



Community Care HIV/AIDS Services Strengthening (ComCHASS) Project

Quarterly Report N^o. 4 – July - September 2011

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List of Acronyms

AED	Academy for Educational Development
ANEMO	National Association of Mozambican Nurses
APE	Agente Polivalente Elementar (CHW with prevention focus)
APR	Annual Progress Report (PEPFAR)
AWP	Annual Work Plan
BOM	Banco Oportunidade de Moçambique
CCC	Community Care Committee
CLC	Community Leaders Council
CNCS	National Council to Combat AIDS
ComCHASS	Community Care HIV / AIDS Services Strengthening
CSO	Civil Society Organization (community based organization)
DPMAS	Provincial Directorate of Women and Social Action
DPS	Provincial Directorate of Health
ES	Economic Strengthening
FHI & FHI 360	Family Health International
GAAC	Community Antiretroviral Group
GOM	Government of Moçambique
GSC	Global Surveys Corporation
GUC	Grant Under Contract
HBC	Home Based Care (for PLHIV)
INGO	International Non-Government Organization
LRO	Local Research Organization
M&E	Monitoring and Evaluation
MOH / MISAU	Ministry of Health
MONASO	Mozambican Network of AIDS Organizations
MOU	Memorandum of Understanding
MMAS	Ministry of Women and Social Action
NGO	Non Government Organization
NPCS	Provincial Nucleo to Combat AIDS
OVC	Orphans and Vulnerable Children

PH	Project HOPE
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PPP	Public Private Partnership
PSS	Psycho Social Support
REPSSI	Regional Psycho Social Support Initiative
Q3, Q4,Q5	Quarter 3, Quarter 4, Quarter 5 (of project)
QA / QI	Quality Assessment / Quality Improvement
SDAE	District Services for Economic Activities
SDSMAS	District Services of Health, and Women and Social Action
SOW	Scope of Work
TO	Technical Officer
TOT	Training of Trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
USG	United States Government
VS & L	Village Savings and Loan Groups
Yr1	Year 1 (of project)
Yr2	Year 2 (of project)

Quarterly Progress Report

Quarter period: July – September 2011

Date: 31 October 2011

1. INTRODUCTION

1.1. OVERVIEW

USAID/Mozambique's Community Care HIV/AIDS Services Strengthening Project (ComCHASS) 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/post partum women. Working in close partnership with civil society organizations (CSOs), the Ministry of Health (MoH), the Ministry of Women and Social Action (MMAS), and the private sector, ComCHASS will strengthen the government's capacity to coordinate, manage, and oversee an integrated continuum of care and support and will build the capacity of CSOs to provide comprehensive, community-based care and support services. Within five years, ComCHASS will achieve for PLHIV, pre/post partum women, OVC and their families, all expected results: increased provision of family-centered, community-based HIV and care and support services and increased access to economic strengthening activities and resources for HIV-affected households.

1.2. PROJECT DESCRIPTION

The ComCHASS team, composed of FHI, World Relief Corporation, Africare and Project HOPE, is working to accomplish the following four objectives: 1) strengthen the organizational, technical, and leadership capabilities of CSOs and the public sector to deliver health and wrap-around services for groups targeted by the project; 2) strengthen coordination, collaboration, linkages, and partnership within and across sectors and develop efficient, innovative community-based service delivery; 3) increase the availability, accessibility, quality, and use of family-centered, age-appropriate, and gender-equitable care and support; 4) improve the capacity of vulnerable households to sustainably meet their own needs by strengthening livelihood, caregiving, and health-seeking skills. Six cross-cutting strategies are employed by the ComCHASS project 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.

1.3. SUMMARY OF ACTIVITIES

SECTION A

Summary of Major Q4 Accomplishments, details following in sections below

- CSOs implementing in 30 of the 36 intended Yr1 districts
- HBC service delivery to **3,394**, OVC service delivery to **1,006**
- MOU finalized between Project HOPE and Mcel for 7 provincial hubs
- Overall Yr1 project expenditure rate of **73%**
- Led cross-project multiple-services referral form development
- Baseline contract finalized
- ANEMO trained **162** HBC activistas, and accredited **16** Trainers
- First VS&L group trainings, Maputo Province: **27** groups with **540** total members
- MONASO Capacity Assessment completed
- District level Services Directories disseminated
- “Opened” Tete Province
- Yr 2 districts mapped

Implementation Phase Activities

It is important for this report to lead off with two events that took place during Q4, each very significant in its own way. First, in July FHI acquired AED, beginning a complex process of merging two very large INGOs, both with impressive global reach and complementary programming focuses. The complete integration of the organizations will take many months, and the Moçambique offices of both organizations are building on the collaboration they already possessed to unite further under the acquisition. The new name of the organization is FHI 360.

The second: we were all very saddened by the death of Sr. João Caibone, the Sofala Provincial Coordinator in August. Dr. Fernando Chenene, Technical Officer, has ably served as Acting Provincial Coordinator during the interim period while a new one is identified.

Project Planning and Operations

ComCHASS team members and core partners continue to respond to DPS, CNCS, and DPMAS requests for information about project activities. As well, the FHI 360 country office has undertaken full provincial reporting to GOM structures including the provincial governors, DPSs, DPMASs, NPCSS, district administrators, and SDSMASs. This means that every six months ComCHASS and all the FHI 360 projects will update on scope, activities, and expenditure levels to the relevant provinces, as well as to the

national level Ministry of Foreign Affairs. This reporting mechanism complements the collaborative planning carried out with GOM structures earlier in Yr1.

Mapping Exercise

The Yr2 districts were mapped during Q4, following the Yr1 mapping methodology. The resulting district level Services Directories will serve as the keystone of early Yr2 activity in the new districts, initiating the referral networks stakeholders' meetings. These are to be held monthly, with the district level CSOs collaborating with their SDSMASs to convene and support these coordinating meetings. They are meant to include representatives from the social and clinical services, as well as from other NGOs and CBOs working in the same local area, to establish and strengthen the referral networks.

The Yr1 Services Directories were very useful across ComCHASS provinces in Q4, kicking off the referral network component of ComCHASS with Provincial Leads sharing the relevant Service Directories with SDSMASs, clinical partners, local Nucleos, SDAEs, other CSOs and district stakeholders. FHI Maputo shared the District Services Directories with USAID, other USG- and non-USG-funded partners to best maximize holistic services delivery and strengthened referral networks in districts where services are co-located.

Baseline

All preparatory steps for the community baseline survey were completed by end Q4. The baseline protocol underwent standard ethical reviews and was approved by both the MOH Bioethics Committee and FHI's-PHSC¹. GSC was selected as the Local Research Organization (LRO) to conduct the ComCHASS baseline. The LRO baseline contract was approved by the USAID Contracting Office and FHI Contracts & Grants Department, and signed for October implementation. The entire fieldwork – quantitative and qualitative data collection – will be carried out in Q1 of Yr2. See Annexes for timeline.

CSOs Capacity Assessment

MONASO² completed the community CSOs Capacity Assessment during Q4 of all Yr1 CSOs selected by ComCHASS at the time (30), either under FHI or its consortium partners. MONASO shared their **draft** report in Q4 centrally and in each province with the Provincial Lead partner, comprised of presenting the assessment and holding a feedback session with each CSO. Overall, the vast majority of CSOs need quite a bit of capacity building across the five domains, according to the draft report. Subsequent phases of the ComCHASS Capacity Building component include development of individual plans tailored to each CSO, after the Assessment report is finalized and validated as *baseline*. It is anticipated that such capacity building plans will take varying lengths of time during the life of the project, unique to each CSO, their staff stability and other externalities. As well, the Financial and Technical Pre Award Assessments that CSOs underwent prior to finalizing each one's GUC serve as further baseline data for capacity building plans in those areas. See Annexes for summary capacity building

¹ Protection of Human Subjects Committee

² MONASO: Rede Moçambicana de Organizações Contra o SIDA

needs, albeit based on the draft Assessment report which should be interpreted as conditional.

Yr2 preparation

Q4 actually combined Yr1 implementation goals with preparation for Yr2 (yet another start up phase). The Tete office reached functionality in Q4 with half the staff selected, district level CSO selection well under way, and mapping activities completed. The project team has learned a lot of important contextual information about working in Tete during those processes. The other Yr2 districts – Pemba in Cabo Delgado and Metarica and Ngaúma in Niassa – are similarly under development. The aim is to be fully operational before the end of Q1 of Yr2.

Collaboration/partnership development across and within sectors

In August, FHI 360 headquarters hosted two annual technical regional gatherings in Nairobi, one supporting M&E technical staff, the other engaging gender focused staff. ComCHASS supported both the Sr. Technical Officer for M&E in Maputo, and the Sofala office based M&E Officer to attend the former, and supported our Community Mobilization Technical Officer/Gender focal point to attend the latter. Gender activities are an increasingly significant programming element across all the FHI Mozambique projects and our TO is part of the FHI Moçambique group of TOs who attended and who will be launching the FHI internal gender strategy, harmonizing with the USG gender objectives, during early Yr2 of ComCHASS. The ComCHASS Gender focal point is also a member of the MOH Gender TWG, to best assure the project supporting GOM gender objectives as well.

In September, the Maputo Province Director of CNCS clarified the vision for collaboration between the provincial level Nucleo and FHI Moçambique,. This was very helpful and ComCHASS then took the lead on drafting an MOU between FHI Moçambique and the CNCS for national coverage, which by CNCS preference is to be a letter to be cascaded to the provinces rather than an MOU.

Development of QA/QI plan

In Q4, the ComCHASS team identified the project activity of: improving the referral-counter referral network of the project as its QA/QI pilot, in Manhiça district of Maputo province, with the CSO ACIDECO. The pilot will be active for one month, after which there will be participatory results analysis and planning for broader roll out. This is an output of the FHI 360 QA/QI training led by headquarters experts, (the entire curriculum is available in the FHI office) and will later form the basis of QA/QI roll out to the entire project, the approach to be harmonized with the GOM QI strategy for community interventions currently under development. A ComCHASS TO participates regularly in this GOM QI TWG to assure such harmonization.

Activities by Objectives designated for Q4 of Yr1 AWP.

Objective1: Strengthen the organizational technical and leadership capacity of civil society and the public sector to deliver project to target populations

1.1: Strengthen capacity of key public sector stakeholders at national, provincial and district levels to provide effective leadership, management, and supervision for implementation of comprehensive, integrated, high quality, community-based services for target groups

At the national and provincial levels, project staff participated in some 20 HBC, OVC, and other Technical Working Groups in Maputo Cidade and the project provinces. See Annexes, Table of Q4 TWG participation. This participation creates three benefits; the first is collaboration and partnership with GOM institutions to assure harmonization of NGO efforts with GOM strategies and guidelines; secondly to assist the ministry staffs with thinking, planning, strategizing; and thirdly the technical cross learning benefits all project levels as the TOs monitor and support the provincial partners and work with district level GOM Focal Points.

The following is a special case TWG – **the initiative to integrate community level services providers – the HBC *activista* and the OVC Home Visitor**. This TWG continues to make progress toward eventual approval, although hoped for during Q4 has been pushed forward by MMAS, since the authority who was giving strong indication of the pending approval needed further higher authority. The draft combined curriculum benefited during Q4 from new involvement of FANTA technical staff, to assure sufficient and harmonized nutritional content. During negotiations on shared training and supervision responsibilities between MMAS and MISAU of the integrated provider, MMAS emphasized the need for OVC training of their own MMAS staff, in order to support their supervision role. ComCHASS continues to support the integration effort concept, based on the reality that the HBC and OVC care and support activities in many areas are already being carried out by the HBC *activista*, demonstrating the logic of the integrated approach. ComCHASS's family approach fits very naturally with an integrated provider. See Annexes for an early conception diagram of the family approach.

The **ComCHASS Advisory Council** convened in September, establishing the twice annual pattern for these key partnership meetings. MISAU and MMAS sent responsible HBC and OVC senior staff, who supported the integrated service provider approach, and welcomed supportive supervision support at the SDSMAS level from the project. The integrated *activista* initiative described above was a major topic of the Advisory Council. Based on MISAU and MMAS recommendations, ComCHASS will plan for both SDSMAS focal points - HBC and OVC - to be trained in the upcoming combined *activista* trainings, similar to their past inclusion during separate HBC trainings, to also strengthen their supervisory role at district level. DPMAS focal points would be included in the integrated training nearest to them geographically. ComCHASS will collaborate with MMAS to utilize their already existing Master Trainers, to complement the ANEMO HBC Master Trainers for conducting the integrated trainings. ComCHASS will continue

to base its HBC implementation on the current HBC Strategy, but will shift to the new one when it is approved and released.

A challenge for all stakeholders to address collaboratively, is that of managing the increasing expectations on the integrated *activista* role, in supporting the entire family.

The **motorbikes procurement** was accomplished in Q4, with distribution to the district level CSOs targeted for October to support supervision of the community activities. This transport option is far less costly than fleets of vehicles and will greatly facilitate the combined supervisory visits mandated in ComCHASS, where the CSO technical supervisor (whether HBC nurse or other for OVC) and SDSMAS focal point (either for HBC or Social Action) undertake joint supervision. To best ensure appropriate use of the motorbikes, each CSO is expected to maintain log books on the usage. As well, agreements are drafted, and signed by the CSO supervisors/users clarifying ownership, maintenance, and other roles and responsibilities.

1.2 Select, issue and manage sub-grants with district CSOs for service delivery

At the conclusion of Q4, 30 of the 36 Yr1 districts had a Grant Under Contract (GUC) fully executed and the CSOs were receiving funds and commencing their implementation. Annex 6 is a table showing all the CSOs with GUCs, plus the districts where there is overlap between the GOM GAAC pilot sites and initial deployment sites of newly trained APEs. The full GUC process described in the Q3 report was redeployed in Q4 to identify and bring on board the Yr2 CSOs in those 16 expansion districts, and to continue the search for CSOs to cover the remaining Yr1 districts. Gaps occur when no suitable CSO can be identified either through the public call for proposals, the district level mapping of services and providers, or word of mouth. Some gaps also result from CSOs who are technically capable but do not meet the most basic levels of financial management capacity to suggest a functioning organization and avoid foreseeable risks. FHI 360 then continues to search for viable CSOs who may have missed the prior public announcements, or looks to CSOs who may already be selected by other FHI 360 projects. While the latter may pose challenges in capacity to manage simultaneous funding streams, related activities, and M&E data, these challenges can more reasonably be met with project technical assistance.

In Q4, Sofala successfully re-launched CSO selection activities in Gorongosa, Marromeu and Muanza districts to identify more suitable implementing CSOs, and Africare repeated the same process in Mossurize district. Africare goes a step beyond the participatory district level evaluations, by including SDSMAS, CNCS, and other public stakeholders in the ensuing CSO Start Up workshops. Africare feels this practice leads to closer working relationships with local government structures. Other project provincial coordinators are looking to do the same for CSO start ups, but also to balance moving forward rationally; at times the local government structures say they will join an activity, but at the last minute get called to other duties. When a number of CSO staff have already travelled for the activity, it is not practical to postpone and double

those costs. District level participation is always welcome and actively sought when feasible.

Project HOPE's (PH) CSO selection is specialized to identifying provincial level economic strengthening (ES) organizations, of which there are far fewer in existence. In Q4, Project HOPE not only fully reorganized its ES strategy to reach all ComCHASS districts, but also finalized its three ES CSOs selection. They are Kukula for Inhambane, ADEM for Sofala, and Magariro for Manica Provinces. PH held a strategy workshop in Manica in September for them, to reorient them to the redesigned VS&L initiative. PH initiated implementation of the ES activities themselves in Maputo Province, made possible when they realigned their strategy to accomplish project-wide VS&L opportunities. Contributing as well, ComCHASS included in their Yr2 Budget three additional Technical Officers to liaise with and assist the ES activities, one each for the big provinces of Tete and Sofala, and the third based in Maputo to assist and liaise with Maputo and Inhambane districts.

Yr2 Start Up. ComCHASS was approved by USAID to move spending from Yr2 into Q4 for starting up Tete province and other Yr2 districts with regard to the CSOs selection process to ensure timely start-up, totaling 16 districts.

The **Tete** CSOs selection process in Q4 yielded only four viable CSOs to put forward for USAID approval, of 13 districts to cover. A second deeper search has been launched. One significant obstacle we found was several CSOs being "owned" by provincial ministries staff, creating an obvious conflict of interest. Interestingly, these CSOs never passed Financial Pre Award Assessments, where the conflict of interest was uncovered. In subsequent searches, the project team will take a two-step approach to best assure transparency for the district level proposal reviews. First, to restate the panel participation criteria (of non-involvement in the CSOs or local associations who are putting forward proposals). Second, to rely even more on the Technical and Financial Pre Award Assessment processes to uncover those conflicts of interest when the desired transparency is still not achieved.

In **Niassa** Province, a viable CSO for Metarica district will be put forward. We will re-launch a CSO search for Ngaúma district in October.

Pemba district in **Cabo Delgado** went smoothly in Q4, with all processes taking place such as public announcement, district level stakeholders review, Technical and Financial Pre Award Assessments, and submission to USAID for approval. When approved the CSO team will join a SOW and Start Up Workshop with others in Beira. As per normal, ComCHASS will carry out all the introductory meetings with provincial and district government structures, which are always done after USAID approval to avoid any confusion or missteps. We anticipate such approval coming in Q5.

1.3 Strengthen CSO capacity to provide family-centered, community-based care and support to target groups

The **MONASO** capacity assessment of Yr1 CSOs was carried out during Q4, as discussed above. In late September, MONASO presented each province's assessment report to the respective Provincial Lead organization and the CSOs in their province. When the capacity building activities begin, all Provincial Leads will support the CSO capacity building plans for all these 30 assessed to date. Phase 2, comprised of individual capacity building plans driving the capacity building activities, will commence only after the Capacity Assessment report has been finalized. It has come to light that while drafted and presented at provincial and district levels, some steps were not taken which are essential to the Assessment providing the needed baseline data against which to evaluate this aspect of the project at its end. We expect MONASO to complete Phase 1 in Q5. The assessment covered five domains: Governance, Human Resources, Financial Management, Technical Assistance, and Relations with Stakeholders, however, at this time providing scores would be premature, given the incomplete and unvalidated nature of the draft report.

1.4: Support ANEMO to increase quantity and quality of HBC services

ANEMO fulfilled its contracted deliverables in Q4, consisting of: 1) Accreditation of HBC Trainers, 2) Training of HBC *activistas*, and 3) providing any HBC Refresher Trainings, if a CSO needed that instead of a full initial training.

Table on Q4 HBC *activista* training

Province	# of districts	# of trainings by type	Month of trng	# of <i>activistas</i> trained	# of trainers accredited
Niassa	3 of 3	None in Q4	Q2		-
Sofala	10 of 13*	4 initial trngs 3 refresher trngs	Aug-Sept Aug-Sept	111 34	3
Manica	10 of 10	10 initial trngs	Sept	201	-
Inhambane	5 of 5	5 initial trngs	Sept	130	-

*Three districts in Sofala Province didn't have fully executed GUCs yet

ANEMO conducted a refresher training of the Master Trainers in October, 2 each from Maputo and Sofala, and more accreditation trainings planned for Yr2 Q1 in Manica and Sofala.

At central level, a detailed analysis of HBC training needs for Yr2 also began in Q4. This exercise was very useful in terms of understanding the ANEMO role in the future as well as procurement plans for HBC kits. It is understood that at some point in time a re-planning exercise will be needed, when final authorization comes to initiate the Integrated *Activista* role and training.

Objective 2: Strengthen coordination, collaboration, linkages and partnership within and across sectors to promote the development of more efficient and innovative community-based multi-sectoral responses in support of target groups

2.1: Establish and support integrated networks of service providers

Services Directories for each district were disseminated in Q4. A critical early task of each CSO is to convene their SDSMAS and other relevant stakeholders, including representatives from the relevant health facility and other CBOs and NGOs who are present and offering relevant services, to disseminate the directory as a tool for establishing collaboratively the community level referral networks and launch the monthly meetings. For example, Africare comprehensively presented the project in each district to relevant government structures, sharing the Services Directories and introducing the CSO, reflecting the standard practice across ComCHASS. Provincial Leads in the other provinces carried out the similar introductions during Q4, if they hadn't yet in Q3.

FHI Moçambique will be obtaining GPS Mapping equipment for another project and ComCHASS will be able to access it for piloting or testing its usefulness in coordination with the Strategic Information Department.

2.2: Engage and coordinate with other international donor-supported projects to ensure integration of complementary activities

PSI continued in Q4 to provide both the training on use of the Family Health kits and to provide the kits themselves in a kind of rolling dissemination plan coinciding with CSOs commencing their implementation.

In Q4, the Inhambane DPS notes to World Relief that HIV testing is low, while abandoning TARV seems to be increasing. Collaborating with other international donor-supported projects is a core ComCHASS activity and WR will work closely with the CDC – ICAP supported clinics in the five districts to develop appropriate community mobilization activities as well as develop a shared plan for *busca activa*. While initial dialogue started before Q4, deeper collaborative planning makes good sense now with the CSOs identified and subcontracted for implementation.

2.3: Promote PPPs that improve quality of life of PLHIV, OVC, pre/post partum women and their families

Project HOPE finalized its MOU with Banco Oportunidade de Mocambique (BOM) in Q4, leading PH to accomplish the pilot of their financial literacy materials in the VS&L training in Maputo Province.

As the direct implementer, PH accomplished in Q4:

- VS&L and financial literacy materials developed, jointly designed by BOM and PH
- ToT held in Manhiça district, with CSO and SDAE representatives
- 27 VS&L groups established in all five ComCHASS districts in Maputo province, comprised of 540 members; group membership is mixed to include PLHIV, and the

caregivers of OVC as the majority, but to also include other community members to avoid stigmatizing the groups as “for sick people” or to discriminate against people who aren’t direct project beneficiaries under the family approach.

The MOU with mCel was finalized in Q4, and the entire detailed strategy will become finalized for roll out in October-November (Q5). FHI 360 and PH have debated several possible strategies and will finalize based on capacity of implementing partners, locational access to networks, and potential management and activity burden on the OCBs. We intend to put forward a balanced activity that will on the one hand explore this innovation and on the other hand enhance, and not detract from, the core responsibilities of the OCBs. It is likely that there will be a district selection process, rather than a blanket roll out to all the project districts. PH will also carry out a brief pre-pilot participatory process with one or more OCB to enrich the decision making process.

Objective 3: Increase availability, accessibility, and use of family-centered, age-appropriate, and gender equitable care and support services for target groups

3.1: Establish or reinforce Community Care Committees (CCCs and CLCs) in each target community

As the CSOs achieve fully executed GUCs, the Provincial Leads initiate the inventory of CCCs, CLCs. When a complete inventory is in place, the project will analyze the situations and determine a way forward. At minimum, the CCCs and CLCs should send representatives to the monthly district level stakeholders meetings, for further strengthening the referrals networks and understanding community level needs.

3.2: Support provision of comprehensive services and referrals for target groups

As mentioned above, 30 CSOs were implementing activities in Q4 across Niassa, Maputo, Sofala, Manica, and Inhambane Provinces, for varying lengths of time based on their Start Ups ranging from February through September. The totals here will differ from APR totals since these represent Q4 only, and the APR represents the full year. Further, Sofala and Manica Provinces are mandated by the contract to initiate OVC care and support in Yr2. Of the three provinces responsible for both service areas, the results clearly reflect the different implementation models. Three World Relief CSOs in Inhambane Province have separate HBC *activistas* and OVC Home Visitor volunteers, which may explain the more robust OVC results given the large number of volunteers.

The USAID site visit in July taught us that where the HBC *activistas* also look after the OVCs in the client households, they are woefully underprepared. ComCHASS during Q4 began to design an OVC care and support training strategy with MMAS, to roll out across all the project provinces as needed, focusing on psychosocial support (PSS). However, it needs to be harmonized with the upcoming integrated caregiver strategy and complement those trainings that will take place in future. MMAS has an OVC training curriculum (that includes some PSS) which has become the OVC side of the integrated caregiver training. To best use resources and avoid duplication or waste,

much work needs to be done to evaluate the various PSS training curricula of other providers in existence in Moçambique, and evaluate the costs etc of rolling out such a specialized technical area which will be new to most potential users. We already know that trainer resources are limited and it will take time to cover all the project districts. ComCHASS thus plans to use every technical and mentoring visit as an opportunity to provide “on-the-job” training to the CBOs to strengthen their OVC programming. This was announced as a priority Yr2 programming activity during the Yr2 Planning workshop in July, anticipating the Yr2 AWP and budget submission at the end of August.

Q4 Service Delivery results

Province	HBC females	HBC males	Proportion females to males	HBC total	OVC females	OVC males	Proportion females to males	OVC total
Niassa	535	300	1.8 : 1	835	254	167	1.5 : 1	421
Maputo	316	128	2.5 : 1	444	246	176	1.4 : 1	422
Sofala	597	219	2.8 : 1	816	N/A	N/A		N/A
Manica	393	211	1.9 : 1	604	N/A	N/A		N/A
Inhambane	464	231	2 : 1	695	636	527	1.2 : 1	1,163
Q4 TOTALS	2,305	1,089	Ave 2.1 : 1	3,394	1,136	870	Ave 1.3 : 1	2,006

The job aids targeted for Qs 3 & 4 are retargeted to Yr2, when a full assessment of job aids needs across all project provinces can be carried out, leading to production efficiencies as well as standardized materials. Since this activity depends on OCBs being identified, and having finalized subcontracts in order to have entities to assess, this activity logically needed to be pushed forward in the timeline. We believe this is a good stewardship model to follow, to best utilize resources efficiently. We imagine the role of the partner ministries to be as participatory as is their interest and availability. At minimum, we would expect them to elucidate what all job aids they have already produced and what their plans are to provide those materials to community entities.

HBC kits have been procured when CSOs come on line in order for the HBC *activistas* to accomplish their HBC service delivery in their communities.

3.4: Support implementation of community-based care and support activities that facilitate access to health care support for target groups

ComCHASS Technical Officers led the development of a standard services **referral and counter-referral form** for all the FHI 360 projects to use. The form is based on the existing DPS referral form and augmented, at minimum, to reflect all the services that ComCHASS would refer to. The innovation of this form is that it is produced in pre-carbon triplicate, in a “block”; the referral gets filled in and carried to the health facility, The copy remaining in the block gives the *activista* a record of the referral and the basis for following up with the client to assure a completed referral, whether of an HBC client, a pre/post partum woman, or a child. In Yr2, Q1, the referral form will be piloted in Maputo and Niassa Provinces, undergo review and any revision from the users, then

mass production for all the ComCHASS provinces as well as the partner FHI 360 projects. See Annexes, copy of the referral form, which was comprehensively designed to capture referrals to both clinical and social services, whether the social services are provided by GOM institutions or other CBOs or NGOs in the same community.

See Annexes for table showing the GAAC pilot sites and APE target areas across ComCHASS districts. This table indicates to which ComCHASS districts the first training group of APEs will be deployed. Since there are only four at this time, the project intends to collaborate at the district and community level with the new APEs individually and through the SDSMASs. As the number of APEs overlap increases with subsequent APE placements, the project will develop plans as needed, building on the experiences from the first co-locations. ComCHASS CSOs, their *activistas* and community mobilizers will refer beneficiaries to these clinic- and community-based opportunities as appropriate, as well as receive counter-referrals of PLHIV for HBC, for example, from the clinics.

Objective 4: Improve capacity of vulnerable households to meet their own needs in sustainable ways by strengthening their livelihoods, care taking and health seeking skills

4.1: Increase access to skills-building and household economic strengthening opportunities to improve the wellbeing and quality of life of PLHIV, OVC and their families

Approval for PH CSOs was delayed, although they were approved in September. ADEM for Sofala, Magariro for Manica, and Kukula for Inhambane did participate in a PH workshop in Chimoio to redesign the strategy in September.

PH finalized the MoU with BOM which includes the model for linking ComCHASS beneficiary households to BOM micro credit opportunities. The project anticipates that this type of opportunity will flow from the VS&L activity. While the strategy is for all ComCHASS households to be offered the VS&L opportunity, for various reasons we would expect not all households to participate. Similarly, we would not expect uptake of micro credit from all VS&L households. Since the VS&L precedes the Micro credit, we will be learning later in the project what the uptake rate might be.

4.2: Conduct social mobilization activities and increase demand for care and support services for target groups, access to community driven social support for PLHIV and OVC

The project is retargeting these activities for Yr2 in any standardized way, since all activities depend on the CSOs being identified and fully subcontracted. Increasing the demand for care and support services logically begins with the referral and counter-referral networks, which the CSOs are embarking on already. Some social mobilization activities will begin in time sequence with other clinical services. One good example is when the CHASS SMT mobile testing and counseling activity gets up and running,

ComCHASS partners will “social mobilize” around that service for project target groups. In general, we would expect Q6 as start up time.

4.3: Promote self-care skills and behaviors through the family-care approach

Self care and self protection skills will receive focus and undergo development now that the CSOs are implementing and household visits are active. Children’s clubs have not been activated yet, our evolving understanding of the needs suggests having a very clear Psychosocial support strategy and skills training in place upon which to build the children’s clubs and other expectations of delivering psychosocial support to children. The project hopes to pilot a PSS training in Q5, as a precursor to consensus building with MMAS and USAID, before a full roll out across the 52 ComCHASS districts takes place. It is also essential to understand and plan for follow ups to any such training, as well as other implications for sustainability, in order to go forward. The pre-post partum women activity (referral to PMTCT services, as well as counter referral of such women to HBC services) will commence in Yr 2. The primary mechanism the project intends to use is the family intake, with the accompanying care plan for each family member in HBC. Tracking is accomplished through the referral/counter-referral process, as well as the *activista* visit form.

Project Performance Monitoring

Africare held an M&E workshop in Chimoio in September for their CSOs, including a DPS representative. PH developed a VS&L group members House Hold assets assessment tool and CSO ES capacity assessment tool. PH and their ES CSOs will use the assessment tool, near the beginning of the VS&L group creation process.

In September, the ComCHASS Technical Committee developed the project model for Project Performance Monitoring in the Technical, Sub-Award, and Financial areas. The Technical Assistance Provision skills learned in the August training are a critical approach to successful project monitoring beyond the data results.

ComCHASS submitted its **APR** results for Yr 1 total cumulative service, (start up year):

PLHIV served with HBC:	3,744
OVC received services:	2,158
Nutritional services:	816

NB: the PLHIV and OVC results differ from the Q4 PLHIV and OVC service delivery numbers due to the standard calculation of service delivery. While the Q4 numbers reflect service delivery only for that quarter, the APR reflects total numbers of services recipients over the performance year. Often there is carry over from quarter to quarter, and there are also decreases when PLHIV graduate out of HBC. Quarterly data stand alone, while annual data is cumulative. For example, 10 HBC clients are enrolled in Q1, 3 graduate, 1 dies, the rest stay in the program (6), and 4 new PLHIV enter. Total for the quarter is 14 having received services. This process holds over the project year, so that our original 10 could evolve to any number X as the categories of PLHIV served (in

the program, graduating out, dying, or for other reasons leaving, new PLHIV entering) are totaled over a year's time.

PLANS/ACTIVITIES FOR NEXT QUARTER (Q4)

In summary, the major ComCHASS activities for Yr2 – Q1 (project Q5) include:

- Implementation of the Baseline Survey
- Finalization of remaining Yr1 outstanding CSOs selection, GUCs, and Start Up Workshops where possible
- Remaining CSOs selection in Tete province (9), Niassa (1)
- Distribution of Yr2 Services Directories from Mapping Exercise in Yr 2 districts
- Year 2 Implementation Workshop
- USAID site visits to Maputo, Manica and Inhambane ComCHASS CSOs
- Fully execute employment contract for Technical Director start up, February 2012 (Q6, when preferred candidate is available to start)
- CCCs / CLCs "inventory" and assessment of status
- Technical, Financial, and Subgrant Monitoring of CSOs implementation
- Continued collaboration with provincial and district level government bodies, attending meetings, sharing the project, providing reports
- Roll out of mHealth activity, in districts to be finalized per discussion above
- Participate in FHI 360 Moçambique Limited Scope Audit
- Finalize and initiate OVC and/or Psychosocial Support Training
- Pilot integrated caregiver training in Tete
- Have Yr2 expansion districts operational by end Yr2 Q1 (Q5)

Section B: Success Stories (keep to 1 pg for each one)

See Annexes for story from Maputo Province.

Section C: Documentation of best practices that can be taken to scale (for later in the life of the project)

Section D: List of upcoming events with dates (should be new list each quarter)

Oct:

Mid - Africare Financial Reporting training of all Manica CSOs

21 - APR submission

24-27 - HS 20/20 Niassa site visit

25 - Manhiça district site visit

31 - ComCHASS Mgmt Committee Mtg (partner country directors)

31 - Q4 report submission

31-Nov 4 - Team to Tete for CSOs SOW and Start Up workshop

31-Nov 4 - Sofala CSOs SOW and Start Up workshop

Nov:

First wk- potential HS 20/20 Maputo site visit

7-9 - USAID site visit to Manica

10 - Maputo HOLIDAY, office closed
14-18 - USAID site visit to Inhambane
24-25 - FHI closed for HOLIDAYS
By end - PH training of CSOs and SDAEs on VS&L supervision tools
28-Dec 1 - Nutrition training in Niassa, CSOs and GOM supervisors attend

Dec:

6-8 - Yr2 Implementation Workshop in Maputo
15 - Baseline survey field work completed
By end - PH help to establish ES working groups in 7 project provinces
Mid month through mid January – majority of team Annual Leaves

2. OPERATIONAL AND FINANCE SUPPORT UPDATE

A. Operational Support

Staffing update

Key Personnel hiring at end of Q4 remains at same level as throughout Yr1, with Chief of Party and Finances/Admin Manager fully engaged in ComCHASS, per specific roles. The Technical Director remains difficult to fill with a qualified Mozambican. See Issue 3.1 below for details.

Technical/Professional staff, which are tracked for reporting the level of effort (LOE) contributing to the ComCHASS contract, continue to take their positions across the project partners and provinces. The Maputo office PMTCT/Nutrition Technical Officer hopefully will be approved and can take up the post early in Yr2.

Further Technical Officers await Yr2 AWP approval and are designed to augment the teams in Maputo, Sofala and Tete FHI offices. Since Project HOPE redesigned their approach to activate VS&L activities in all project districts, a greater staffing need became apparent and this set of TOs will form a link between the very few Project HOPE staff, the ES CSOs and the district level CSOs implementing in the communities.

The Tete Province Provincial Coordinator assumed his post in Q4 and has been well integrated into FHI and ComCHASS, including participating in district level CSO selection. Three important positions are proving difficult to fill, the Technical, M&E, and Program, Officers. One exemplary obstacle is the big difference in current salary of qualified government candidates and the minimum FHI 360 salary for positions on offer. Past decisions by USAID lead us to simply keep trying to find candidates who are a good match for the project positions.

Support staff hiring overall has two unfilled positions.

Procurement

The Contract award approved equipment purchases identified in the proposal. Standard FHI and USAID procurement procedures have been followed for all project procurements. These procurement expenditures are reflected in Q4 financial reporting:

Q4 significant expenditures included:

- GUCs initiated bringing the total of Yr1 CSOs to 30, (15 by partners)
- Tete start up costs including: vehicles, Mapping Exercise, CSOs selection process, leasing of office, procurement of all office equipment and network enabling
- Motorbikes for all Yr1 districts, ready to distribute
- Baseline survey contract was signed, for October start up and initial contracted payment
- We had unanticipated delays on bicycles for *activistas*. FHI had engaged with World Bicycle Relief (WBR), who crafts rural terrain-appropriate bicycles, guarantees their product for a period of time, and includes training on maintenance and repairs to every group receiving the bikes. We believed this to be a superior product over cheaper foreign made bikes. We ended up procuring less well made bikes locally after all, for Maputo and Sofala *activistas*, when the WBR delays proved untenable. We will get them for Tete, and be able to compare value over the LOP.

Subagreements and Subcontracts

GUCs are discussed in detail on pg. 7, under activity 1.2

Consortium partner Project HOPE has been approved to expand their number of CSOs to up to seven, is currently implementing Maputo Province themselves, so will focus their continuing search in Tete and Niassa Provinces. Cabo Delgado, with just one district, does not warrant a CSO search and effort, but will be served by one of the others, likely the CSO designated for Sofala Province.

B. Financial Summary

Total expenditure to date: **\$5,873,869** (based on actual, expenditures through end of September) See Annexes - Q4 Pipeline, **reaching a 73% burn rate for Yr1**. This pipeline will differ from the pipeline submitted earlier in October due to the later point in time when accounts are closed. N.B. Pipeline figures will differ from SF425 quarterly reports which are prepared after accounts are closed.

***Projected expenses for Yr2:**

Projected savings from Yr1 were included in the Yr2 budget and AWP, pending approval by USAID.

The (SF) 425 quarterly financial report, per Task Order C.5.d and F.5.d, is prepared and signed by FHI HQ Finance, in PDF format and sent to the Chief of Party electronically for onward submission to USAID Mozambique.

3. PROJECT ISSUES, HOW THEY WILL BE ADDRESSED

3.1 Technical Director vacancy

At the conclusion of Q4, the Tech Dir position has now been a) advertised three times, b) circulated amongst local NGOs who might have projects ending and wanting to help staff find next positions, and c) benefits from general good will of interested colleagues who refer potential candidates' c.v.s to ComCHASS. The project brought back a talented short term consultant in September, to serve as Acting Technical Director until the identified candidate could assume the position in February 2012. We will begin the approval process of that candidate in November or December.

3.2 Opening Tete Province

Tete Province may prove to be the most challenging implementation area under ComCHASS. The economic environment, infrastructure, and geographic realities of the province result in

- staff recruitment challenged by highly competitive private sector salaries
- districts without banking facilities
- very poor roads, combined with distance, can translate to two days' drive from Tete cidade, in the worst case.

Addressing recruitment and staffing challenges: we plan to hire the best people possible, provide a desirable work environment with collegiality, professional growth, and meaningful work, and make the best of the situation. In some CSO cases, the headquarters office is located in Tete Cidade, which helps to mitigate areas without banking facilities. Infrastructure challenges can only be met with good management, building efficiencies into activities whenever possible. A good strategy here is to coordinate site visits, when possible, with CHASS SMT.

Addressing the CSOs challenge, the project launched a second round of CSOs announcements, and will return to conduct more district level reviews in October. Flexibility is a key factor for this province; the model has shifted from a full province Start Up to one of waves of Start Ups, e.g. the first set of 4 approved CSOs will undergo a combined SOW and Start Up workshop to maximize efficiencies. Therefore, ComCHASS will not delay start up until the entire province's CSOs are processed. The cascade of *activista* identification, training by ANEMO, procurement of HBC kits, etc, will all flow per wave, to get community services implementation going.

3.3 Expansion to other Districts

ComCHASS responded in Q2 to USAID's request for cost estimates to expand into 4 and 3 additional districts in Cabo Delgado and Inhambane Provinces respectively. We would hope to hear a decision soon in order to best plan for such expansion; time is needed for staffing up appropriately as well as accommodating the other start up phase activities.

3.4 Integrating the HBC *activista* and OVC Home Visitor / OVC training

While the integrated caregiver initiative is very welcome and will be an exciting shift in future, since the approval date is not known it does pose a challenge to project planning for Yr2. For example, the 16 new Yr2 districts could receive the combined training if

MMAS had trainers identified for the OVC portion. ComCHASS is working hard to frame a training plan that will provide the OVC training so very needed by the *activistas*, perhaps as an add-on to their next HBC refresher training, or sooner given the level of need. As well, Psychosocial Support (PSS) is gaining more interest and ComCHASS is developing a plan with MMAS and REPSSI to meet that need, so that those actually providing the family-centered support have the technical capacity to deliver high quality services to the target groups. The training plan is also addressing various needs among SDSMAS and DPMAS technical staff need for OVC training, noted by Inhambane DPMAS, as well as the HBC focal Points need for HBC training as noted by others.

3.5 PSI kits contents

An issue arose in October, after the Q4 timeframe; it was discovered that within PSI's distribution of a year's worth of kits to the provincial partners for distribution to their CSOs (who in turn cascade the dissemination through the *activistas* to the enrolled families), some products would expire well before that year is finished. FHI and PSI are working together to correct this.

3.6 New HBC program starting in Inhambane Province

World Relief was advised by the DPS Medical Chefe that Irish Aid will be funding a new HBC program in Inhambane province to be managed by DPS and NPCCS, including ComCHASS districts. This has implications regarding the future integrated caregiver approach; ComCHASS and World Relief leaders will meet with Irish Aid to introduce the project and see how best to harmonize and share mapping of actual communities receiving services under the project. World Relief will stay in close collaboration with Inhambane DPS and DPMAS on this for the same purposes of harmonization, best linkages, and rationalized service delivery.

3.7 HBC Trainers not passing Accreditation

Two HBC supervisors in Inhambane Province did not pass their HBC Training Accreditation when they carried out their accreditation training under observation of the ANEMO HBC Master Trainers. World Relief, ANEMO, and FHI - working together - analyzed the situation and understand that no actual HBC trainings will be negatively impacted, since other accredited trainers in the province will be utilized to meet future training needs.

3.8 Niassa Province challenge for Project HOPE

No provincial level economic strengthening CSO is apparent in Niassa province; PH is relaunching their search in Niassa and exploring other options such as a selected CSO being able to expand to that province to cover the five districts there.

3.9 MONASO

Over Yr1 ComCHASS has learned that MONASO needs capacity building itself as a capacity building organization. In light of that, FHI is aiming for a tripartite approach in Yr2 wherein MONASO could be contracted for capacity building in the provinces where they have capacity and another provider would be contracted to capacity build in "non-

MONASO” provinces. Continuing collaboration with the former AED allows us all to be strategic about also building MONASO’s capacity to better serve in Moçambique.

3.10 MOH 2012 integrated planning exercises

While ComCHASS participated in provincial DPS and DPMAS planning exercises earlier in the year, their practices actually vary from province to province. Manica DPS prefers to restrict participants to those who provide direct funding to them, which then excludes NGO partners such as Africare within ComCHASS who fund provincial activities “indirectly”, through CSOs. On the other hand, Inhambane partner World Relief was at least invited to opening and closing sessions of that DPS’s Conselho Coordenador. The project will remain flexible to participate as and when it can.

Q4 Report Annexes

Baseline Survey Calendar (by attachment)

MONASO Capacity Building Needs Summary Table

TWG Participation Table

Draft Family Approach Graphic

Referral / Counter Referral Form (by attachment)

Districts Table with GAAC Pilot and APE overlap

September 2011 End of Q4/End of Year Pipeline (by attachment)

Summary of Capacity Development Needs of ComCHASS OCBs

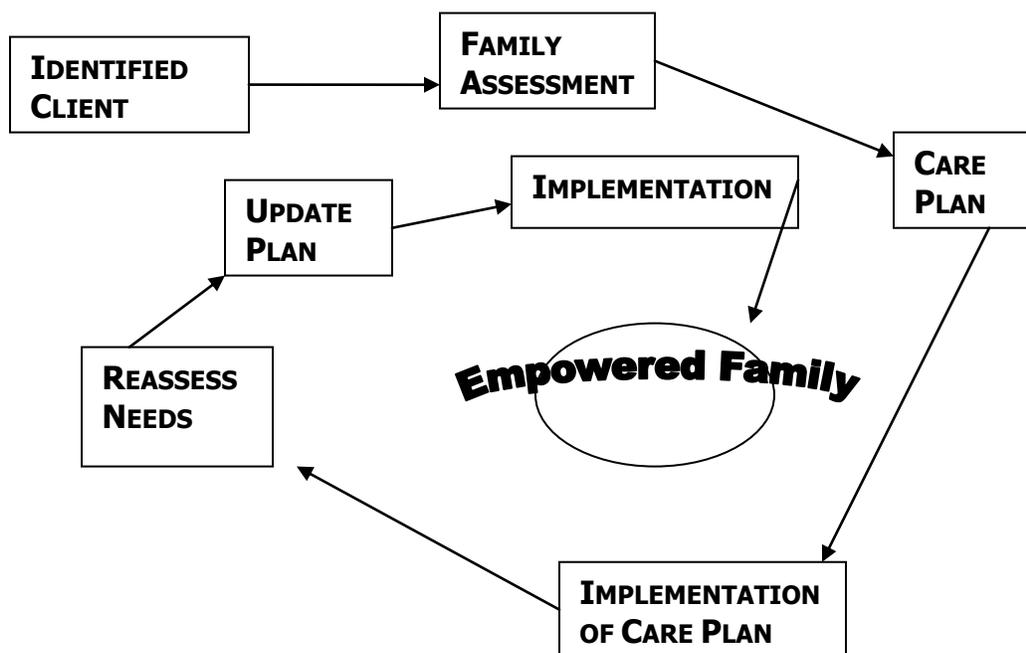
Province	Organization	Organizational management	Project management		Organizational development			
			Project management	Financial management	Admin. Procedures	Resources management	Human Resources policy	Gender
Maputo	AMODEFA		X	X	X		X	X
	ACIDECO	X	X	X	X	X	X	X
	Ass. Ecumenica Kupona	X	X	X	X	X	X	X
	Irmãs Franciscanas		X	X	X	X	X	X
Inhambane	Liwoningo	X		X	X	X	X	X
	Utomi	X	X	X	X	X	X	X
	Rede Pastoral Homoine	X	X	X	X	X	X	X
	Rede Pastoral Inharrime	X	X	X	X	X	X	X
	Rede Pastoral de Morrumbene	X	X	X	X	X	X	X
Sofala	ADS	X	X	X	X	X	X	X
	AMICUMO	X	X	X	X	X	X	X
	Kugarissica	X	X	X	X		X	X
	Kuwanguissana	X	X	X	X			X
	Kupedzana	X	X	X	X	X	X	X
Manica	ANDA	X	X			X	X	X
	Centro Aberto	X	X	X	X	X	X	
	Kubatsirana	X	X			X	X	X
	Rubatano	X	X	X	X	X	X	X
	OMES	X	X				X	X
	Kulima	X	X	X	X	X	X	X
	Shingirirai	X	X	X	X	X	X	X
	Kuzvipira	X	X	X	X	X	X	X
Niassa	AJADC	X	X	X	X			X
	CCM*						X	
	CDS*		X	X	X	X	X	X
	ESTAMOS*						X	
	Irmaos Unidos	X	X	X	X	X	X	X
	Tandanane	X	X	X	X	X	X	X
	Yalaka	X	X	X	X	X	X	
	Hakoni	X	X	X	X	X	X	X

*CSO. Others in Niassa are the associations of *activistas*

Table of Q4 TWG participation

Province	TWG	ComCHASS member
Maputo – FHI	HBC - MISAU	Xavier Candido (XC)
	Nutrition – FANTA	XC
	Care and Support – MMAS	XC
	Integrated caregiver – MISAU/MMAS	XC
	Palliative Care – MOPCA	XC
	Water & Sanitation – PSI	XC
	QI: Community Subgroup – MISAU	Ana Paula Ndapassoa (AP)
	Health Promotion – MISAU	AP
	Positive Prevention, Community Subgroup – MISAU	AP
	Community Counseling & Testing – MISAU	AP
	Gender Integration – MISAU	AP
	OVC – MMAS	Ana Rosa Gama (AR)
	PSS – MMAS, newly forming	AR
	Integrated caregiver – MISAU/MMAS	AR
	Education & Protection – UNICEF	AR
	Social Services – ROSC	AR
	Integrated caregiver – MISAU/MMAS	Edith Morch, Acting Tech Dir
	Community Care Partners – USAID	Linda Lovick, COP
Maputo – Project HOPE	mHealth – USAID	Simião Mahumana
Sofala – FHI	Communication – NPCCS	Fernando Chenene (FC)
	OVC – DPMAS	FC
Manica – Africare	OVC – DPMAS	Filomena João

EARLY GRAPHIC CONCEPTION OF FAMILY APPROACH





THE SCIENCE OF IMPROVING LIVES

ComCHASS CSOs table with GAAC pilots and new APEs Overlap

prov	dist	OCB	GAAC pilot site	APEs sites from first training	
Sofala					
	Cheringoma	ADS			
	Marringue	ADS			
	Beira	KUGARISSICA	Ponta Gêa		
	Chemba	KUWANGISANA			
	Caia		CS Caia	X	
	Dondo	KUPHEDZANA			
	Buzi				
	Nhamatanda				
	Machanga	AMICUMO			
	Chibabava	AMICUMO	Muxungue		
	Gorongosa				
	Marromeu				
	Muanza				
Maputo					
	Matutuine	KUPONA			
	Moamba	KUPONA			
	Boane	AMODEFA			
	Manhiça	ACIDECO			
	Marracuene	CONFHIC	HD Marracuene		
Manica					
	Barué	CAMRSC Jesus			
	Machaze	ANDA			
	Manica	ANDA	HD Manica		
	Sussundenga-Sede	KUBATSIRANA			
	Sussundenga - Dombe	OMES			
	Chimoio	Shinguirarai	Nhamaonha?		
	Macossa	KULIMA	Macossa sede		
	Gondola	Rubatano		X	
	Tambara	KULIMA			
	Guro	KULIMA			
	Mossurize				
Niassa					
	Mandimba	ESTAMOS			

	Mecanhelas	CCM	CS Mecanhelas		
	Cuamba	CDS	HR Cuamba	X	
Yr2	Metarica				
Yr2	Ngaúma				
Inhambane					
	Maxixe	Associação Liwoningo			
	Inharrime	Rede Pastoral de Inharrime			
	Inhambane	Associação UTOMI			
	Morrumbene	Rede Pastoral de Morrumbene			
	Homoine	Rede Pastoral de Homoine	CS Homoine		
Tete – Yr2					
	Angónia			X	
	Cahora Bassa				
	Changara				
	Chifunde				
	Chiuta				
	Macanga				
	Magoe				
	Marávia				
	Moatize				
	Mutarara				
	Tete cidade				
	Tsangano				
	Zumbo				
Cabo Delgado – Yr 2					
	Pemba				

SUCCESS STORY

Carolina is a 31 year old lady, a person living with HIV (PLHIV) and living in Marracuene District of Maputo Province. Currently she is working as a Home Based Care (HBC) *activista* with one of the 22 ComCHASS funded civil society organizations called CONFHIC. Carolina additionally gathers a group of women on ARV treatment at her own house two Saturdays a month to share experiences and talk about various topics related to HIV. The main objective of this get together is to encourage other PLHIV to adhere to their treatment and exchange experiences among themselves about how to live positively with the disease.

During the get together they discuss about:

- Importance of use of condoms (practice safe sex)
- Abstinence
- Nutritional components for PLHIV
- ARV treatment
- The need to avoid drug and alcohol use, and to not smoke
- Treatment of other infectious diseases.

This group started having these get together meetings in 2009, but due to lack of funds, the group broke up. Currently with ComCHASS funding through CONFHIC the group was encouraged to re-start their meetings. Currently the group is not only composed of PLHIV; some are HIV negative but have joined the group because they see the importance of knowing about HIV prevention.

We consider this a success story because Carolina's initiative to gather this group of women in the community will contribute to having more people adhere to ARV treatment, and when necessary to also utilize the HBC services provided by CONFHIC.

ComCHASS supports the strengthening of community based services with PEPFAR funding through USAID.

Pipeline ComCHASS

**AWARD :
W0544**

Com CHASS Mozambique : Community Care HIV/AIDS Services Strengthening

	TOTAL estimated amount (Year 1)	TOTAL obligated amount (Year 1)	Actual expenditure Sep 27, 10 to Oct 31 2010	Actual Expenditure Nov, 1 to Nov 30, 2010	Actual Expenditure Dec, 1 to Dec 31, 2010	Actual Expenditure Jan, 1 to Jan 31, 2011	Actual Expenditure Feb, 1 to Feb 31, 2012	Actual expenditure Mar, 1 to Mar, 31, 2010
Item	US\$	US\$	US\$	US\$	US\$	US\$	US\$	US\$
Salaries	1,079,092	1,079,092	25,574	27,666	40,445	48,214	68,130	55,551
Fringe benefits	417,196	417,196	18,666	10,382	26,380	11,655	14,730	28,379
Consultants	64,500	64,500	0	0	0	722	1,491	360
Travel and transport	331,002	331,002	19	12,329	31,111	16,180	15,776	27,506
Supplies	146,000	146,000	0	4,553	1,277	40,731	775	-33,443
Equipment	664,900	664,900	0	5,965	7,889	328,127	6,104	77,793
Contractual	3,012,801	3,012,801	0	0	0	134,633	42,810	181,288
Other Direct Costs	832,877	832,877	19,180	43,082	62,659	53,172	48,491	46,826
Indirect Costs	1,080,428	1,080,428	20,244	30,048	50,024	60,392	26,844	30,773
fees	381,440	381,440	224	0	4,351	3,296	11,696	0
Total	8,010,236	8,010,236	83,907	134,027	224,136	697,123	236,846	415,033

Actual expenditure Apr, 1 to Apr 30, 2010	Actual expenditure May, 1 to May 30, 2011	Actual expenditure June, 1 to June 30, 2011	Actual Expenditure July, 1 to July 31, 2011	Actuals August, 1 to August 31, 2011	Actuals Expenditure, 1 to Sptember 30, 2011	Total expenditure to date (September, 30 2011)	Remaining Balance	Burn rate as per September 2011
US\$	US\$	US\$	US\$	US\$		US\$	US\$	
78,074	76,903	75,118	88,126	85,131	83,604	752,537	326,555	69.74%
17,424	15,913	35,333	20,267	21,932	64,379	285,440	131,757	68.42%
0	9,317	0	0	14,806	2,888	29,585	34,915	45.87%
27,465	33,275	19,327	33,583	47,474	62,513	326,558	4,444	98.66%
8,958	8,624	31,920	9,189	9,783	10,035	92,402	53,598	63.29%
12,066	8,860	14,930	18,231	0	366,087	846,052	-181,152	127.24%
79,788	146,384	344,111	203,015	226,618	582,687	1,941,334	1,071,467	64.44%
75,672	52,145	61,409	76,922	40,796	79,764	660,119	172,758	79.26%
76,814	74,099	67,087	90,741	86,347	237,872	851,285	229,143	78.79%
49,929	19,063	0	0	0		88,558	292,882	23.22%
426,189	444,584	649,235	540,075	532,886	1,489,828	5,873,869	2,136,367	73.33%

G&A of September is an estimate

September

FHI Project Timeline - ComCHASS Baseline Survey

Phases/Key Activities	October				November				December				January			
	w1	w2	w3	w4	w5	w6	w7	w8	w9	w10	w11	w12	w13	w14	w15	w16
Formal adjudication																
First instalment																
Logistics																
Training preparation																
Training and pre-test (Maputo)																
Final tests																
Training (Nampula)																
Training (Beira)																
CRK																
Training and Pre-test Reporting																
Training and Pre-Test Report																
Second instalment																
Fieldwork Manhica (qualitative)																
Fieldwork Manhica (quantitative)																
Fieldwork Maubone (qualitative)																
Fieldwork Maubone (quantitative)																
Fieldwork Homoine (qualitative)																
Fieldwork Homoine (quantitative)																
Fieldwork Inharrine (qualitative)																
Fieldwork Inharrine (quantitative)																
Fieldwork Pemba (qualitative)																
Fieldwork Pemba (quantitative)																
Fieldwork Mezmelas (qualitative)																
Fieldwork Mezmelas (quantitative)																
Fieldwork Mandimba (qualitative)																
Fieldwork Mandimba (quantitative)																
Fieldwork Dondo (qualitative)																
Fieldwork Dondo (quantitative)																
Fieldwork Marronea (qualitative)																
Fieldwork Marronea (quantitative)																
Fieldwork Gonsoia (qualitative)																
Fieldwork Gonsoia (quantitative)																
Fieldwork Machaze (qualitative)																
Fieldwork Machaze (quantitative)																
Fieldwork Cahera Bassa (qualitative)																
Fieldwork Cahera Bassa (quantitative)																
Fieldwork Moatize (qualitative)																
Fieldwork Moatize (quantitative)																
Fieldwork Mocimbe (qualitative)																
Fieldwork Mocimbe (quantitative)																
Field Report																
Third instalment																
Quantitative Data Processing																
Qualitative Data Processing/Transcriptions																
Data cleaning																
Statistical validation																
Statistical outputs																
Statistical analysis																
Reporting																
Report Outline (Table of contents)																
Draft Report																
FHI Report evaluation																
Workshop																
Report Finetune																
Final Report																
Project closed with last instalment paid																

Phase 1 Phase 2 Phase 3 Phase 4 Phase 5

 Guia de referência do Agente Comunitário de Saúde (Promoção de acesso e adesão aos cuidados de saúde primários e serviços sociais)		Nº da guia _____	
Nome do Utente: _____ NID*: _____ NIT*: _____ Código*: _____		Localidade: _____ Bairro: _____	
Distrito: _____		Quateirao: _____ A casa fica perto de: _____	
Nome da pessoa que referiu: _____		Organização/OCB: _____	
Data: ____/____/____		Projecto: ComCHASS CHASS SMT CHASS TB CARE STRADA	
A ser preenchido pelo ACTIVISTA			
SERVIÇOS SMI: Maternidade p/ parto: CPN CP Familiar CP Pós-Parto CCR Suspeito de Malnutrição outros motivos: _____ Especifique: _____		SERVIÇOS TB/Malária: Suspeito de TB Contato de TB Controlo de BK Abandono TTB Reações do TTB Suspeito de Malária	
SERVIÇOS SOCIAIS: OCB Educação Acção social GAMCW PPE		_____ _____ _____	
A ser preenchido pela Unidade Sanitária (Marcar todos os serviços em que o utente passou)			
ATENÇÃO NA CONSULTA DE:			
Maternidade p/ parto: CPN CP Familiar CP Pós-Parto Outros atendimentos: _____ Especifique: _____		TARV TARV Tratamento de TB Sem TB Profilaxia por contacto TB Controlo de BK Reações do TTB PPE Suplemento/terapia nutricional	
Maternidade p/ parto: CPN CP Familiar CP Pós-Parto Outros atendimentos: _____ Especifique: _____		OCB TARV OCB	
Referido para US, Acção Social, Educação, OCBs): _____ Motivo de referencia: _____ Data: ____/____/____			
Nome do trabalhador de saúde: _____ Nome de US: _____			
A ser preenchido pela instituição da Rede de Apoio			
Acção Social Educação		OCB	
Outras Redes de apoio			
Nome do trabalhador: _____		Data: ____/____/____	
CPN-Consulta pré natal CCR- Consulta de criança em risco CPP- Consulta pós parto CPF-Consulta de planeamento familiar PNCT-Programa nacional controlo da tuberculose		OCB-Organização comunitária de base GAMCWV-Gabinete de atendimento da Mulher e crianças vítimas de violência NID- Numero de Identificacao de Doente NIT- Numero de identificacao de tuberculose Codigo: Numero de identificacao do membro do Agregado Familiar	