>	<b>4,740</b>	
<b>TOTAL 8,215</b>						

\*PPPW=pre- and post-partum women

All the CCP nutrition education forms a synergy with the project HES activities. The project beneficiaries who join the VS&L groups are receiving Parenting Skills messages there, which reinforce the nutrition aspect of improving the family quality of life. At the same time, they are strengthening their household economic capacity to follow up on the messages taught, with their improving financial situation.

### **Kits in CCP: Home Based Care (HBC) kits**

Table 12 below shows that CCP distributed a total of 42 HBC kits to the CSO supervisors in five (5) provinces. This reflects a very significant reduction in HBC kits, given the reduced proportion of bedbound PLHIV found in the CCP catchment areas. As well, the project closure date was borne in mind, and to ensure that project activities continue in the implementing districts, CCP has negotiated with SDSMAS representatives at district level to work with the CSOs on refilling the HBC kits for supervisors, to still respond to those PLHIV needing HBC.

Table 12: Q3 – Yr 5 HBC Kits

Province	HBC kits for supervisors
Cabo Delgado	1
Inhambane	
Manica	
Maputo	5
Niassa	4
Sofala	7
Tete	3
<b>Totals</b>	<b>20</b>

**Result 2:**

**Increased family-centered, community-based services that improve health outcomes and quality of life for PLHIV, OVC, and pre/post-partum women and that are implemented by the coordinated efforts of the Ministry of Women and Social Action (MMAS), the Ministry of Health (MISAU), and civil society organizations (CSOs).**

**Activity Area 2.1: Strengthen the CSOs to assure compliance with MMAS minimum standards for OVC and support the National Action Plan for OVC**

While all CCP OVC care and support activities reflect MGCAS (formerly MMAS) minimum standards, the Children’s Clubs activity across CCP implementing districts really stands out. CCP support is two-fold:

In this quarter, the Children’s Clubs continued to be a key activity. The various recreation activities include soccer, singing and dancing, poetry, and hand-making toys using local materials. Playing and learning together are central to the activities and help the children learn various aspects regarding human values on day to day basis. These sites are also key opportunities for CCP *activistas* to cover broad topic areas, such as: children’s rights, child sexual abuse, sanitation, oral hygiene, prevention of diseases such as diarrhea, malaria through use of mosquito nets, and water purification using “certeza” or even boiling water before consumption.

*Table 13: Q3 – Yr 5 Children’s Clubs created, per province, members disaggregated by sex*

Province	# of New Clubs Established	Children disaggregated by sex		Total children participating in Clubs in Q3 – Yr 5
		M	F	
Cabo Delgado	2	25	38	63
Inhambane				
Manica				
Maputo	17	241	301	542
Niassa	3	91	61	152
Sofala	18	119	84	203
Tete	11	100	103	203
<b>Totals</b>	<b>51</b>	<b>576</b>	<b>587</b>	<b>1,163</b>

Even during the final implementation quarter, the CSOs are still actively establishing Children’s Clubs. This is very important for community sustainability of OVC care and support after the project concludes. 1,163 new children have joined (576 male and 587 female). *Activistas* dedicated their efforts in strengthening the existing clubs and promoting a father’s days. In the father’s days, *activistas* carry out *palestras* (educational talks) and small group discussions regarding parents/caregivers support to their children, *activistas* using the Parenting Skills IEC to facilitate these new focused discussions.

## International Day of the Child, June 1st

This year CCP marked the International Day of the Child by partnering with MGCAS to hold a commemoration in Maputo province on Saturday June 6th. The CCP implementing partner in Marracuene district CONFHIC hosted the event, which convened 200 Childrens Clubs member children from all five (5) CCP districts. The day aimed to provide the opportunity to reflect and talk about their rights in their families and society, as well as an opportunity to express their opinions. The theme of the international day was “Marriage after the age of 18” and activities that day included: recreation, food, reciting poems, performing traditional dances and dramatic skits, games, and displaying items made from local products. The wonderful Mozambican musician Momad Ali Faque performed a few of his famous hits, as well as a few songs with the children. The MGCAS national head of Child Protection attended, and provincial and district level government representatives from DPMAS and SDSMAS, as well as international organizations such as PATH, Save the Children, and USAID. CCP provided t-shirts, snacks, balloons, balls, toys, and books for all the children attending.

*USAID Mozambique Mission Director Alex Dickie dances with a youth (left), a group of children perform a dance routine they have practiced (right), another group of children display their t-shirts and toys from the day.*



CCP was also invited to participate in the commemoration of the International Day of the Child at “*PARQUE AQUATICO*” in Maputo, organized by the First Lady’s cabinet at which the President of Republic of Mozambique, addressed the event. Guests included USAID, children from various schools, the Youth Organization (*continuadores*), children from boarding schools, and organizations working to benefit OVC.

The June 1<sup>st</sup> commemoration also took place in all the Children’s Clubs at various scale of event, but at minimum, with dissemination of messages regarding child rights and protection, prevention of domestic violence with emphasis on sexual abuse, and preventing early marriage, with featuring the international theme this year of “marrying after the age of 18 years old”. Community leaders participated in these activities in a way to assure continuation of such sensitization after the project closes.

### **Parenting Skills**

The Parenting Skills IEC continues to be used to deliver messages in the VS&L groups, consistent with sustainability objectives. This IEC was initially conceived for this specific platform, however, *activistas* are also using the Children’s Clubs, family households, CCPCs, M2M groups and *Co-gestão* Committees which include community leaders and health unit’s Humanization Technical Officers<sup>3</sup>, as expanded opportunities for disseminating the parenting skills messages. In general a total of 1,910 sessions were held across the project in this quarter, having reached a total of 13,993 participants, which included children and their caregivers.

The dissemination of Parenting Skills was even further expanded to include less formal gatherings such as market places, churches, water sources, and grinding. Basically, the *activistas* are taking the messages anywhere there are parents or caregivers of children, especially OVC.

Overall, the most disseminated themes across the project were:

- *Our attitude towards HIV and TB (379)*
- *Let’s talk about children’s rights (333)*
- *Let’s eat food that helps us grow (291),*

all three very key to achieving an AIDS Free Generation.

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<sup>3</sup> Humanization is a MISAU initiative to improve how clinic staff treat patients who come for health services



Table 14: Q3 – Yr 5 Parenting Skills sessions

Theme	Childrens Clubs				VS&L groups				Households				Co-gestão Committees				Others				Total Overall			
	Nr of sessions	Participants			Nr of sessions	Participants			Nr of sessions	Participants			Nr of sessions	Participants			Nr of sessions	Participants			Nr of sessions	Participants		
		M	F	Total		M	F	Total		M	F	Total		M	F	Total		M	F	Total		M	F	Total
Let's talk about childrens rights	181	714	766	1,480	35	133	169	302	99	399	554	953	5	55	99	154	13	36	137	173	333	1,337	1,725	3,062
How to help children with problems	90	187	250	437	33	101	130	231	87	207	258	465	14	64	83	147	7	32	64	96	231	591	785	1,376
Let's protect our children	92	285	301	586	34	124	193	317	84	184	319	503	9	74	60	134	13	83	96	179	232	750	969	1,719
Take care of yourself to manage emotions	62	170	182	352	38	87	255	342	45	107	157	264	2	13	6	19	5	15	34	49	152	392	634	1,026
Let's eat food that helps us grow	135	552	657	1,209	39	89	224	313	94	246	394	640	6	16	9	25	17	22	87	109	291	925	1,371	2,296
Good hygiene habits	98	313	394	707	33	59	119	178	62	147	329	476	4	25	30	55	1	6	3	9	198	550	875	1,425
Our attitude towards HIV and TB	73	153	200	353	44	133	246	379	234	461	908	1,369	7	60	44	104	21	26	103	129	379	833	1,501	2,334
Let's solve our problems at work	20	34	48	82	35	70	232	302	13	74	84	158	14	51	64	115	12	33	65	98	94	262	493	755
<b>Total</b>	<b>751</b>	<b>2,408</b>	<b>2,798</b>	<b>5,206</b>	<b>291</b>	<b>796</b>	<b>1,568</b>	<b>2,364</b>	<b>718</b>	<b>1,825</b>	<b>3,003</b>	<b>4,828</b>	<b>61</b>	<b>358</b>	<b>395</b>	<b>753</b>	<b>89</b>	<b>253</b>	<b>589</b>	<b>842</b>	<b>1,910</b>	<b>5,640</b>	<b>8,353</b>	<b>13,993</b>





## **Activity Area 2.2: Partnerships and linkages are used to ensure OVC Services are comprehensive and accessible**

The Close Out events at district and provincial levels during March and now June reflected the depth of linkages and partnerships CCP has achieved during its period of performance. All stakeholders expressed the desire for CCP to continue, since it takes a broad base of stakeholders to truly meet the needs of OVC.

MGCAS is a key government partner of CCP. The national meeting of the NUMCOV (*Nucleo Multisectorial de Crianças Orfas e Vulneráveis*), was convened by MGCAS and took place in April with implementing partners. The two day meeting served to reflect and evaluate the outcomes of NUMCOV in the context of child protection and assistance to vulnerable children. The meeting also served to: (i) evaluate NUMCOV 2013 achievements, (ii) share experiences in the implementation of the OVC minimum package, (iii) contribute to the development of the new national strategy to prevent and combat against early marriage, and on the national strategy for social basic needs, and (iv) share good practices between the different partners doing OVC work, particularly in children's rights and protection.

Dr Dario Sacur, FHI 360 Mozambique Country Director, (right) delivers remarks during the NUMCOV meetings held in April in Maputo city, with Cidalia Chauque and the Permanent Secretary at the high table



Also at the central level, CCP participated in the GTCOV (technical working group on OVC) to:

- Coordinate the NUMCOV meeting with other partners,
- Coordinate the participation of CCP OVC in the child parliament set for July (CCP pre-distributed 71 t-shirts and caps with the International Day of the Child theme to OVC from the 5 district),
- Coordinate commemorations activities for the June 1 and June 16 (International children's day and African children's day)
- Presentation of OVC matrix (CSI-Child Status Index) to INAS and other OVC implementing partners.

- Evaluate the implementation of activities according to the MoU established between FHI360 and MGCAS

This point bears elaboration. The evaluation was appropriately carried out at provincial and district levels, which is where the heart of the CCP implementation takes place. For the most part, MGCAS has been pleased with the partnership between them and FHI 360 – CCP. They believed they experienced good coordination and relationship with the project, and expressed gratitude for the implementation carried out. For the future, they did request that work plans be included in any MoU, along with noting that a new MoU is needed since the current one ends this year 2015.

## 8. Program Management

### Close Out Activities

Close Out events concluded this reporting period and all manner of close out activities took more and more of center stage. Pre-close out CSO visits consisted of supporting them to gather all the necessary documentation to facilitate the process, including submission of final narrative and financial reports, updated inventory list, success stories, and service directories among others.

In June, CCP conducted both the district and provincial level Close Out events. The close out visits counted with participation of government institutions (District administrator, SDSMAS, GAVV) and other community and clinical partners who had linkages with CCP. During the close out events, CCP distributed certificates to *activistas*, the CSO, the SDSMAS and referral health units; the approved *Guia de referencia* to SDSMAS at district level, DPS and DPMAS at provincial level to ensure the continuation of the referral and counter referral system. In most of the districts where CCP was implementing activities both the CSOs and SDSMAS were unanimous by affirming that even though the project has come to an end, community activities will carry on. SDSMAS promised to provide assistance to the CSOs whenever necessary, a rather stunning commitment. See Section 13 Best Practice for more details.





Representative CSO/district level Close Out events include: top left, the *activistas* of CONFHIC, in Marracuene district, Maputo province, with their certificates of appreciation; top right, the *activistas* of ACIDECO, Manhiça district, also Maputo province, singing their appreciation to CCP; bottom, community stakeholders amidst the Wupuela *activistas* in Metarica district, Niassa province.

## Staffing

Given the pending closure of CCP at the end of September, CCP staff may very well need to leave to take new positions before that time. One colleague has done so during this reporting period, shifting to another FHI 360 Mozambique project. This issue looms especially large, since USAID has extended CHASS Niassa for 3 years, and expanded it as well to take on Sofala, Manica, and Tete provinces, also absorbing the community based HIV program component from CCP. Without an extension in place for CCP, staff migration from CCP to CHASS is likely given the August 1 start up and assurance of three more years' employment.

## USAID activities

CCP supported one USAID SIMS site visit to the implementing partner in Matutuine district, and overall would very much value receiving all of the SIMS results to understand how well CCP was implementing according to the SIMS system, and/or where improvement was needed. The project has never received any of the results. CCP and one of its CSO partners participated in the USAID Civil Society meeting. CCP Technical staff participated in the 2-day Family Planning training. CCP was aware of a separate visit to the implementing partner Kaeria, in Pemba district, Cabo Delgado province, but were not asked to support the visit.

## Environmental Compliance

CCP continued with its compliance to relevant environmental requirements through this last quarter of implementation. Any sensitive materials with which the *activistas* may interact continued to be treated in the same manner as reported last quarter, either treated with chlorine bleach, buried, or burned, as delineated in the project Mitigation plan.

## 9. Major Implementation Issues

CCP received and dealt with a Niassa province MGCAS internal communication, which portrayed the project in a less than favorable light. The apparent strength of the CCP-MGCAS partnership was reflected in them coming directly to project management to sort out the issues. The outcome of the encounters was two-fold: firstly, CCP provided all information requested which was well received, and secondly, a site visit was very quickly arranged to include Niassa province DPMAS staff to self-verify the project activities CCP reported. The take away lesson from this uncomfortable matter was to doubly assure that lines of communication are kept open and are nurtured, regardless of staff turnovers or other barriers to continuous communication.

## 10. Collaboration and partnership and with other donor projects

In this final quarter of implementation, collaboration and partnership continue to constitute a major activity across the project. It is through collaboration, coordination and partnerships that vital linkages are nurtured across the continuum of care, between community and clinical activities and service provision. With CCP implementing across such a large and diverse geographic range, there are a number of quite local partnerships and collaborations that may be in just a few districts, while other partnerships form linkages across the entire project range. Good examples have been described in specific technical area sections of the report, above.

- Partnership and linkages with clinical facilities across CCP implementing districts for health services referrals, HIV services including PMTCT with Maternal Child Health Units, joint efforts on *busca activa/consentida*, supporting M2M and GAAC groups
- Partnership with CHASS SMT and CHASS Niassa for referrals and household HIV testing
- In coordination with DPMAS Niassa, conducted mapping of existing CCPCs across the CCP districts
- With CHASS SMT in Tete province, a total of 1,171 children (481 male and 690 female), benefited from household HIV testing
- Partnerships with ARIEL to discuss continue nurturing the referral system, case management, sharing of LTFU list from the HUs
- Continuous collaboration with PATH for launching ECD activities in the Matutuine district partner HU (Maputo province), as well as continuing the production of toys with local materials, for childhood stimulation and learning, in Matutuine and Boane districts.
- Partnership with OREC to develop action plan for conflict resolutions
- Continuous coordination with DPS (Clinical technical officers, focal points, SMI nurses) to guarantee the referral and counter referral system in Cabo Delgado Province
- Coordination and collaboration with MULEID, PATHFINDER, MONASO and PSI to share close out information and find alternatives for to support the CSOs
- Collaboration with community leaders to facilitate the identification of beneficiaries and functioning of CCPCs
- Partnership with *Pinto Alegre* in Boane and Manhiça districts in the context of *busca activa* (Maputo province)

- Collaboration with the VMMC aspect of CHASS SMT in Tete City, to mobilize for male circumcision. A total of 62 children aged 10 to 17 years old were referred to voluntary medical circumcision.
- In Niassa province, a DPMAS pilot activity on the Essential Package (EP) for children 0-5 is taking place in three districts: Mandimba, Cuamba and Mecanhelas, all of which are CCP implementation districts. Save the Children and MMAS collaborated on the EP, and CCP *activistas* reached 243 households with 369 OVC during the pilot period.
- Partnership with N'weti who is implementing a project called "*TUA CENA*" focused on teenagers and youngsters to provide information, communication and education in sexual and reproductive health. Additionally to their SRH work, in Boane district 2 children from 0 to 2 years and 36 children between the ages of 0 to 17 were tested, through mobile clinics.
- Collaboration with SMI nurses in providing education to M2M group members, across all CCP implementing areas
- Continuous partnership with MMAS on disseminating and supporting minimum standards of care for children, across all areas
- Continuous partnership with ANEMO for joint supervision of integrated services
- Presentation of the *Guia de Referencia* at MISAU, in lieu of a public launch of long awaited ministry approval for national roll out

### **Technical coordination meetings**

In this reporting period, technical coordination meetings were carried out across the project, covering different areas (OVC, HBC, Nutrition, PMTCT, Community Mobilization and Gender) on a regular basis. Technical officers participated in these meetings with the objective to coordinate activities with stakeholders and implement in a way of avoid duplication, and ensure that activities are carried out in accordance with the Government National standards. Further specific meetings in this reporting period were:

- In Tete province, meetings between community leaders and government focal points (NPCS, GAVV, SDSMAS, VS&L groups) were held to assure sustainability of support groups' activities after the project close out.
- In preparation for the DPS Sofala provincial meeting, CCP, CHASS SMT and other international organizations held a planning meeting to budget this activity. CCP was also participated in DPMAS quarterly coordination meetings.
- CUAMM in Sofala province facilitated a meeting to harmonize the use of a patient follow up system.

### **11. Upcoming Plans for Q4 – Y 5 (Q20)**

Below are anticipated plans and events for next quarter:

- Submission of final narrative and financial reports and other documentation by the CSOs
- Completion of CSO close out Amendments

- Compiling and submitting the Disposition of Property Request for USAID approval
- Carrying out the End of Project Evaluation
- Submission of quarterly report to USAID
- Elaboration of the project Final Report
- Contributing project team experience and expertise to the OVC rebid RFA
- Developing any project extension SOW etc should that hoped for opportunity arise
- Make an Oral Presentation on CCP at the REPSSI Forum in Zimbabwe
- Hold a CCP Final Close Out Event in Maputo for ministry, donor, and other partners and stakeholders
- Support SIMS visits to Sofala, Tete, and Manica provinces
- Finalize CCP-Africare-Manica province disposition of property as early in Q20 as possible
- Support USG Congressional Staff members site visit to CCP Marracuene district
- Procure replacement bicycles for *activistas*, part of Sustainability strategy
- Produce the USAID Expenditures Analysis

## 12. Evaluation/Assessment Update -

Underway during the reporting period:
End of Project Evaluation: An open competition was conducted in April of this reporting period to identify a local research company to carry out the field work associated with the EOP Eval. A second tender with adjusted TORs was launched since the first round did not yield a viable or qualified candidate. The second round cast the net wider and included the first round bidders. Dumbani was selected according to the TORs, and contract negotiations ensued and were developed. The contract is working its way through the FHI 360 CMS review and approval process.
JSI DQA: The JSI team presented its preliminary data to the CCP team and representatives from the CSOs who had been engaged. The variation in the results was striking.

## 13. Best Practice

CCP developed a partner level Close Out model which we now put forward as a Best Practice. CCP held a Close Out ceremony with each implementing CSO partner, in all the districts where CCP was still implementing at the time to close. This model was standardized across all the provinces, regardless of Provincial Lead – FHI 360, Africare, or World Relief. The ceremony model included the CSO staff and *activistas*, that district’s VS&Ls Community Facilitators, and CCP representatives – either provincial lead and/or FHI CCP leaders. Key participants also included SDSMAS officials, representatives from district government, GAVV, INAS, CHASS Niassa or SMT, or CDC-funded clinic colleagues, clinic representatives, and various community leaders, depending on availability. The purpose of this Close Out ceremony was to honor the contribution of the CSO and *activistas*, acknowledge the many linkage partners who comprised the strengthened social safety-net, and express appreciation for all the hard work and results accomplished during the years of CCP. A secondary purpose of this approach was to leave in place motivation to follow their sustainability plans as best possible, and lay the ground work for future collaboration opportunities, should they arise. The legacy package for each CCP CSO

included: a summary of their LOP results and total funds managed, in Portuguese and English, to assist with any future proposals they may need past performance information for, a Certificate of Appreciation for the CSO, and their updated Services Directory to facilitate continued linkages and referrals to various services. Referral clinics also received a Certificate of Appreciation, as did the VS&Ls Community Facilitators (through Project HOPE), and also every individual *activista*.

CCP believed this approach to be a minimum in terms of respect and appreciation for all the collaboration and partnership. It was quite a shock to learn we had exceeded expectations when the following was spoken to us:

*“This is the first time anyone has ever done this with us. Before we would only get a letter saying the project was closing...”*

CCP also conducted provincial level Close Out meetings as well, engaging the DPMAS, DPS, and Governor’s office representatives. The legacy package at that level was a provincial summary of CCP results, and Services Directories of all the active CCP districts.