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USAID Community Care Program (USAID Programa de Cuidados Comunitários)

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Quarterly Report: Q4 – Yr 4, July – September 2014 (Q 16)



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**COMMUNITY CARE
PROGRAM**

Date of Submission: October 2014

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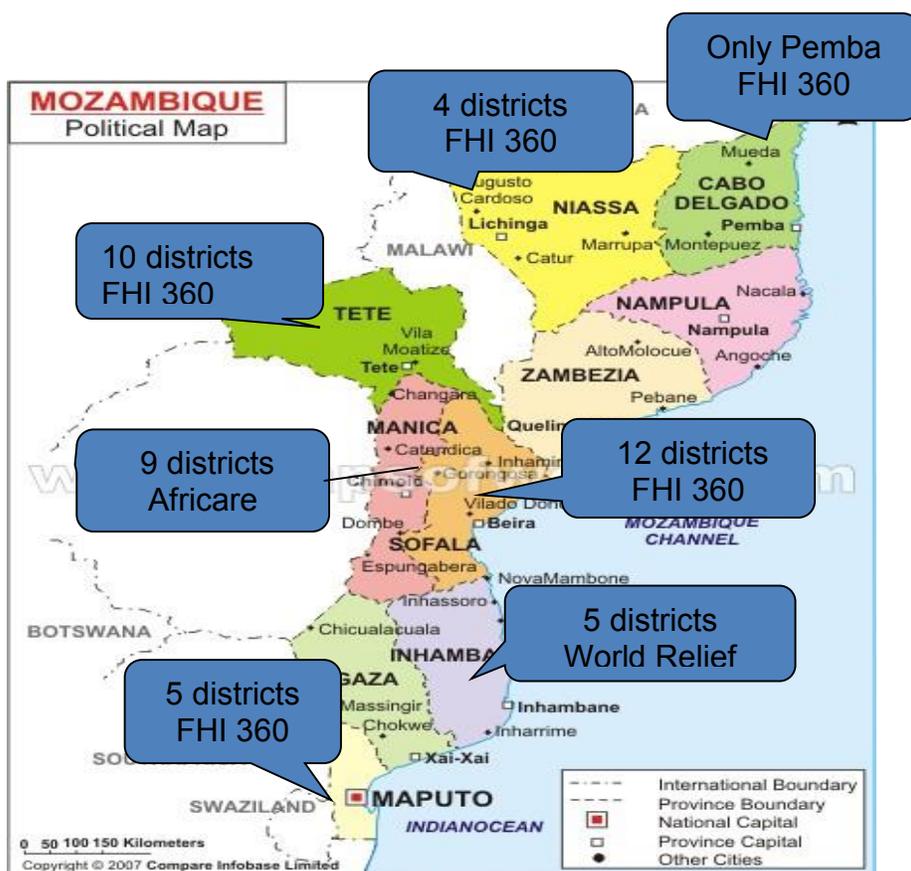
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List of Acronyms *indicates the Portuguese acronym here rendered in English

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
FANTA	Food and Nutrition Technical Assistance
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
PSI	Population Services International
PSS	Psychosocial Support
RMAS*	Department for Women and Social Action

ROADS	Regional Outreach Addressing AIDS through Development Strategies
SDSMAS*	District Services of Health, and Women and Social Action
TA	Technical Assistance
TB CARE	TB Project Care
ToT	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VS&L	Village Savings and Loan (groups)
WR	World Relief International

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 of Yr 4:** Maputo (5 districts), Inhambane (5 districts), Sofala (12 districts), Manica (9 districts), Tete (10 districts), Cabo-Delgado (1 district) and Niassa (4 districts), **46 districts** the per map.



5. Program/Project Results (Objectives)

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, Q4 – Yr 4

This reporting period was characterized by stable funding, energetic implementation, trying to overcome results shortfalls accrued from earlier periods with less stability, facing inevitable early closures, and achieving strong results. This quarter's achievements of 5,006 New OVC participating in Children's Clubs (also referred to as Kids' Clubs) pushed CCP achievement for the year to 164% of target. As well, while new OVC Served for the quarter was strong at 28% of target, and 86% for the year, the Cumulative OVC Served came in at 154%. These OVC achievements for the year show what CCP is capable of, especially at the community level where the CSOs, *activistas*, and other community stakeholders share the literal on-the-ground implementation. Combined referrals to TB, Malaria, and CCR were strong both for the quarter at 38% and 137% of annual target, respectively, demonstrating maturing of the referral relationship with clinical services. Nutrition Services delivery likewise also made a strong showing, both for the quarter at 39% of annual target and at 121% of target for the year. Better food and nutrition bode well for long term adherence to ART, a key factor for both the adult caregiver-PLHIV and their vulnerable children. CCP achieve 30% and 97% of annual target respectively in referrals of 15-17 year olds to Family Planning services. This is a remarkable achievement given the cultural sensitivity around this particular aspect. Within the integrated care/services delivery, CCP achieved 26% this quarter and 79% of the New HBC client annual target. Pairing with the New Client results, are the Cumulative HBC Served results at 91% for the year. Given the destabilizing factors and reduced number of districts implementing through to the end of the project year, CCP has delivered strong results. Drawing from Tables 14-17 in Result 3, CCP reports the very phenomenal results within the HES component. 1,127 VS&L groups are operating, against an overall target of 1,217 (93%). That said, 22,978 members are benefiting in the VS&Ls, against a target of 10,760, for 214% of target. This component of the CCP integrated family approach bodes so well for building household stability in the face of shocks arising from HIV. CCP also believes that 16,107 OVC are benefiting as well, through their parents/guardians/caregivers. Members saved \$1,359,303 this quarter. One of the challenges in reaching the pre/post-partum women referred to PMTCT target is the *activistas* do not have information on the HIV status of pregnant women and few women reveal their HIV status. During the first contact visit, references are usually made to MCH but not necessarily to PMTCT. If a women is tested HIV positive, she will be referred for PMTCT for adherence and retention. Additionally, the challenge with reaching the referrals to MCH (general) HIV (CT), Social Services target is that once women are referred to the MCH and were treated according to their needs in the MCH clinic, they information not shared with the *activistas*.

Also, while it is important to note that overall 54% HIV defaulters on the defaulter lists are returned to ART/clinic, of those on the list that are actually found and located, 89% returned are returned to the clinic.

CCP is poised to enter its Close Out year, to continue building on these achievements.

7. Project Performance Indicators for Q4 – Yr 4

Indicator	Annual Target #	Q1 Results	% Achieved end Q1	Q2 Results	% Achieved end Q2	Q3 Results	% Achieved end Q3	Q4 Results	% Achieved end Q4	Y4 Result	% Achieved Y4
# of new HBC clients	23,760	3,577	15%	3,537	15%	5,483	23%	6,216	26%	18,813	79%
# of cumulative HBC clients receiving care		17,304		16,203		18,554		21,550		21,550	*91%
# of New OVC served	79,950	12,587	16%	14,082	18%	19,414	24%	22,698	28%	68,781	86%
# of cumulative OVC served		71,837		85,919		104,828		122,755		122,755	*154%
# pre/post-partum women referred to PMTCT	10,600	276	3%	321	3%	399	4%	407	4%	1,403	13%
# receiving nutrition services	45,000	13,865	31%	8,732	19%	14,223	32%	17,697	39%	54,517	121%
# participating in Kids' Clubs	12,000	3,501	29%	5,830	49%	5,337	44%	5,006	41%	19,674	164%
# referrals to MCH (general) HIV (CT), Social Services	39,300	4,365	11%	4,088	10%	7,351	19%	6,205	16%	22,009	56%
# referrals to MCH (general)		1,267		340		2,354		496		4,457	
# referrals to HIV (CT)		1,638		1,804		2,796		3,743		9,981	

Referrals to Social services		1,460		1,944		2,201		1966		7,571	
# referrals to TB/Malaria and CCR	6,580	1,483	23%	2,221	34%	2,805	43%	2482	38%	8,991	137%
# referrals to TB		447		801		970		587		2,805	
# referrals to Malaria		783		1,145		1,486		1451		4,865	
# referrals to CCR		253		275		349		444		1,321	
# of OVC 15-17 y.o. referred to family planning	1,500	513	34%	165	11%	333	22%	445	30%	1,456	97%
% HIV defaulters on list returned to ART/clinic	60%		50%		49%		48%		54%		51%
# of pregnant women referred with suspected malnutrition		97		222		237		106		662	
# of children referred with suspected malnutrition		185		801		285		587		1,858	
# of new VS&L groups established	528	87	16%	95	18%	177	34%	132	25%	491	
# of VS&L members by gender	70% of members female		78%		71%		68%		75%		73%

Important notes to the table:

*Signifies calculations per APR methodology: cumulative achievement against “New” targets. CCP achieved **89%** treatment defaulters returned to treatment for Q4, of those found from the lists. See Table 8 for details.

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

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

During this reporting period, a total of 661 people (280 male and 381 female) benefited from various trainings. To ensure quality service provision, 46 nurse supervisors, SDSMAS focal points and VS&L facilitators (24 Niassa, 2 Inhambane, and 20 Manica) received training on supportive supervision. These trainings were facilitated by central CCP technical officers in coordination with long term CCP partner ANEMO.

Table 1: Q4 – Yr 4 Trainings and Refresher Trainings by Area and Gender

Province	Essential package training			ToT on Gender & Child protection			Supervision			PHFS			Parenting skills			Initial training on gender and child protection			Refresher training on integrated package			Sexual reproductive health			Grand totals per province		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	Totals
Maputo													34	84	118							30	30	60	64	114	178
Inhambane							2	2	4										13	43	56				15	45	60
Manica							10	10	20				63	76	139										73	86	159
Sofala										12	20	32													12	20	32
Tete																42	30	72							42	30	72
Pemba													10	17	27										10	17	27
Niassa	7	10	17	15	9	24	17	7	24				25	43	68										64	69	133
Total Q4	17			24			48			32			352			72			56			60			280	381	661

In this quarter, CCP focused its training efforts on Parenting Skills, reaching a total of 352 (132 male and 220 female) in Maputo, Manica, and Niassa provinces, as well as Pemba district. (Inhambane, Sofala and Tete provinces conducted Parenting Skills training during the previous quarter.) These trainings were led by CCP technical officers who underwent the ToT during last quarter. Training on Parenting Skills provides capacity building to CSO supervisors, *activistas*, VS&L group facilitators and SDSMAS focal points on using the flip chart/scrap book which contains information and pictures regarding child protection and good parenting practices in an understandable format. While the VS&L groups comprise the initial target for Parenting Skills trainings, it is expected that those trained will further transfer knowledge in the Children’s Clubs, M2M groups, CCPCs and households.

Another important training which took place in Manhiça district in this reporting period was on sexual and reproductive health for 60 youth (30 male and 30 female) from the ages of 15 to 17. CCP implementing partners are well placed to leverage other partnerships they

may have, and this training opportunity was a result of ACIDECO's partnership with VSO-RAISA. The training was facilitated by the ACIDECO coordinator who first received ToT from the local Health Unit. It is expected that these 60 beneficiaries will use the training for their own information and also transmit it to other youth at schools and in the community. The ACIDECO coordinator will supervise these youth to ensure quality and consistency.

The Gender and Child Protection ToT and further (replication) trainings raise awareness of the *activistas* on local available resources that can be used for child protection and GBV, and also enable them to adequately follow up on identified and reported cases.

Organizational Capacity Building

CCP continues to implement this program component with the partnership of CAP and the sub-contractee ADEM. Table 2 below details well the recipient CSO, the various training modules delivered, and the type of person within each organization receiving the training such as Board Member, Accountant, etc. Material outputs of these trainings include but are not limited to written association regulations and statutes, and strategic plans, for example. As well, CAP post training assessments lead to development of action plans for subsequent quarters. Since CCP started with CAP earlier in the life of the project than with ADEM, CAP is at a more advanced stage than ADEM. CAP is in Phase II, wherein their interventions are delving continually into deeper detailed capacity building. ADEM is in its Phase I, supporting CSOs' action plans, providing training, coaching, and mentoring.

Nr of Trainings	Participants	Module	Province	Organization	Facilitador	Participant		
						M	F	Total
1	Coordinator (01), Coordinator Council Member (04), supervisor (01). Accountant (01), Treasure (01), FC President (01), FC Vice President (01)	Fiscal Council	Marracuene - Mumemo	CONFHIC ACIDECO	CAP	7	3	10
1	Coordinator (01), M & E technical Officer (01), Treasure (01), Program officers (02), FC members (01), CD members (01), Volunteer (01), CD President (01), FC President (01), Supervisor (01), Accountant (01), Trainee (01) .	Leadership, Governance and Management	Manhiça	ACIDECO	CAP	8	5	13
1	Coordinator (01), Program Officers (03), Administrative (03), Administrative Assistant (01), Supervisor (01), Accountant (01), Vowel (01), CD President (02), FC President (02)	MANGO	Beira	Kwanguissanas, Kuphedzana, kugarissica, PCC (PO)	CAP	10	5	15
1	Vowel (02), Supervisor(01), CD President(02), FCPresident(02), FCSecretary(02), FCVice President (01), Director(01), AdmFinance(01), Accountant(02)	Fiscal Council	Manica	CAB, Rubathano, Shingirirai	CAP	7	7	14
1		TA - Internal Control System	Beira	KUGARISSICA	CAP	3	2	5
1		TA - Performance Evaluation	Manica	Centro Aberto de Barué	CAP	0	1	1
1		TA - Internal Control System	Manica	Shingirirai E Rubatano, Centro Aberto BaruéCentro Aberto Barué	CAP	9	5	14
		TA - HR Policies and Procedures, TA - Performance ManagementTA -	Manica	CAB	CAP	4	2	6
1	P CoDir (1), Vice-presi Ass. Geral (1), P Cons. Fiscal (1), Coordenador (1), Ass finan (1), Of. prog (1), Super (1), Membros (3)	REVISAO DOS ESTATUTOS	Cidade de Tete	KUTHANDIZANA KUCHIRA	ADEM	3	7	10
1	P.C. Paroquial (1), Coordenador (1), Oficial de Programas (1), Assistente Financeira (1), Membro Conselho Fiscal (1), Membro simples (2)	REGULAMENTO GERAL INTERNO	Cidade de Tete	IGREJA ANGLICANA	ADEM	3	4	7
1	Presidente do CoDir (1), Presidente do C. Fiscal (1), Coordenador (1), Assistente Financeira (1), Membros (10)	REVISAO DO PLANO ESTRATÉGICO	Vila de Moatize	KUPULUMUSSANA	ADEM	4	10	14
1	Coordenadora (1), Oficial de Programas (1), Assistente Financeira(1) Membro da associação (5)	REGULAMENTO GERAL INTERNO	Mavudzi Ponte Chiuta	ASSOCIAÇÃO FILHAS DA CARIDADE	ADEM	2	6	8
1	Vice-presidente do Co Dir (4), Presidente do C. Fiscal (3), Coordenador (5), Enfermeiro (4), Activistas (3)	Associativismo, governação, regulamento interno, estatutos	Nas Sedes das OCBs	UTOMI; LIWONINGO; RP MORRUMBENE; RP HOMOINE & RP INHARRIME	ADEM	11	8	19
	TOTAL		11			71	65	136

It can be noted that often the tendency of the CSO is to be gender balanced in its representation in its assembly. Generally, all CSOs are progressing well in the areas of performance management and “association”. CSOs’ weaknesses usually fall in the area of compliance with administrative and financial procedures, often as a consequence of high turnover among CSO Finance staff, and low knowledge on internal controls by the Fiscal Boards. To address this, CAP is providing focused training to them to ensure accountability. Additionally, FHI 360 requires semiannual Financial Site Visits to its CSO sub-awardees. While not full audits, these visits cover all the areas of transactions and procedures, and provide both elucidation of any mistakes being made, and a roadmap for corrections and strengthening compliance and financial systems.

Support and Technical Assistance (TA) to CSOs

TA is a foundational component of CCP. Of note in this quarter, ANEMO in coordination with DPS, SDSMAS technical officers, VS&L facilitators and CCP technical officers made joint supervision visits in Manica, Tete, Niassa and Cabo Delgado provinces. These visits both broadened DPSs’ awareness of and engagement with CCP district level implementation, and, strengthened *activistas*’ ability to provide support and deliver quality care to PLHIV, PPPW, and emphasizing OVC. The purpose of Table 3 below is to highlight any exemplary issues beyond both the normal consistent TA and on-the-job-training provided by CCP, and the joint supervision visits already described.

Table 3: Q4 – Yr 4 Selected Technical Assistance (TA) and Joint Visits

Province	Team members	Conducted activities	Constraints/Findings	Follow up activities
Manica	Africare	Technical support to Kids Clubs, VS&L groups, and identification of success stories	1. <i>Activistas</i> need more support from CSO supervisors	1.Include updated information regarding VS&L groups in the CSO monthly reports; 2.Report all activities carried out in the Kids Club using the tool; 3.Identify success stories, follow up and report
	Africare and FHI360 /CCP	1.Support <i>activistas</i> to conduct counselling for voluntary testing; 2. <i>Activistas</i> ’ performance evaluation in all districts	1.Not enough Parenting Skills flip charts/scrap books for <i>activistas</i> due to loss during shipping	1. Scrap books will be distributed in Q17 when replaced
Tete	FHI360 /CCP	1.Introduce the new nurse supervisor to Angonia SDSMAS; 2. <i>Activistas</i> ’ performance evaluation in all districts; 3. Creation of CCPC with SDSMAS in Chifunde district and Completion of DQA;	1. Motorbike is out of order in Tsangano and Angonia districts, resulting in reduced supervision visits to <i>activistas</i> in distant parts of implementation area	1. The motorbikes will be sent for repairs. In the meantime, the supervisors will coordinate joint visits with TB supervisor (Angonia) and HU focal point (Tsangano) using their motorbikes. 2.Coordination among <i>activistas</i> and VS&L Facilitators to present Parenting Skills.

Sofala	FHI360 /CCP	1. DQA across all districts; 2. CSOs performance evaluation (project implementation and management).	Caia and Chemba districts: 1. Evaluation and data analyses 2. Loss of <i>activistas</i> (1 in Chemba and 8 in Caia); 3. Mismanagement resulting in poor implementation of the project.	1. Support <i>activistas</i> to strengthen the filing system and correct data recording with particular attention to nutrition and HBC; 2. Intensify support and supervision to CSOs located on remote areas; 3. Performance evaluation of the CSO (Kuwanguissana) re: poor management done by FHI360 senior management team.
	FHI360-CCP & SDSMAS	In the context of PHFS , in Dondo district: 1. Follow up on post training activities; 2. Development of key messages on PMTCT and nutrition, which will be spread through local community radio in the context of the partnership	1. TA visits to community groups are conducted in coordination with SDSMAS technical staff; 2. Some communities involved in the partnership are not in the CCP geographic coverage area.	1. Intensify TA post training, with focus on data collection and reporting information in coordination with CHASS SMT case managers (clinical partner); 2. Coordinate with CHASS SMT to share the results of the second evaluation PHFS indicators.
Niassa	FHI360 /CCP	1. Verification of <i>activistas</i> ' filing system. 2. Support to identify new patients on treatment to guarantee adherence to TARV, CCR and PMTCT; 3. Mobilization of people for Community CT with CHASS Niassa lay counselors		1. Supervision of <i>activistas</i> to better identify malnourished kids; 2. Refresher training on the use of MUAC was conducted in Mandimba and Mecanhelas districts.
	FHI360 /CCP, PH	1. Visits to 2 VS&L groups to mobilize for HIV VT;		
	DPS, DPMAS, SDSMAS and FHI360 /CCP Niassa	1. Meetings with Wupuwela <i>activistas</i> and staff and in small groups visits to 10 families (households)	1. <i>Activistas</i> weak capacity to provide counselling for testing of beneficiaries;	1. 2. Provide training on CT to <i>activistas</i> to improve their capacity to carry out CT activities
	MMAS	Supervision visit to CCPCs and CSOs, to: 1. Verify implementation level of Children Minimum Standard of Services; 2. CCPCs revitalized, received support for their creation and strengthened by CCP		1. Intensify the use of OVC matrix in CCPC; 2. Request and distribute more guideline books for the creation and functioning of CCPCs; 3. Promote training and capacity building to CCPC members as per request or need.

Maputo	Project HOPE, SDSMAS and DPMAS	1. Visits to VS&L groups in Boane, Manhiça and Marracuene to reinforce the importance of the use of savings to improve the family life with particular attention to children	1. No experience on filing up saving books by group members.	1. Support group members who have difficulties on filing the saving books
	DPMAS (Dept of Planning and Social Action), SDSMAS, and FHI360 /CCP	Visits to all CCP Maputo districts, with focus on the following: Learning regarding the integrated family approach, CCP target groups, Kids Clubs, CCPCs, VS&L groups, CCP linkages with SDSMAS and the referral and counter-referral system.	The following were highlighted: All officers said that the integrated family approach adds more value in responding to children's needs; the efficient referral system enables the linkages between the social services and education. The following recommendations were made: Develop an OVC data base for those children referred to INAS and had no feedback, to ensure support and follow up.	1. Follow the referral processes with INAS; 2. Plan joint and exchange visits with PATH for Early Child Development; 3. Use the VS&Ls as an opportunity to strengthen group members' skills to look after OVC, an activity in progress through parent skills.
	CSOs Supervisors (Cabo Delgado and Maputo)	Kaéria CSO supervisor was distinguished for her service, therefore, came to Maputo for Exchange Visit with Maputo CSOs supervisors, covering all technical areas of CCP, including support groups. The following were shared: 1.M2M members bring their locally grown produce for cooking demonstrations, 2.Maximizing children joining Kids Clubs.	In general it was observed that some <i>activistas</i> still face difficulties in filling data collection tools. However, the <i>activistas'</i> commitment to CCP is highly visible, and the continuous TA visits are making a significant contribution to overcome the <i>activistas</i> difficulties.	1. Reinforce TA and On-the-Job Training to adopt and implement good practices, with particular attention to data collection tools and creation of M2M groups (collaborating with HUs).
Inham-bane	WR Staff and ADEM	1. <i>Activistas</i> performance evaluation.		1. Provide feedback of the <i>activistas</i> performance evaluation results;
	WR Staff and Kukula	1.Meetings with SDSMAS and SDAE were held		

Cabo Delgado	Kaeria & PSI	Joint visits for: 1.Promotion and distribution of Move-card. 2.Distribution of female condoms; 3. Distribution of women identification card for FP, 4.Set dates to inaugurate a <i>Troca Aqui</i> point in Wimbi; and meet with community leaders to talk about <i>Troca Aqui</i> .		Family planning Follow up activity in the communities;
	FHI360 – CCP Kaéria & ADELTA	1. <i>Activistas</i> performance evaluation		1. Develop <i>activistas</i> follow up plan according to performance evaluation results and Intensify technical support for <i>activistas</i> with poor performance. 2. A project was designed and submitted to Anadarco;

Of note during this reporting period, CCP carried out an *activistas* performance evaluation across the project. This activity aimed to: (i) provide capacity building to the CSO staff, (ii) improve the data collection tools, and (iii) evaluate the *activistas*' and supervisors' performance. The methodology consisted of first carrying out a physical count, or paper review, of the *activistas*' monthly service results (HBC, OVC, PPPW) from years 3 and 4 of project implementation. Secondly, *activistas*' performance was evaluated on site (by observation or interview) regarding 1) the family centered approach, 2) care and support to targeted groups using established guidelines, 3) creation and facilitation of Children's Clubs, and 4) support in the HU. The evaluation culminated in a feedback process wherein *activistas* with lowest results received TA support on the spot. This activity also evaluated supervisors' performance regarding supervising the *activistas*. (See Annexes for Evaluation Tool)

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

Referral by province and service area

The referrals and counter referrals network energetically pursued by CCP provides the glue for providing "...quality, comprehensive, community-based care and support services to people living with HIV and AIDS, OVCs, Pre- and Post-Partum women and their families" (from Result 1).

During this reporting period, according to the referrals table below, continuous progress is noted on referrals for all areas, particularly for CT: 3,743. The 545 HIV+ test outcomes resulting from the CT referrals merits explanation; not all positives take up the subsequent

referral to care and treatment, or, their other diagnostic indicators may not qualify them yet for ART, for example. Generally, 2,831 were referred to MCH Service, 5,518 to HIV Services, 1,966 to Social Services and 3,166 to Others. A notable number of people were also referred for family planning consultation (737), 575 of which were younger people between 15 – 17 years. FP referrals of this age group are improving over previous quarters, having learned that those who are married in that age group are not stigmatized for seeking FP, as are those who are “single”. Of these 575, Inhambane, Maputo and Cabo Delgado provinces contributed the majority. Manica and Sofala provinces seem to comprise an area where lack of societal consensus exists on whether females in that age group are sufficiently adult – even if already a mother or are married – to be referred to FP services.

In Cabo Delgado and Maputo provinces, where higher numbers of 15 – 17 year olds were referred to FP, the following strategies made that possible:

- Community level: sensitizations and referrals are conducted within the home visits for this age group to go to the HU (SAAJ) on a date that was already defined by the HU. This extra measure of structure helps with actually following through with the referral.
- Clinical level: on that defined date a health professional gathers all the youth referred to the HU and delivers a speech/talk on family planning, and then invites everyone that is interested to start the FP process. This grouping provides some peer comfort and a greater degree of acceptance.

This good practice was shared with all other CCP provinces, and the process is being intensified amongst them.

Children’s needs are being better met, with a total of 1,340 children having been referred to the services of Post birth consultation (335), CCR (390), Suspected malnutrition (211), and Education (404). With respect to CCR referrals, an increase of 41 was registered compared to previous quarter (349); mobilization and sensitization for voluntary testing among families, had been stepped up, particularly for pregnant and lactating women. While these referrals, these children are probably high risk for HIV, For reasons of confidentiality the results of HIV status are not shared with the activists. Activistas working with the family members encourage patients to disclose their HIV status voluntarily. When patients disclose, activists help them to follow clinical recommendations. Cabo Delgado, implementing in only one district, made a record 111 referrals to CCR, greatly facilitated by their collaboration with PSI per the roll out of their “super bebé” nutrition supplement for infants. One of the criteria to receive *super bebé* is to be a child at risk.

Referrals of children suspected of malnutrition decreased from (285) in the previous quarter to (106) this quarter likely as a result of intensification of nutritional education,

cooking demonstrations and home gardens. A considerable number of people were also referred to other services, such as suspected malaria (1,451) and suspected TB (587).

Table 4: Q4 – Yr 4 Total Completed Referrals by Province and Service Area

Province	Reference received from HUU(ALL)	MCH Services(2,831)						HIV Services(5,518)						Social Services(1,966)						Other Services (3,166)				
		Maternity for birth	MCH	Family planning consultation	post birth Consultation	Consultation for children at Risk	PMTCT	CT	STI	Pre TARV/O	HIV+ Test	LTFU TARV	PPE	Community/CSO	Education	Social Action	GAVV/Police post	Psychology/Psychiatrist	IPAJ	Children referred with suspect of malnutrition	Pregnant referred with suspect of malnutrition	Emergency	Suspected TB	Suspected Malaria
Cabo Delgado	54	133	104	146	114	111	115	86	51	95	67	-	-	58	152	86	56	24	-	41	71	196	76	182
Inhambane	357	51	118	213	12	69	33	386	42	28	48	99	-	5	3	5	1	8	-	18	7	73	88	171
Manica	9	59	59	25	43	31	36	397	42	109	76	127	2	18	-	45	4	11	1	13	-	139	98	364
Maputo	0	48	55	200	65	44	151	361	61	35	76	83	3	111	4	49	14	3	1	5	19	68	71	91
Niassa	297	12	15	39	22	32	19	153	26	14	37	58	-	258	12	201	5	-	60	14	4	29	45	119
Sofala	10	91	109	44	43	18	35	1,132	19	25	112	101	9	25	2	66	34	1	1	5	5	74	71	141
Tete	197	72	36	70	36	85	18	1,228	34	94	129	73	-	83	231	25	3	298	2	115	-	232	138	383
All totals	894	466	496	737	335	390	407	3,743	275	400	545	541	14	558	404	477	117	345	65	211	106	811	587	1,451

A total of 894 referrals were made from the HUs to CCP community providers. There is a significant improvement regarding the number of these referrals this quarter, due to the presence of CCP *activistas* allocated to the HUs, who work in collaboration with the clinical case managers and health professionals, providing support on the management of referrals and counter-referrals. This practice of assigning an *activista* to the HU for this purpose is still a bit new, and while not consistently strong across all the implementing districts, the improvement this quarter is gratifying and bodes well for continued uptake.

Home Based Care (HBC)

This reporting period is marked by the combined factors of reduction of HBC bedridden patients and the *activistas*' intensified identification of patients on ARV therapy to provide adherence counselling, nutrition counseling, and referral to the VS&L groups. As a package of interventions, the intention is to reduce or prevent defaulting on treatment in future, thus contributing to OVC well-being. Patients found through *busca activa/consentida* (Lost to Follow Up) are also integrated into the program.

Table 5: Q4 – Yr 4 New and Cumulative HBC Clients by Province and Gender

Province	HBC Annual Target Yr 4	(Newly Enrolled in Q4-Yr 4)	Cumulative HBC Q4, Yr 4 Disaggregated by sex			Alive & In Care
			Male	Female	Total	

Cabo Delgado	457	63	369	581	950	753
Inhambane	2285	1,264	1,098	2,465	3,563	2,967
Manica	4569	582	534	1,021	1,555	1,012
Maputo	2285	820	1,095	2,416	3,511	2,931
Niassa	2285	1,049	925	2,137	3,062	2,810
Sofala	5940	1,394	1,066	2,301	3,367	2,021
Tete	5940	1,044	1,930	3,612	5,542	5,005
TOTAL	23,761	6,216	7,017	14,533	21,550	17,499

During this reporting period, Sofala Province identified and enrolled the highest number of clients in HBC (1,394), Inhambane Province came second (1,264), followed by Niassa (1,049) and finally Tete with (1,044). It is important to keep in mind that superficial provincial comparisons are not the best analytical approach, especially since Sofala, Manica and Tete provinces have more districts than Niassa. In Niassa, CCP was only implemented in 4 districts. Many factors contribute to each quarter's results, including number of implementing districts, surges of graduating HBC clients, seasonality's, and basic access factors due to political realities. One factor CCP is certain of, is the updated MISAU criteria for HBC enrollment, which includes PLHIV in "better" stages (than III or IV) to focus more on adherence support. CCP overall for the project year achieved about 79% of the annual target; short of the target but likely in line with reduction in number of implementing districts, funding delays, and the time it takes to change strategies.

Orphans and Vulnerable Children (OVC)

In spite of the set back of reducing the number of implementing districts, CCP enrolled 28% of the New OVC target in this quarter/reporting period. Two main contributing factors were 1) the regional seminars held by MMAS (with CCP support) rolling out the Minimum Standards of OVC Services held in Maputo (southern region), Sofala (central region) and Nampula (northern region); and 2) continued CCP on-the-job training reinforcing the definition of vulnerability. Greater involvement of community leaders in identifying orphans and vulnerable children also contributed.

While this quarter saw good results, CCP reached only 86% of its Yr 4 target for New OVC enrolled, slightly below where it should be for 46 districts implementing instead of 52. As well, the early Yr 4 delayed funding and ensuing uncertainties, combined with politically motivated violence in a few areas were also contributors to lower performance in the first two quarters of the year, consistent with several other program areas of CCP during Yr 4 (see Performance Indicators pg 7). That said, it must be noted that **122,755 children** – orphans and vulnerable children – were receiving various CCP services during the quarter. This cumulative effect – that newly enrolled children add onto those from project inception, gives the CSOs and *activistas* an enormous care load. It is a great

benefit to share this care load with the Children’s Clubs for maintenance phase activities/support, as well as more involvement of the CCPCs, but the *activistas* remain accountable for both enrolling new OVC and monitoring continuous care and support for those already enrolled.

A continuing challenge is fully understanding the definition of vulnerability at the community level. With the newer strategy to support more PLHIV in less obvious stages of HIV illness (I and II), it appears to be less clear at the community level that that category’s children remain very vulnerable and should all be enrolled in CCP for any services needed. CCP continues to work on reinforcing the full definition and establish good practice among the CSOs, the community leaders, and community entities such as the CCPCs.

Table 6: Q4 – Yr 4 New and Cumulative OVC by Province and Gender

Province	OVC Target for Yr 4	Newly Enrolled OVC in Q4 Yr 4	Newly Enrolled OVC in Q4 Yr 4, by sex			Cumulative OVC in care, Disaggregated by sex		
			M	F	Total	Male	Female	Total
Cabo Delgado	1,538	363	161	202	363	1,056	1,207	2,263
Inhambane	7,688	4,172	1,845	2,327	4,172	6,537	7,382	13,919
Manica	15,375	2,771	1,449	1,322	2,771	10,890	10,927	21,817
Maputo	7,688	2,235	1,145	1,090	2,235	5,687	6,012	11,699
Niassa	7,688	2,980	1,495	1,485	2,980	6,410	6,647	13,057
Sofala	19,988	5,700	2,959	2,741	5,700	15,064	15,242	30,306
Tete	19,988	4,477	2,257	2,220	4,477	14,695	14,999	29,694
TOTAL	79,953	22,698	11,311	11,387	22,698	60,339	62,416	122,755

Table 7 below shows services provided to OVC across the project, disaggregated by sex and service. During this reporting period, there was a big improvement in referrals of 15-17 year olds to FP services, and INAS has been able to provide more support for shelter rehabilitation than in past quarters. As well, though still a work in progress, the capturing of direct OVC beneficiary data (contributing to the Economic service delivery category) from the VS&L groups is improving and is discussed in greater detail in Result 3.

Overall, the project is delivering services to a total of 122,755 OVC (60,339 male and 62,416 female). The table below shows services provided to OVC across the project, disaggregated by sex and service.

Table 7: Q4 – Yr 4 Services Provided to OVC Disaggregated by Gender and Service

Province	OVC Target for Yr 4	M	F	Economic	Food	Shelter	Education	Health Referral	Social	Legal
Cabo Delgado	1,538	161	202	52	221	63	249	272	280	71
Inhambane	7,688	1,845	2,327	67	4,172	63	1,997	1,439	4,027	129
Manica	15,375	1,449	1,322	65	1,428	181	1,788	1,240	2,020	776
Maputo	7,688	1,145	1,090	433	1,304	490	1,202	1,057	1,410	739
Niassa	7,688	1,495	1,485	237	1,189	269	1,315	1,050	1,821	502
Sofala	19,988	2,959	2,741	286	1,584	182	2,153	2,091	3,435	722
Tete	19,988	2,257	2,220	75	2,139	255	2,091	2,751	3,033	2,010
TOTAL	79,953	*11,311	*11,387	1,215 + **6,732 7,947	12,037	1,503	10,795	9,900	16,026	4,949

*The male and female totals for services provision disaggregation do not include the 6,732 children carried over from the VS&L group data.

**OVC beneficiaries counted from VS&L groups, Table 15

During this reporting period, the number of referrals to health services has significantly increased (9,900) compared to last quarter (7,579). The increase is due to intensified evaluation of children’s health status in Children’s Clubs and on household visits, where children with different skin problems were referred to the HU. Activistas used knowledge acquired in Home base Care training to identify and refer cases for follow-up in the health facility. Reference is made based on visible signals of skin problems such as rashes, etc. To help reduce this in future, CCP will continue reinforcing individual and collective good hygiene practices and *activistas* will continue to monitor the children’s needs quarterly.

The services provided break out proportions for this quarter are:

25% Social

19% Food, meaning various nutrition supports (no direct food from CCP)

17% Education

16% Health

13% Economic

8% Legal

2% Shelter

Adherence Support

“Busca activa” consumes considerable *activistas*’ time, ultimately greatly benefiting orphans and vulnerable children, by returning PLHIV treatment defaulters to active treatment adherence. CCP CSOs *activistas* play a very successful role in returning defaulters to treatment (this quarter 89% of defaulters found) in part by taking a more active counselling role for adherence to treatment, thus contributing well to overall retention rates. The inclusion of women on PMTCT and children on CCR, in the LTFU list is still a challenge since lists of active search does not indicate whether the PLWHA who abandoned the treatment is pregnant woman or newborn. The HF provides a general list of PLWHA who abandoned the treatment. The lists are not desegregated by sex nor age. Furthermore, the defaulter lists do not indicate if the defaulter was from the TARV pediatric, adult, CCR or PMTCT unit. PCC tried unsuccessfully to advocate for the health facility Case Managers and health committees to adopt the practice, however, they were not successful.

Table 8: Q4 – Yr 4 Busca Activa/Consentida by Province and Gender

Province	List generated by HU given to CSO			Treatment Defaulters Found			Found defaulters Reintegrated into HU			% of Recovered and reintegrated to HU against recovered	% of Recovered and reintegrated to HU against list
	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL		
Cabo Delgado	52	77	129	14	26	40	14	26	40	100%	31%
Inhambane	158	193	351	87	111	198	74	94	168	85%	48%
Manica	205	288	493	123	158	281	100	144	244	87%	49%
Maputo	265	361	626	123	161	284	90	133	223	79%	36%
Niassa	157	238	395	71	127	198	48	103	151	76%	38%
Sofala	354	792	1,146	277	566	843	276	548	824	98%	72%
Tete	154	300	454	105	217	322	92	193	285	89%	63%
TOTAL	1345	2,249	3,594	800	1366	2,166	694	1241	1,935	89%	54%

Across the project, the LTFU list (clinically defined treatment defaulters) totaled 3,594 patients. CCP implementers do a great job when they do find those on the lists provided be the clinics/HUs. While PCC has higher rates of finding defaulters in Sofala and Tete, they also have more districts were they are implementing the program. Various strategies initiated by both the HUs and by community providers such as CCP have

been well discussed in previous reports and no new strategies were created this reporting period. More emphasis is now being given, however, to adherence counseling for PLHIV on treatment **before** defaulting occurs, to try to prevent defaulting in the first place. Activistas are doing this by following all PLWHA on ART. CCP activists provided adherence counseling once the patient was identified in the household and enrolled in the program. CCP implementers continue to meet with the clinical partners in their locations, as all concerned continue to address this nationwide problem of poor quality LTFU lists, from which to carry out the defaulter tracing exercise.

Pre/Post-Partum Women (PPPW)

This target group is central with regard to an AIDS Free Generation. The CCP strategy includes identifying Pre- and Post-Partum women for referral to SMI clinics which house the PMTCT services, supporting these women to join existing M2M groups, and partnering with HUs to create new M2M groups as community needs arise. This partnering component also involves CSO *activistas* delivering nutrition counselling and cooking and home garden demonstrations. These women are also referred to the VS&L groups as a standard part of the CCP package, and counselled on HU uptake to support their deliveries, and HIV testing and ultimately joining ARV treatment when indicated.

In the normal differentiated levels of achievement across CCP provinces and quarters, Tete Province supported the creation of more M2M groups (32) during this reporting period, compared to other provinces. The issue of male participation in the M2M groups has varied success, depending on location. The CSO Kaeria in Pemba district in Cabo-Delgado Province supported the creation of six M2M groups with participation of 11 men. While it may not seem like many men, what that reflects is the maximum openness of disclosure to one's spouse or partner and their sharing of parental responsibility. The experience of Cabo Delgado was replicated in other provinces resulting in Sofala creating four M2M groups with participation of 18 men.

Support groups

During this reporting period, a total of 54 M2M groups (29 male and 522 female) were created across the project. Beside M2M groups, 11 other PLHIV groups (39 male and 73 female), were created. It is notable that during this quarter CCP local implementers created one Community Caregivers Committee (CCC) composed of 15 elderly people in Maputo Province (8 male and 7 female). In the Help Age program, the elderly were organized and constituted a committee with regular meetings. In the meetings, they discuss issues related savings groups and support for OVC. The elderly population are caregivers of OVCs and beneficiaries of the CCP (Manhiça)

Additionally, there are savings group constituted by elderly caregivers. In the savings groups, there are opportunities for income and credits which enable participants to start

a business for income generation or for the support of OVCs acquisitions of school supplies, food, medicines, etc. In these groups, activists facilitate discussion of themes, using the parents skills guide to provide discussions on topics such as child protection and community services. Overall, during this reporting period, CCP worked with six CCCs for elderly people, five groups created in previous reporting periods. This CCCs creation is undertaken in collaboration with Help Age, a different NGO working in Mozambique.

Table 9: Q4 – Yr 4 Committees and Groups Created, Disaggregated by Gender

Province	Active groups in the quarter															Created groups in the quarter									
	M2M			CCPC			Community Committee of elder people (Caregivers)			CLC			PLHIV			M2M			PLHIV			CC of elder people (Caregivers)			
	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 Delgado	7	0	118	5	55	8										6	11	89							
Maputo	12		354				5	45	35							12	0	199	1	3	11	1	8	7	
Tete	30		210	22	138	146				10	52	61	25	40	61	32	0	205	10	36	62				
Sofala	38	90	603	84	167	166				3	23	58	37	76	231	4	18	29							
Niassa																									
Manica	4		50	3	16	36				6	66	55	4	79	78										
Inhambane																									
Total	91	90	1335	114	376	356	5	45	35	19	141	174	66	195	370	54	29	522	11	39	73	1	8	7	

In general, such groups hold their meetings in informal settings (under a tree, in CSO offices, school surroundings) on a monthly basis and topics discussed include: aspects related to health promotion, hygiene and water sanitation, HIV+ women and children's health, family relations (focused on couples), sexual and domestic violence, correct use of condoms, family planning and children's rights. One major challenge which is common in all provinces is related to behavior change resistance, due to cultural issues related to the roles of women and men. Since these roles are so deeply embedded, only continuous attention to them will have the overall results of changing society norms at the most grass roots level.

It bears mentioning that while Maputo, Niassa, and Inhambane Provinces implementing partners did not show new CCPCs created during this reporting period, their efforts were focused on CCPCs which were created in previous quarters or otherwise already existed. In Maputo for example, they were crafting their workplan for the following quarter, in which they would hold trainings on child protection for CCPC members, thus building their capacity. In Niassa, in one district an actual case brought out the CCPC's capacity, wherein they accompanied the minor girl through the necessary steps with GAVV, police, etc, and will keep assistance going through the pending court case. In Inhambane they were in early stages of creating two new CCPCs, working with community members to share with everyone the TORs of a CCPC and to identify possible CCPC members.

Nutrition Services

Nutrition services is another important area for CCP program beneficiaries. Under the nutrition component, activities such as cooking demonstrations, home garden demonstrations, nutrition counselling, and use of MUAC were carried out in the households and M2M groups.

Table 10: Q4 –Yr 4 Nutrition Services Disaggregated by Age and PPW Status

PROVINCE	Age			TOTAL	PPPW
	0-14	15-17	18+		
Cabo Delgado	54	59	158	271	98
Inhambane	3,178	851	1,264	5,293	505
Manica	1,205	504	855	2,564	2,022
Maputo	623	307	648	1,578	466
Niassa	813	315	558	1,686	1,281
Sofala	2,312	762	1,467	4,541	1,865
Tete	301	180	1,283	1,764	557
TOTAL	8,486	2,978	6,233	17,697	6,794

In Cabo Delgado 16 infant OVC (6 male and 10 female), received powdered milk for new borns, resulting from the partnership and collaboration with Arco Iris Ministry (Ministério Arco Iris) there, a Spanish NGO who provides certain food support where they can.

CCP considers nutrition services in the following way for the age group 0-14. Children 0-5 years are logically considered secondary beneficiaries, since all the services would be provided to their parents/guardians/caregivers. The other target groups, including PPPW, receive all the services as primary beneficiaries.

Family Kits (PSI)

Table 11 below shows the distribution of the PSI Family Health Kits during this reporting period. Manica (552) and Tete (1,274) are the only provinces who distributed PSI Family Health Kits during this quarter, normally related to refills of those kits occurring according to intervals related to when first distributed.

Table 11: Q4 –Yr 4 Family Health KITs (PSI)

Province	Family Health KIT (PSI)

	PLHIV	OVC
Manica	552	-
Inhamabane	-	-
Sofala	-	-
Tete	840	434
Total	1,826	

Of note, in Maputo Province where the Family Health Kits voucher strategy was piloted by PSI, the distribution of vouchers for the beneficiaries under the “*troca aqui*” pilot was cancelled related to PSI administrative and contractual aspects. CCP is awaiting further developments from PSI, but in the meantime is counseling *activistas* to maintain the household education on hygiene with using other materials for ‘hand washing’ such as ashes, boil their household water supply properly before consumption, obtain their condoms from their local HU or other distribution networks, and to simply buy soap and Certeza for those who can take over that personal responsibility.

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

Discussed above, CCP supported the MMAS regional seminars on their OVC minimum standards for care. Also discussed above, in Activity 1.1 this quarter, Parenting Skills Training was carried out across the project, but with the exception of Manica Province. CCP-FHI had shipped the flip charts/scrap books to all the provincial implementing partners but FedEx somehow lost the Manica Province shipment. CCP leadership as well as FHI 360 Mozambique leadership has been vigorously pursuing the vendor for replacement costs of the materials they clearly lost.

Thus, all CCP provinces except Manica are using the teaching material in the VS&L groups and Children’s Clubs (for both adults and older OVC) as planned. To mitigate the gap in Manica Province, CCP mobilized neighboring provincial teams to temporarily loan the materials to Manica to enable them to carry out trainings. A total of 1,039 scrapbooks were distributed according to the table below.

Distribution of Parenting Skills materials across the project

Province	Qty
Cabo Delgado	23
Inhambane	135
Manica	*330

Niassa		135
Tete		238
Sofala		362
Maputo		146

*Missing and not counted in total above.

In August, CCP technical staff attended a national workshop on psychosocial support in Maputo Province. Participants came from many varied sources: GRM ministries, provincial level entities, many international and national partners including private sector and NGOs; children and youth, universities, embassies and media. The objective of the workshop was to establish a platform to ultimately strengthen psychosocial support. CCP shared its program experience in integrating psychosocial support within its family approach.

Earlier in the quarter in July, CCP was invited to join in the first National Conference for basic social protection, held in Maputo. Topics such as children protection and CCPCs were discussed.

Children's Clubs (Kids' Clubs)

During this reporting period, a total of 184 new Children's Clubs were created, with special recognition for Cabo Delgado with 24 new Kids' Clubs while taking into account that CCP works in only one district there. A total of 468 children (200 male and 268 female) participate in these clubs. The strategy that implementing partner Kaeria used to create so many clubs was to first analyze their case loads, then identify which of those children were already in clubs and those that were not. Then the *activistas* systematically created new Kids' Clubs loosely based on like situations of children. This excellent practice will be shared across the other CCP implementing districts, to maximize this community based care for its own children.

Table 12: Q4 – Yr 4 Children's Clubs Created, per Province, Disaggregated by gender

Province	# of New Clubs Established	Children disaggregated by gender		Total new children participating in clubs
		M	F	
Cabo Delgado	24	200	268	468
Manica	1	163	163	326
Inhambane	6	74	42	116
Maputo	47	567	589	1,156
Niassa	12	173	222	395
Sofala	42	686	779	1,465
Tete	52	478	602	1,080
Total	184	2,341	2,665	5,006

In Maputo Province, all five districts combined created 47 new kids clubs this quarter. Manhiça district deserves special mention, as implementing partner ACIDECO itself

created 25 new clubs, reaching a total of 570 children (278 male and 298 female). The highs and lows across implementing district partners and across reporting periods, cannot really be compared. As in the other achievement areas, many factors come into play at any point in time. The point is for the activity to be successfully launched with key community members in order to endure successfully and provide the kind of intended care and support for OVC that is intended.

Appreciation is addressed to the USAID Mozambique Chief of Mission, who during a site visit earlier in the year offered a football, air pump, and t-shirts to the Kids Clubs he visited, as a way to energize participation in sports, particularly soccer which is played in all kids clubs. A club in Boane district, Maputo Province, and another in Morrumbene district, Inhambane Province, each received 2 soccer balls, 2 air pumps and a dozen t-shirts.



Kids clubs in Boane district, Maputo Province, (left) and Morrumeu district, Inhambane Province (right)

Activity Area 2.2: Partnership and linkages are used to ensure OVC Services are comprehensive and accessible.

Dissemination of Parenting Skills

CCP is leveraging its implementation structure to maximize OVC benefiting from Parenting Skills lessons provided to their parents/guardians/caregivers. As noted above in the Training section, Parenting Skills ToT was then followed by cascade orientations across the CCP provinces. This next level of orientation included: CSO staff, *activistas*, VS&L Facilitators, SDSMAS Focal Points and GAVV staff. Next, *activistas* and VS&L Facilitators developed their roll out plan together, as the VS&L groups are a primary platform for disseminating the Parenting Skills.

- The first round of Parenting Skills in the VS&L groups totaled 365 sessions reaching 2,477 people (845 male and 1,632 female).
- A complementary tier of 44 sessions again by the *activistas* with Children’s Clubs and SMI nurses with the M2M groups, totaling 1,013 participants (353 male and 659 female).

CCP project staff are monitoring the roll out of the Parenting Skills sessions, and have learned that some themes gain more attention than others. For example, the theme “*Let’s talk about the children’s rights*” gained an enormous proportion of attention, while the theme “*Let’s solve our problems at work*” gained much less. The theme “*Take care of yourself to manage emotions*” gained a middling amount of attention. In the next quarter, *activistas* will receive follow up technical support to help them master all the Parenting Skills themes equally. Table 13 below highlights that among the M2M groups, 554 males participated, comprising more than 1/3 of those in the M2M sessions. Tete was strongest, whose strategy (female M2M members specially inviting their partners to better learn parenting roles) will be replicated to other provinces.

Table 13: Q4 – Yr 4 Disseminating Parenting Skills Across the Target Groups

Themes of the scrapbook	Type of Group																								Total of Session	Total of Participants		
	Kids club				Savings Groups				Households				Co-gestão meetings				Other community activists and nurses				M2M Groups					M	F	Total
	Participants		Participants		Participants		Participants		Participants		Participants		Participants		Participants		M	F	Total									
	Nº of session	M	F	Total	Nº of session	M	F	Total	Nº of session	M	F	Total	Nº of session	M	F	Total				Nº of session	M	F	Total					
Vamos falar sobre os direitos da criança	55	107	185	292	28	298	198	496	68	167	289	456	9	92	85	177	10	51	153	204	36	28	70	98	206	743	980	1723
Como ajudar as crianças com problemas	22	84	115	199	39	83	165	248	26	30	142	172	3	10	39	49	7	64	92	156	10	10	58	68	107	281	611	892
Vamos proteger as nossas crianças	17	84	111	195	61	86	245	331	26	94	213	307	9	107	125	232	5	46	95	141	28	13	30	43	146	430	819	1249
Cuide de si mesmo para gerir emoções	19	117	129	246	34	51	206	257	9	9	106	115	9	167	152	319	6	39	85	124			0	0	77	383	678	1061
Vamos comer alimentos que ajudam a crescer	27	119	168	287	77	120	338	458	28	42	104	146	11	89	113	202	6	29	71	100	12	12	63	75	161	411	857	1268
Bons hábitos de higiene	40	303	333	636	40	67	170	237	52	48	160	208	4	38	58	96	4	67	94	161	45	316	394	710	185	839	1209	2048
Nossa atitude perante o HIV e TB	21	84	101	185	60	114	213	327	53	115	225	340	6	59	61	120	5	48	54	102	42	175	209	384	187	595	863	1458
Vamos resolver nossos Problemas nos serviços	2	12	19	31	26	26	97	123	4	7	15	22	6	38	77	115	1	10	15	25	14	0	53	53	53	93	276	369
Total	203	910	1161	2071	365	845	1632	2477	266	512	1254	1766	57	600	710	1310	44	354	659	1013	187	554	877	1431	1122	3775	6293	10068

These photos depict some of the earliest Parenting Skills sessions. In the Kids Clubs examples from Moamba and Boane districts, Maputo Province, (left and right respectively), the sessions were held primarily for adult caregivers, but many of the themes can speak directly to children as well, such as: children’s rights, food intake, hygienic habits, as well as attitudes towards HIV and TB, so they were also included.



This approach can help them “be on the same page” with their adult caregivers for adopting what session content fits them. Children heads of households will also be closely targeted, to assure they have the support they need. Across the project, 2,071 OVC (910 male and 1,161 female) participated in 203 sessions.

Vocational Skills

In Niassa Province, the CCP implementing CSO Irmãos Unidos in Mandimba district established a partnership with a local garage and carpentry last quarter for vocational training. The 6 OVC (5 male and 1 female) are continuing even this quarter. In Mecanhelas district, the CCP implementing CSO Thandizanani is collaborating with a women’s association that supports Kids Clubs to learn cutting, sewing and tailoring skills.

Linkages

In Tete Province, CCP continued its normal collaborative linkages in the course of implementing the project, with CHASS SMT, MSF and SDSMAS, to carry out the various activities to ensure OVC services are delivered. These include:

- Mobilization of children whose mothers are HIV+, and children heads of households, for voluntary testing.
- Screening of children for malnutrition followed by provision of enriched porridge; children were also referred for vaccination and weight check in Macanga district.
- 6 (2 Chiuta-Tete), 3 (Mecanhelas-Niassa), 1 (Matutuine- Maputo)child heads of households were referred to VS&L groups where they have also benefited from the Parenting Skills.

In Maputo Province ARIEL hired and introduced their focal points to the supervisors of CCP CSOs in Boane and Moamba. This linkage with ARIEL’s focal points will strengthen the collaboration for various activities such as referrals and LTFU (using *busca activa/consentida*), and is a very welcome development from ARIEL.

During this reporting period, CCP together with INAS and community leaders in Morrumbene district, Inhambane Province, managed a fruitful collaboration with religious leaders to provide 181 OVC with financial support from church members. This support served to buy food which was related to the OVC needs. As well, 255 OVC received shelter support (house rehabilitation using local resources) from community members. These are both healthy signs of growing community cohesiveness and benefits of group actions to benefit the most vulnerable in their midst.

Result 3: Increased number of HIV/AIDS positive individuals and affected households has adequate assets to absorb the shocks brought on by chronic illness.

Activity Area 3.1: Increase access to skills building and household economic strengthening opportunities to improve the wellbeing of all target groups

During this reporting period, the cumulative VS&L groups increased from 995 last quarter to a total of 1,127, achieving 93% of the overall group formation target of 1,217. Consequently the number of VS&L group members reached a total of 21,920. Forming 214% of the individuals' target of 10,760. This means two things, firstly that the original conception of members per group turned out to be about half the size of the actual VS&L groups, and secondly that more than twice as many individuals are benefiting than first imagined. This is a stellar success.

The savings registered in this reporting period totaled a remarkable \$1,359,303 (41,118,903 Mts), more than double the total of last quarter. The tables and discussions below will give a detailed view of this vital and successful CCP component.

Table 14: Q4 – Yr 4 VS&L Groups, by Province and Gender

Province	Overall VS&L activity targets				Cumulative achievements				New groups and enrollments this quarter			
	Nr of groups	Nr of beneficiaries			Groups	Beneficiaries			Nr of groups	Nr of beneficiaries		
		M	F	T		M	F	T		M	F	T
Maputo	95	480	720	1,200	101	462	1,569	2,031	11	98	241	339
Inhambane	140	560	840	1,400	148	473	4,020	4,493	22	167	1,092	1,259
Sofala	319	1,096	1,644	2,740	343	1,934	4,701	6,635	55	482	768	,,250
Manica	257	936	1,404	2,340	161	1,288	2,602	3,890	11	79	272	351

Tete	289	936	1,404	2,340	260	1,352	2,548	3,900	9	23	134	157
Niassa	95	200	300	500	96	523	1,098	1,621	19	106	241	347
Cabo Delgado	22	96	144	240	18	79	329	408	5	4	93	97
Total	1,217	4,304	6,456	10,760	1,127	6,111	16,867	22,978	132	959	2,841	3,800

During this reporting period, a total of 132 new VS&L groups were created totaling 3,800 new members (959 male and 2,841 female). VS&L group Community Facilitators gave extra attention this quarter to integrating the provision of Parenting Skills trainings into the groups, which contributed to creating fewer new groups than last quarter. It is important to note, that while activists are generally responsible for the groups, if an activista is unable, community facilitators have also been trained to guide the sessions. In fact, there is good understanding of each province's unique overall performance in new group creation this quarter, and corrections or solutions. These range from low technical capacity – therefore intensifying the mentoring and supervising, to high involvement in elections activities – which is self-resolving by the elections being over.

This reporting period is the final quarter of new group formation, since the remaining time in the life of the project will be devoted to consolidation of the existing groups, assuring strong uptake of the methodology.

Table 15: Q4 – Yr 4 Cumulative Composition of VS&L Groups by Province, Member Type, Disaggregated by Gender

Provinces	Nº of Groups	Activistas		Caregivers		PLHIV		GAAC members		CCC ¹ members		M2M ² Group members	Community members ³		Total of all groups by gender		Grand total
		F	M	F	M	F	M	F	M	F	M		F	M			
Maputo	101	100	46	146	74	434	277	37	1	4	2	260	526	354	1,507	754	2,261
Inhambane	148	150	92	143	82	189	48	0	0	19	13	268	2493	231	3,442	588	4,030
Sofala	343	283	386	373	474	555	1104	164	122	73	30	910	551	1,286	2,909	3402	6,311
Maníca	161	208	81	324	207	524	218	4	3	7	4	99	1433	914	2,599	1427	4,026
Tete	260	125	48	232	149	177	69	50	22	54	46	874	382	514	1,894	848	2,742
Niassa	96	80	41	164	74	63	95	26	8	32	25	26	587	445	978	688	1,666
Cabo Delgado	18	7	6	15	5	115	32	0	0	32	26	96	370	180	635	249	884
Total	1,127	953	700	1,397	1,065	2,057	1,843	281	156	401	268	2,533	6,342	3,924	13,964	7,956	21,920

¹ Community Care Committees, including Child Protection Committee members and Health Committee members at minimum

² Mother to Mother Groups

³ So called community members, who are not specific project target groups

Table 15 above shows that in this reporting period, the proportion of PCC target groups has now slightly overtaken the proportion of “community members,” resulting from more focused efforts to assure the complete PCC package is being received by its enrolled beneficiaries. PCC target groups comprise 50% of VS&L groups, which include OVC Caregivers, PLHIV, GAAC members, M2M group members, and *activista* members. The “community members” comprise 47%, and Community Committee members comprise the remaining 3% and are important in the VS&L endeavor for contextualizing community needs and responsibility.

Regarding PLHIV, Sofala Province showed an increase this quarter, using various platforms to mobilize new members. Providing adherence support for PLHIV, finding patients during “*busca activa*,” and assuring caregivers join VS&L groups, are all good strategies to link CCP beneficiaries to this mechanism to develop “adequate assets to absorb the shocks brought on by chronic illness”. Through the VS&L group methodology, PLHIV can respond to their own primary needs for food, and transport to and from their HU.

As noted in the previous quarterly report, the GAAC strategy is not yet being implemented in all of Cabo Delgado Province districts. Pemba district where PCC implements is one of the districts without GAACs, thus showing 0s in the table above. However, the *activistas* of the CCP partner Kaeria serve in the role of GAAC members, taking turns going to the HUs to collect ARVs for CCP member beneficiaries, thus implementing informally the GAAC strategy. This is for those who are bedridden, difficulty walking or without transport. This initiative bodes well for communities, when people can observe a good or useful practice and copy it for themselves or their communities. In Sofala Province, where GAACs are well established, a total of 286 such members (122 male and 164 female) joined VS&L groups this quarter. PCC has links with GAACs referring beneficiaries and mobilizing them to participate in savings groups, especially the program beneficiaries.

The number of “caregivers” who joined VS&L groups also increased during this reporting period, reflecting the continuous effort to focus on OVC caregivers, thus contributing to increasing OVC wellbeing. As well, CCC members increased this quarter, thus improving the broader community knowledge bank in terms of strategies to support local needs with community structures or community members with a sense of responsibility.

Table 16: Q4 – Yr 4 OVC Benefiting from VS&L/HES by Member Type

Province	Activistas	Caregivers	PLHIV	CCC members	M2M	Community members	Total
Inhambane	447	553	98	484	229	702	2,513
Sofala		2,541	2,020				4,561

Maníca	183	798	470	11	63	1,011	2,536
Tete	45	572	350	123	309	572	1,971
Niassa	535	169	176	11	44	211	1,146
Cabo Delgado		283					283
Maputo	137	991	838	0	505	626	3,097
Total	1,347	5,907	3,952	629	1,150	3,122	16,107

In this reporting period, PCC is reporting a more accurate picture of OVC benefitting from the project HES activities. 16,107 are total participants of the VS&L, include the 6,732 children. This is the total number of all beneficiaries who participated in VS&L groups. Which includes 6,732 OVC of the OVC were counted as benefitting from financial support in Table 7 (within the 7 services for OVC).

There was an unanticipated challenge to reporting something so basic as the number of OVC benefitting, was the interpretation of OVC. When the VS&L group Community Facilitators were capturing this data, they more or less asked the question 'how many OVC are you taking care of', instead of 'how many children are in your household'. The former approach left the answer (the data needed), which should have been straightforward, open to very local and/or individual interpretation. The latter approach takes into consideration that target groups participating in PCC are by definition vulnerable, the children most especially. An example of the former approach would be a PLHIV VS&L group member being asked 'how many OVC are you taking care of' and even if that person has four children, they considered them all and felt that only one of the four was vulnerable. Understanding this discrepancy in approach now better explains the perceived difficulty over time to capture this information. Over the remainder of the life of PCC, the latter approach and simpler question will be applied. This perception problem is not only faced by CCP, in fact it is widespread enough that MMAS is also concerned and is considering what steps to take to improve on conceptualizing OVC across the nation.

Overall, joint planning and TA carried out between *activistas* and Community Facilitators was a major contributing factor for increased economic strengthening activities. Moreover, market linkages tend to open opportunities and enable the members to sell their produce, thus increasing their savings with the gains.

Table 17: Q4 – Yr 4 VS&L Groups Savings Activities by Province

								TOTAL
	Maputo	Inhambane	Sofala	Manica	Tete	Niassa	Cabo Delgado	
Total savings	1.673.292 MT	3.630.588 MT	26.169.094 MT	3.863.674 MT	3.978.969 MT	928.466 MT	874.820 MT	41.118.903 MT
	US\$ 55,315	US\$ 120,019	US\$ 865,094	US\$ 127,725	US\$ 131,536	US\$ 30,693	US\$ 28,920	US\$ 1,359,303
Total fine	585 MT	495.934 MT	53.699 MT	2.929 MT	15.450 MT	4.358 MT	645 MT	573.600 MT
	US\$ 19	US\$ 16,395	US\$ 1,775	US\$ 97	US\$ 511	US\$ 144	US\$ 21	US\$ 18,962
Total social fund	148.670 MT	761.702 MT	486.755 MT	64.787 MT	194.828 MT	45.956 MT	199.020 MT	1.901.718 MT
	US\$ 4,915	US\$ 25,180	US\$ 16,091	US\$ 2,142	US\$ 6,441	US\$ 1,519	US\$ 6,579	US\$ 62,867
Total interests from loans	2.168.350 MT	631.746 MT	4.834.318 MT	169.736 MT	606.350 MT	74.787 MT	48.460 MT	8.533.747 MT
	US\$ 7,681	US\$ 20,884	US\$ 159,812	US\$ 5,611	US\$ 20,045	US\$ 2,472	US\$ 1,602	US\$ 282,107
Total income (1+2+4)	1.950.567 MT	22.413.217 MT	21.562.714 MT	4.101.126 MT	4.534.536 MT	1.400.112 MT	1.122.945 MT	57.085.217 MT
	US\$ 64,482	US\$ 740,933	US\$ 712,817	US\$ 135,574	US\$ 149,902	US\$ 46,285	US\$ 37,122	US\$ 1,887,115
Total disbursed loans	1.199.500 MT	13.109.662 MT	22.501.241 MT	955.074 MT	4.825.354 MT	432.825 MT	240.000 MT	43.263.656 MT
	US\$ 39,653	US\$ 433,377	US\$ 743,843	US\$ 31,573	US\$ 159,516	US\$ 14,308	US\$ 7,934	US\$ 1,430,204
Total reimbursed loans	671.310 MT	3.008.314 MT	8.535.479 MT	385.552 MT	2.081.522 MT	273.942 MT	0 MT	14.956.119 MT
	US\$ 22,192	US\$ 99,448	US\$ 282,165	US\$ 12,746	US\$ 68,811	US\$ 9,056	US\$ 0	US\$ 494,417
Total outstanding loans	476.685 MT	22.413.217 MT	2.273.210 MT	517.769 MT	4.451.894 MT	602.570 MT	240.000 MT	30.975.345 MT
	US\$ 15,758	US\$ 740,933	US\$ 75,147	US\$ 17,116	US\$ 147,170	US\$ 19,920	US\$ 7,934	US\$ 1,023,978
TOTAL – value in cash box (at the end of savings, reimbursements and disbursements)	1.029.650 MT	7.874.393 MT	8.555.870 MT	5.276.492 MT	1.754.115 MT	2.769.815 MT	158.520 MT	27.418.855 MT
	US\$ 34,038	US\$ 260,311	US\$ 282,839	US\$ 174,429	US\$ 57,987	US\$ 91,564	US\$ 5,240	US\$ 906,408

In this quarter, VS&L groups registered a reduced number of loans. Consistent with nearing the end of their cycles, the tendency of group members is more towards reimbursements of loans taken out earlier. Interest from loans increased from 5,262,907 Mts to \$282,107 (8,533,747 Mts) in this reporting period. This value constitutes a portion of the payout to VS&L group members at close of savings cycle.

Further, linkages between VS&L groups and financial institutions continue. In Sofala Province (Beira, Nhamatanda and Dondo districts), 25 VS&L members have opened individual bank accounts with BOM. Additional to the existing 71 members from the previous quarter, now bank account holders have increased to 96.

Regarding market linkages, 55 groups were newly linked to markets in Sofala Province this quarter. This adds up to a cumulative total of 338 groups to date, from the existing 283 groups. Sofala stands out in this regard, as ADEM is the implementing CSO for that province and they are quite strong. In Tete Province, two groups benefitted loans from BOM as a result of partnership established between this bank and CCP.

An exchange of experience visit between the CSO supervisors of Cabo Delgado and Maputo took place in Marracuene district, Maputo Province. During this visit, they interacted with the VS&L groups and learned more deeply how the social fund is used. This example has the social fund helping the most needy children of group members with beans and maize flour. Often a VS&L group's social fund is directed to any members who need assistance to cover expenses when there is a death in the family, an accident, or other household trauma that can affect the well-being of all family members, especially vulnerable children.

In another example, in Macanga district, Tete Province, the group Umodizi Wa Mai provided school materials to 9 OVC (3 male and 6 female) including notebooks, pens, rulers and erasers. They were selected due to high risk of dropping out of school.



The VS&L group Umodizi Wa Mai (left) who supported these OVC (right) with school materials.

Activity Area 5.1: Program Management

Q4 of Yr 4 was extraordinary in many ways. CCP keeps reaching higher levels of achievement in quality of implementation, despite the ordinary challenges arising continually to test the obtaining of results. Two clouds of uncertainty loomed over the CCP horizon, however; the first having to do with the timing of Yr 5 USAID funding. The reality of re-doing the Yr 5 package if Annual Workplan, Budget, M&E Plan, Close Out Plan, and Sustainability Plan can be regarded as somewhat demotivating, whether CCP is unique to that situation or not. Additional managerial burdens result from uncertainty, such as attending to super budget scrutiny and foregoing certain activities to stretch funds, developing the internal FHI 360 mechanisms for emergency funding coverage (initiated in September) when project funds will come late, and the likelihood of inconvenient timing and challenges to a streamlined Close Out. The second was the upcoming general election, given the politically motivated violence already experienced during preceding months. Managing the latter: FHI 360 complied with its security policies and procedures to lay plans for assuring the safety of staff during the election period. Managing the former: the CCP COP is doing everything possible to avoid shutting down prematurely for lack of funds, thus also avoiding the unwelcome, inefficient, and potentially unsuccessful re-start-up of the project to run just until close of project date.

CCP normally carries out oversight and assessment of its implementing partners, but during this period has increased that surveillance in terms of possible restructuring. Unfortunately, some natural culling of CSOs continues to take place, as FHI and CCP respond to non-compliance situations significant enough to force early closure of some CSOs. As trusted stewards of USAID-PEPFAR funds, FHI 360 carries out many standardized procedures to best assure the lowest possible risk.

- 1) Before any GUCs are issued to local implementing CSOs, FHI carries out its Financial Pre-Award Assessment. During this process, the strengths and weaknesses are noted, and the subsequent GUC would include necessary FHI support and expected uptake by the CSO, in the Financial and Administrative arenas.
- 2) A Technical Pre-Award Assessment is another component. It goes without saying that the technical capacity of the CSO would be closely followed throughout the life of project, as there can be no implementation without technical capacity.
- 3) Over the life of the project, in addition to monitoring the partner monthly financial reports closely, FHI carries out standard Financial Site Visits (FSV) at intervals. While not an audit, an FSV can detect important shortcomings and gaps. The 'visited' CSO receives clear communication on issues arising from the FSV and has a window of time to respond and correct things. The attitude and energy any CSO responds with to an FSV plays an enormous role in whether CCP / FHI continues with the particular sub-agreement.

In consideration of the above, during this reporting period, CCP has determined to close ADRM in Tete Province, who implemented in Magoe and Zumbo districts. Given there were no other viable local CSOs to take over implementation, CCP is sadly closing these districts entirely. Much attention is being paid to proper community and GRM communications, to assure being welcome again in future should opportunities arise.

In the last reporting period, CCP needed to close Trilho Juvenil in Niassa Province, who implemented in Ngauma district, and Ajuda Crista in Sofala Province implementing in Muanza

district. Again, no viable replacement CSOs were found. Africare needed to close Kubatsirana in Manica Province for similar reasons.

Proceedings are in place this quarter to finalize closure of Igreja Anglicana in Tete Province during next quarter, implementing CCP in Angonia, Chifunde and Tsangano districts. This is a particularly grievous loss, since a replacement CSO could be found only for Chifunde district (approval package in process with USAID), and Igreja Anglicana also implemented CHASS SMT project activities. One more CSO implementing in two districts in Sofala Province will also be closed next quarter, with no viable replacement CSOs.

Two quarters ago, CCP ended up reducing Caritas in Tete province from three implementation districts to one, thus closing Maravia district entirely for CCP due to no feasible replacement CSO. (Kuthandizana Kuchira replaced them in Changara district and Caritas remains in Mutarara district.

Thus at the end of this reporting period and project year, CCP has reduced its number of implementing districts from 52 to 46, and will reach just 42 during the first quarter of Yr 5. Unspent funds from the closed CSOs have been redeployed to remaining implementing CSOs to cover their needs while awaiting the next funding Modification.

During this reporting period, evaluation of *activistas* and CSO performance (both technically and financially) continued. The evaluation process is composed of three activities: (i) counting *activistas* reports, analyzing the quality of information and data collected, (ii) visiting a sample of the families served by the *activistas*, and (iii) interviewing *activistas* to evaluate their knowledge about the services they deliver. This activity took place in CCP districts of Niassa and Maputo Provinces and Pemba City last quarter, while Tete, Sofala, Inhambane, and Manica Provinces were slated for this quarter. Unfortunately, some provincial teams had problems carrying out this evaluation and needed TA will sort it all out during the next quarter. This process complements the FHI 360 established Financial Site Visits carried out at regular intervals.

This reporting period included the Annual Workplanning exercise, wherein the full project team gathered together, from all the provinces and partner ministries and consortium partners, producing and submitting the Yr 5 planning package. This year's submission was different in two significant ways: 1) CCP included a Close Out Plan to guide the Yr 5 Close Out process, and 2) without the USAID COP finalized and approved per new PEPFAR 3 objectives, the CCP Yr 5 workplan package will need to be revised and resubmitted sometime in the future when the project receives new guidance for refocusing geographically or programmatically.

Close Out year promises to be a dynamic period of time, where documenting lessons learned and best practices are high priorities. CCP has also strategized comprehensive district level close out events where local implementers will be acknowledged for their participation in CCP. the project team concept is to leave all local partners with as much capacity/strength and tools as possible to be well positioned for any future opportunities to support their own communities in meeting local needs.

As well, preliminary discussions have elicited commitments from many SDSMASs to assume stronger leadership of community OVC activities in future; CCP support during Close Out year will continue and increase strengthening community entities such as the CCPCs to continue to assume greater participation and ownership of OVC activities. CCP has been working on 'sustainability' since project inception, but during a Close Out year, the focus gets crystallized.

Staffing

Subcontractors have undergone the following changes: World Relief Country Director Ms. Niabari Olupona left her post at the end of the project year (end of September). Mr. Jamene Sangalakula will very ably be assuming the Mozambique leadership in her place.

CCP FHI continues to enjoy stable staffing both in the central office and in the provincial offices. The Nutrition/Gender/PMTCT Technical Officer did return to Maputo in August, from living in Beira. The FHI Mozambique Country Director had mandated provincial team building days during this quarter, and the CCP COP participated in the Tete Province event. It is very key to maintain the best morale, motivation, and work practices possible in the face of distance and other challenging factors.

USAID activities

September was a big month with the appearance of the SIMS community tool and USAID staff both piloting this new activity in the field and meeting their real SIMS obligation for the month. CCP assisted with logistics for a Maputo Province pilot site and feedback on the tool. CCP was then the subject of the SIMS in Beira, Sofala Province. As well, an Environmental training was held which was useful in updating CCP on the status of the mission process and if any partner response was needed. (It was not.)

FHI Site Visits

FHI 360 Mozambique hosted three of its Board Members in August, for a long anticipated visit. CCP was lucky enough to be able to showcase the project in Marracuene district, Maputo Province, with implementing partner CONFHIC. The site visit was highly successful, giving the board members a very realistic encounter with the life that the majority of Mozambicans live. Challenges were made real, as well as the well-known kindness of people, which took the form of a couple of *activistas* going far above and beyond the call of duty in their caring for certain orphaned children in their community.

Subawards:

Primarily discussed above in Program Management.

Earlier in the year, the CSO KUPONA was also Closed Out, and replaced with *Associação Solidariedade e Desenvolvimento* (ASDC) in Matutuine District and CONFHIC in Moamba District, of Maputo Province. CCP implementation is continuing nicely with both of these implementers.

FHI360-CCP financial and technical staff provide mentoring and supportive supervision ongoingly, but increase their efforts when deficiencies arise in financial management and reporting. FHI's regular and standardized Financial Site Visits help to uncover any irregularities. At times, gaps arise when there is turnover of CSO staff, which are usually easier to resolve than management issues.

Major Implementation Issues

Major implementation issues cluster around funding, whether outgoing sub-agreement funds or incoming donor funds. The former is already addressed in detail above in the Management section.

During this reporting period, thankfully the latter (incoming funds) was **not** an issue. The stability derived from the final tranche of funds covering this trimester allows the project to best focus on its implementation, meeting partner needs, addressing problems as they arise, without the spectre of funding shortfalls and the attendant administrative burden.

That said, the Annual Workplanning exercise was a mixed experience. The team overall was focused in a positive way on it being the Close Out year, very actively embraced close out and sustainability plans, and even coined the phrase “o fecho não é morte”, loosely translating to ‘closing is not the end’. On the other hand, going into it knowing that it will need redoing when the very delayed USG COP process finally concludes and results in revisions for CCP focusing, did make a bit of a cloud when paired with certain late funding. Regardless, CCP maintains an optimistic view toward the Close Out year and assuring the good work and significant investment get proper attention at all levels.

Activity Area 5.2: Collaboration and partnership, and with other donor projects

While collaboration and partnership are ongoing and normal and noted throughout the report, this section will only serve to summarize for a concise listing. It is truly impressive the length and breadth of implementation network created by all the linkages involved in CCP, there may even be some not listed which were less active this quarter.

- ACIDECO partnership with VSO-RAISA for adolescent sexual reproductive health training
- Collaboration with CAP in selected districts for Organizational Capacity Building of CSOs
- Subcontract with ADEM in remaining districts for Organizational Capacity Building of CSOs
- Continuous partnership and collaboration with SDSMASs in all CCP districts
- Subcontract with ANEMO for joint supervision of integrated services
- Collaboration with INASs where possible, meeting specific food basket needs or rallying community resources
- Collaboration with PATH on ECD activities in limited areas
- Collaboration and partnership with clinical facilities across CCP implementing districts, for health services referrals, HIV services including PMTCT within the Maternal Child Units, joint efforts on *busca activa/consentida*, supporting M2M and GAAC groups, nutritional rehabilitation units
- Partnership within *co-gestão* committees at clinics, to guide *busca* efforts and strengthen referral networks
- Partnership with CHASS SMT, CHASS Niassa, and ROADS for community HIV testing
- PSI for Family Health Kits – perhaps in suspension at this time
- Collaboration with GRM entities re child protection and addressing sexual violence – GAVV, police, courts
- Collaboration with community entities such as churches or groups for minor vocational training opportunities
- Partnership with URC and FANTA for implementing PFHS in Sofala Province
- Collaboration with SMI nurses in providing education to M2M groups’ members

- Collaboration with Arco Iris Ministry in Pemba district for newborn powdered milk
- Partnership with MMAS (continuous), on disseminating and supporting minimum standards of care for children
- Collaboration with ARIEL on clinical referral partnership
- The highly productive intra-project partnership with Project HOPE on HES activities – the VS&L groups which also serve as primary platform for CCP Parenting Skills
- Partnership between BOM and Project HOPE, developing bank accounts with VS&L groups
- Intra-project partnership with Africare and World Relief who ably implement CCP in Manica and Inhambane Provinces respectively.

PHFS

CCP is the designated community partner in Dondo district, Sofala Province for the PHFS activity, the acronym for Partnership for HIV Free Survival. The implementing partners include CHASS SMT, URC and FANTA, and serves as a quality improvement program especially focused on mother-baby pairs. The PHFS is finally reached its intended activity level last quarter, following a prolonged roll out. This reporting period saw the MoU finalized between URC and CCP, and activities agreed upon, which are hoped to help DPS Sofala restore its confidence in the activity and those implementing it.

Upcoming Plans for Q1 Yr 5 (notable events over and above usual ongoing activities)

Most of such plans are on hold essentially until CCP receives official direction for implementation priorities for Yr 5, given the new PEPFAR focus.

TBD:

- 1) Revising the Yr 5 Workplan and Budget will be the highest priorities for Upcoming Plans when the above guidance is provided.
- 2) MISAU wishes to not do a public launch of the *Guia de Referência*, but rather to simply get on with its distribution to DPSs around the country.

Until then, most upcoming plans are of the most ordinary nature of continuing implementation as is currently known.

October:

- 15th, closure to facilitate voting in general election
- 20th, APR submission
- 21st, participate in NPCCS Maputo province
- 31st, USAID high level visit to CCP Pemba district partner, Kaeria
- 31st, GRM provincial reports due date

November:

- 4th, CCP presentation, NUMCOV, Maputo
- 4-7th, CCP staff present trainings on Parenting Skills and *Guia de Referência*, 3 districts in Gaza province, with “Reencontro”, another USAID funded project
- 5-7th, FHI 360 Mozambique Projects Coordination Retreat
- 7th, Quarterly Report due date extension
- 11-13th, Niassa Team Bldg
- 14th, Expenditure Analysis due date
- 17-19th, PHFS Learning Mtg
- 18th, CCP Brown Bag presentation, FHI 360 HQ, Washington, DC

- 19th, CCP “OVC Programming Field Realities” presentation, OVC Task Force Mtg, Washington, DC

December:

- TBD

Evaluation/Assessment Update -

Underway during the reporting period:	
Study 1: Feasibility of mHealth application in <i>busca activa</i> activity pilot by MEASURE. Completed, dissemination of preliminary results held July 23, 2014.	
Study 2: Integrated Caregiver Model Evaluation by MEASURE. Completed, dissemination of preliminary results held July 15, 2014. CCP is considering the evaluation Recommendations, and will make firm decisions on the uptake and/or scope of them when the new PEPFAR priorities for CCP are clear, particularly whether to map a future for integrated care and support in Mozambique or not.	
End of Project Evaluation: Preliminary conceptualization work has begun in this reporting period, to be amplified and a protocol fully developed during next quarter. FHI and USAID M&E senior colleagues are collaborating on needs and aims of the evaluation.	