

CAP Mozambique

Strengthening Leading Mozambican NGOs and Networks II

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ANDA	<i>Associação Nacional para o Desenvolvimento Auto-Sustentado</i>
APR	Annual Program Results
ART	Antiretroviral Therapy
ASF	<i>Auxilio sem Fronteiras</i>
CAP	Capable Partners Program
CBO	Community-Based Organization
CCM	Christian Council of Mozambique
CHASS	Clinical HIV/AIDS Services Strengthening
CSI	Child Status Index
CSW	Commercial Sex Workers
CSO	Civil Society Organization
DPMAS	Provincial Department of Women and Social Action
DPS	Provincial Department of Health
DQA	Data Quality Assessment
ECD	Early Childhood Development
ED	Executive Director
EU	European Union
FC	Fiscal Council
FHC	Financial Health Check
GAAC	<i>Grupo de Adesao e Apoio Comunitario</i> (Community Adherence and Support Group)
GBV	Gender-Based Violence
GMW	Grants Management Workshop
GLM	Governance, Leadership, and Management
GTCOV	OVC Technical Working Group
HACI	Health for Africa's Children Initiative
HES	Household Economic Strengthening
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
ICS	Internal Control System
INAS	National Institute for Social Action
IBFAN	International Breast Feeding Action Network
INEFP	<i>Instituto Nacional de Emprego e Formação Profissional</i>
KP	Key Populations
LDC	<i>Direitos das Crianças Liga</i>
MGCAS	Ministry of Gender, Children and Social Action
MOH	Ministry of Health
M&E	Monitoring and Evaluation
MUAC	Mid-Upper Arm Circumference
NAFEZA	<i>Núcleo das Associações Femininas de Zambézia</i>
NGO	Nongovernmental Organization
NPCS	Provincial AIDS Council

OD	Organizational Development
OVC	Orphans and Vulnerable Children
PEN	National Strategic Plan
PEP	Post-Exposure Prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PPF	<i>Programa para o Futuro</i>
POAP	Participatory Organizational Assessment Process
PSS	Psycho-Social Support
RFA	Request for Applications
RFP	Request for Proposals
SAR	Semi-Annual Report
SAPR	Semi-Annual Program Results
SBCC	Social and Behavior Change Communication
SIMS	Site Improvement Monitoring System
SCIP	Strengthening Communities through Integrated Programming project
SMC	Swedish Missionary Council
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
TA	Technical Assistance
USAID	United States Agency for International Development
VSL	Village Savings and Loan

I. PROJECT OVERVIEW

A. PROJECT DURATION

Seven years

B. STARTING DATE

July 27, 2009

C. LIFE OF PROJECT FUNDING

USD 55 million

D. GEOGRAPHIC FOCUS

Capable Partners Program (CAP) Mozambique supports programmatic activities in the Sofala, Maputo, Manica, Nampula, and Zambézia Provinces of Mozambique.

E. PROGRAM/PROJECT OBJECTIVES

The Strengthening Leading Mozambican NGOs and Networks II project pursues the following objectives:

1. Increased capacity of Mozambican community-based organizations (CBOs), faith-based organizations (FBOs), nongovernmental organizations (NGOs), networks, and associations to develop and manage effective programs that improve the quality and coverage of HIV/AIDS prevention, treatment, and care services
2. Expanded HIV/AIDS prevention behaviors among most-at-risk populations (MARPs)
3. Increased number of youth, young adults, and adults in sexual relationships who avoid high-risk behaviors that make them vulnerable to HIV/AIDS infections
4. Increased number of orphans and vulnerable children (OVC) receiving quality, comprehensive care in their respective target areas;
5. Increased number of organizations that graduate from the *Up-and-Coming* level to the *Advanced* level of grants under CAP Mozambique, and to direct USAID funding.

II. GRANT ACTIVITY

A. KEY ACHIEVEMENTS: GRANTS COMPONENT

In the current reporting period, CAP Mozambique:

- Awarded a grant to Ophavela in HIV counseling and testing, care and treatment.
- Facilitated six grant modifications.
- Provided technical assistance (TA) to multiple organizations in the process of close-out of their awards.
- Provided TA to Ophavela to develop a new grant proposal, budget, and supporting documents for a USAID grant in HIV Community-based Services.

B. SPECIFIC ACTIVITIES: GRANTS COMPONENT

1. NEW GRANT

CAP Mozambique awarded a grant to Ophavela on November 2, 2015, for a period lasting until April 30, 2016. Intensive TA was provided to Ophavela to support them in developing a subcontract with N’weti and subaward with Niiwanane, both components of this new grant. Details about the training and TA provided to Ophavela in program, monitoring and evaluation (M&E), and finance in support of this new award are described below in other sections of this report.

2. GRANT EXTENSIONS AND MODIFICATIONS

Six modifications were facilitated during this reporting period. Health for Africa’s Children Initiative’s (HACI) award was modified to realign its budget, ultimately reducing the award and obligation ceiling. Niiwanane’s award was modified twice—to increase the award ceiling and to obligate additional funds to provide services (including school uniforms) to an additional 100 OVC and conduct refresher training for *activistas*. Kubatsirana’s grant ceiling was increased and additional funds obligated to allow for the purchase of bicycles for *activistas* and conduct *activista* refresher training. *Associação Nacional para o Desenvolvimento Auto-Sustentado*’s (ANDA) OVC grant was extended by one month to enable it to provide services (including school uniforms) to an additional 100 OVC, conduct refresher training for *activistas*, and conduct graduation ceremonies for students in its vocational training program. Finally, Ophavela’s grant was extended by one month to allow more time to prepare the transition award to direct USAID funding.

3. GRANT CLOSE-OUT

Kukumbi concluded its grant award with CAP Mozambique on October 31, 2015. HACI completed its grant on March 31, 2016. CAP Mozambique supported close-outs with each of these organizations well in advance of their final award dates.

4. TRAINING AND TECHNICAL ASSISTANCE

TA TO SUPPORT CAP AWARD

UNDER ITS CURRENT AWARD, CAP MOZAMBIQUE PROVIDED TECHNICAL ASSISTANCE TO OPHAVELA TO DRAW UP THE REQUISITE DOCUMENTS FOR A SUBCONTRACT TO N’WETI AND

SUBAWARD TO NIIWANANE, AND PROVIDED ON-GOING TA TO SUPPORT OPHAVELA IN IMPLEMENTING ITS AWARD AND MANAGING ITS SUB-PARTNERS. SECTION V.B PROVIDES DETAILS ON THE PROGRAMMATIC SUPPORT PROVIDED TO OPHAVELA DURING THIS PERIOD.

TA TO RESPOND TO USAID RFA FOR HIV CARE AND TREATMENT GRANT

USAID LAUNCHED ITS REQUEST FOR APPLICATIONS (RFA) FOR THE EXPECTED TRANSITION AWARD TO OPHAVELA ON MARCH 14, 2016. OPHAVELA WAS GIVEN 30 DAYS TO RESPOND TO THE RFA. CAP MOZAMBIQUE DEVELOPED AND SHARED WITH USAID ITS TA STRATEGY TO SUPPORT OPHAVELA IN MEETING THE REQUIREMENTS OF THE RFA. THIS STRATEGY WAS BASED ON A NUMBER OF CONSIDERATIONS:

1. OPHAVELA MUST OWN THE PROPOSAL WRITING-PROCESS AND CONTENTS. CAP'S EXPERIENCE DEMONSTRATES THAT WHEN ORGANIZATIONS OWN THE DESIGN AND PLANNING OF THEIR PROPOSALS, THEY ARE BETTER POSITIONED TO EFFECTIVELY IMPLEMENT THEIR PROJECTS. SINCE CAP WILL NOT BE AVAILABLE TO PROVIDE TA SUPPORT TO OPHAVELA DURING PROJECT IMPLEMENTATION, IT WAS EVEN MORE IMPORTANT FOR OPHAVELA TO OWN THIS PROPOSAL.
2. USAID AND OPHAVELA WOULD BE WORKING TOGETHER WITHOUT CAP SUPPORT AND NEED TO HAVE A REALISTIC IDEA OF WHAT EACH COULD EXPECT FROM THE OTHER.

THE STEPS CREATED FOR THE PROCESS INCLUDED:

1. CAP AND OPHAVELA REVIEWED THE RFA AND ITS REQUIREMENTS TOGETHER.
2. OPHAVELA PREPARED A TIMELINE TO SEND DOCUMENTS FOR REVIEW AND COMMENT TO CAP, AND TIMELY SUBMISSION OF FINAL DOCUMENTS TO USAID.
3. OPHAVELA SENT THE FIRST DRAFT (TECHNICAL AND COST APPLICATIONS, AS WELL AS ANNEXES) TO CAP A MINIMUM OF TWO WEEKS PRIOR TO THE PROPOSAL DEADLINE.
4. CAP COMMENTED ON THE DRAFT USING THE RFA'S EVALUATION CRITERIA AND CAP'S STANDARDS FOR SUBGRANTS AND SENT THEM BACK TO OPHAVELA FOR REVISION.
5. OPHAVELA MADE ADJUSTMENTS AND SENT THE DOCUMENTS TO CAP AGAIN FOR REVIEW.
6. CAP MADE FINAL COMMENTS AND REMINDED OPHAVELA TO REFERENCE THE GUIDANCE FOR THE SUBMISSION PROCESS.

OPHAVELA STRUGGLED SIGNIFICANTLY DURING THIS PROCESS, AS DID CAP IN ITS ATTEMPT TO PROVIDE AN APPROPRIATE AND YET SUPPORTIVE AMOUNT OF TA TO THE ORGANIZATION. IN REALITY, CAP WALKED OPHAVELA THROUGH THE SUBMISSION PROCESS EACH STEP OF THE JOURNEY, PROVIDING HANDS-ON SUPPORT IN THE DEVELOPMENT OF THE PROPOSAL, BUDGET, AND ANNEXES. A DISCUSSION OF THE CHALLENGES AND CONSTRAINTS DURING THIS PROCESS FOLLOWS.

- **HIGH EXPECTATIONS REFLECTED IN RFA:** THE REQUIREMENTS IN THE RFA WERE EQUAL TO THOSE INCLUDED IN AN RFA TARGETING AN INTERNATIONAL ORGANIZATION. DEPENDING ON THE TOTAL VALUE OF THE EXPECTED AWARD, INTERNATIONAL

ORGANIZATIONS OFTEN HAVE THE CAPACITY TO MOBILIZE TENS OF THOUSANDS OF DOLLARS TO SUPPORT BUSINESS DEVELOPMENT EFFORTS. THESE FUNDS ENABLE ORGANIZATIONS TO MOBILIZE ENTIRE TEAMS TO FULFILL PROPOSAL REQUIREMENTS AND CONDUCT ANY NECESSARY TRAVEL. INTERNATIONAL ORGANIZATIONS ALSO ARE ABLE TO SOLICIT THE SUPPORT OF TECHNICAL, FINANCIAL, AND CONTRACTUAL EXPERTISE FROM COUNTRY, REGIONAL, AND HEADQUARTERS OFFICES TO SUPPORT DEVELOPMENT EFFORTS. OPHAVELA DID NOT HAVE ACCESS TO ANY OF THESE RESOURCES, AND YET WAS TASKED WITH RESPONDING TO THE SAME COMPLEXITY OF REQUIREMENTS. OPHAVELA STRUGGLED TO UNDERSTAND THE REQUIREMENTS OF THE RFA (PARTIALLY DUE TO THE COMPLEXITY, AND PARTIALLY DUE TO THE LANGUAGE), DID NOT KNOW HOW TO ASK USAID FOR CLARIFICATIONS, AND UNDERESTIMATED THE TIME REQUIRED TO MEET ALL OF THE RFA'S REQUIREMENTS.

- **BALANCING PROPOSAL DEVELOPMENT AND PROJECT IMPLEMENTATION:** OPHAVELA WAS ASKED TO PILOT AN ACTIVITY IN A NEW TECHNICAL AREA AND RESPOND TO THE RFA SIMULTANEOUSLY. THE TEAM TASKED WITH EXECUTING BOTH OF THESE ACTIVITIES IS RELATIVELY SMALL, AND THE WINDOW FOR SUCCESS FOR BOTH WAS SMALL. IN ADDITION, OPHAVELA STRUGGLED TO INITIATE PROJECT ACTIVITIES DUE TO DELAYS IN GETTING THE APPROPRIATE PARTNERSHIPS FORMALLY ESTABLISHED WITH THE PROVINCIAL GOVERNMENT (SEE SECTION VI.C.2 FOR MORE DETAILS). THE FACT THAT OPHAVELA HAD BEEN BLOCKED UNTIL RECENTLY FROM INITIATING PROJECT ACTIVITIES MEANT THAT THEY HAD NOT HAD THE OPPORTUNITY TO LEARN FROM THIS NEW TECHNICAL APPROACH AND APPLY LEARNINGS IN THEIR PROPOSAL DESIGN.

5. RECOMMENDATIONS TO USAID FOR A CAPACITY-BUILDING PLAN FOR OPHAVELA UNDER THE USAID-FUNDED GRANT

CAP Mozambique has worked with Ophavela since 2012, which includes managing Ophavela's performance under a CAP-funded award (2012–2015), evaluating the organization to recommend for direct USAID funding (2014), supporting Ophavela with a seven-month start-up grant in a new technical area (2016), and helping Ophavela respond to USAID's RFA for HIV Community-based Services. Based on these experiences, data gathered through assessments in working with Ophavela, and the expectations stated in the RFA for the new project, CAP developed recommendations for a capacity development plan for Ophavela under its new USAID direct-funded award.

CAP Mozambique's recommendations to USAID for support to Ophavela include the following:

- **Provide support at key moments in the project cycle:** Any Mozambican organization is going to require additional support during project start-up, annual work planning, and any time changes are introduced into the project. CAP Mozambique suggests that USAID support Ophavela by helping them analyze their experiences, reflect on what works and doesn't work, and creating revised plans of action, targets, and budget realignments. This would include working directly with Ophavela on these processes, and providing on-going follow-up support and comments on draft deliverables.

- **Limit the changes expected of Ophavela:** Ophavela is being asked to pilot a new programmatic area for USAID in a large number of districts. CAP recommends that Ophavela is allowed the space to implement as designed in their proposal, without being asked to change course or programmatic direction mid-stream. Adapting to programmatic shifts requires considerable time and effort for any organization, but local organizations have even less experience with these types of changes, and struggle to make the corresponding changes to management, data collection, and reporting systems.
- **Concentrated support** in the following areas: award management, financial management in responding to USAID-specific reporting requirements, and monitoring and evaluation. These are in addition to the recommendations CAP spelled out to USAID in the Graduation Report submitted in October 2014.¹

Award Management

As noted above and in CAP's Graduation Report on Ophavela, one area that the organization needs to improve upon is ensuring that Ophavela's senior management provides sufficient oversight and support to technical teams implementing activities in new programmatic areas. The additional funds for the new USAID-funded project will more than double Ophavela's prior annual budget, and, as such, is significantly larger than any project the organization has managed previously.

As CAP supported Ophavela to develop a management plan in response to the USAID-issued RFA, it became clear that the organization needs support in setting up a supervisory and management system to ensure quality control over such a large and complex project. Since this project is larger, more complex, and requires a larger volume of reporting than Ophavela has experienced in the past, the organization needs support in understanding how to structure its program, finance, and M&E teams to meet these demands.

Although CAP Mozambique supported Ophavela to ensure adequate staffing at appropriate levels in their technical application, they require support in understanding how to manage the roles and responsibilities described, and ensure that high-level oversight is engaged at key moments in the process. After helping the organization establish its management systems, CAP suggests that quarterly visits are conducted with Ophavela through the life of the program to support them in effectively using these systems.

¹ CAP Mozambique's recommendation to Ophavela for direct USAID was based on the existing key staff available at that time and included the following recommendations to support Ophavela in managing change and growth:

- Improve the quality and consistency of financial reports.
- Disseminate policies and procedures so that all staff are aware of contents.
- Continue to demonstrate commitment to quality of program implementation and to improve organizational capacity to deliver on HIV prevention programs.
- Hire more qualified administrative and finance staff to manage sizable awards.
- Ensure that management is more actively involved in projects in new programmatic areas.

Ophavela will require support in developing and managing its relationship with USAID. The organization has substantial experience with multiple donors, and met CAP's expectations for award management, but has not yet had the opportunity to use USAID deliverable templates, respond directly to USAID M&E requirements, conduct an expenditure analysis, and/or submit requests to USAID for required approvals. CAP suggests that support to Ophavela is provided in these areas:

- **Understanding and learning how to meet USAID's expectations:** Under its awards with Ophavela, CAP Mozambique was able to provide on-going support through daily communication with the organization. This facilitated the development of a relationship that enabled the organization to comply with the requirements of its award. Assuming that USAID may not have the resources to provide this level of contact, it may be necessary to clarify with Ophavela its expectations for communication, reporting, and adherence to USAID regulations—and the consequences of not meeting these expectations. This is a conversation that will need to be repeated frequently during the start-up phase, so that Ophavela internalizes this shift in support from what it came to expect under CAP. For example, Ophavela will need to understand USAID's expectations for reaching out to its Agreement Officer Representative (AOR) for assistance with award management, requesting support and/or extensions to deliverable deadlines, getting support to use USAID systems (that is, DevResults), and so forth.
- **Understanding and responding to contractual requirements:** Since this is Ophavela's first time managing a USAID award, and there is a great deal of procurement and subaward management included in the proposed award, CAP recommends that Ophavela is supported in:
 - Submitting approval requests for vehicles and source/origin waivers
 - Submitting approval requests for subawards
 - Managing the requirements linked to indirect costs
- **Ensuring quality management of consultants and subawardees:** Ophavela has experience managing consultants, but CAP Mozambique worked with Ophavela on the terms of reference and selection of these individuals under its award with the organization. In particular, for the recruitment of consultants included in Ophavela's proposal that are linked to activities that Ophavela has less experience with (that is, research), CAP suggests providing proactive support under the proposed award as well. Ophavela has very limited experience managing subawards, initiating this role only in December 2015 through its award to Niiwanane. CAP's TA focus to Ophavela during this award was limited to the development of the procurement package, support in reviewing financial reports, and technical monitoring. There was insufficient time to provide the full package on subaward management that HACI received. Specifically, CAP recommends the following:
 - Substantial involvement in the selection of consultants

- Substantial involvement in development of the terms of reference, selection and management of the subaward for the project’s baseline and end line evaluation (including review of key deliverables)
- Support to Ophavela on subaward management
 - TA on developing a system for subaward management
 - TA on financial, programmatic, and M&E monitoring of subawards
 - TA on dealing with performance issues
 - TA on managing the modification (including annual planning) process with Niiwanane
 - TA on the review of key deliverables

TECHNICAL MANAGEMENT

Ophavela began working in the area of HIV/AIDS for the first time in late 2012, under its CAP-funded award. The organization demonstrated steady process in acquiring the skills and experience necessary in the years since, and delivered quality Social and Behavior Change Communication (SBCC)/HIV Community Care results during their award. Through the proposed USAID-funded award, Ophavela is being asked to take on a significantly larger scope of work in technical areas that are different from what they implemented under CAP Mozambique. Under the current seven-month award CAP is managing to support Ophavela’s transition to USAID funding, the expectation was that Ophavela would be able to complete one project cycle, reflect upon these experiences, and use them to make adjustments to improve implementation (and feed into the design of their proposal to USAID). Since Ophavela could not start implementing activities until only recently, CAP was not able to support Ophavela with this learning process.

CAP’s technical evaluation of Ophavela in the graduation report was based on programmatic key personnel some of whom are no longer with the organization, and a different technical area than that which is expected under the USAID transition award. Ophavela has since hired one qualified key programmatic staff, Project Manager Gabriel Marcos Mutambe, whom we believe is critical to the organization’s success with the new grant. Every effort should be made to ensure that there is no gap in funding between the CAP and USAID transition awards, so as to ensure that this staff member, in addition to other recently hired staff, stay with the organization. Specifically, CAP suggests the following:

- Limit the programmatic changes requested of Ophavela under this project.
- Should changes be requested, provide intensive and on-going support to help Ophavela adapt, revise, apply, and report on these changes.

FINANCIAL MANAGEMENT

CAP Mozambique experienced strong financial management under its first award with Ophavela. CAP’s graduation report only included recommendations to improve upon accuracy in financial reporting and hire a finance manager with experience managing a larger portfolio if Ophavela were to expand its funding base. One of Ophavela’s more critical challenges was that it not only lost its key finance staff member following the closure of its first CAP award, but also was not able to hire a strong financial manager to manage the current grant expected to transition to USAID funding. It was challenging for Ophavela to recruit a high-level finance manager for a short project (with funding only committed for six months at that time).

Nonetheless, in April, after the RFA was released, Ophavela managed to rehire the person who had been trained under CAP.

Although Ophavela has proposed a staffing structure for finance and administration that will meet the needs of the project, they still require substantial support in meeting USAID's expectations. CAP suggests the following:

- Allow Ophavela to use the budget formats, tracking systems, and other financial templates and systems that they are already comfortable with using.
- Provide support to Ophavela in complying with USAID's Expenditure Analysis requirements.
- Provide TA on financial monitoring of subawards.

MONITORING AND EVALUATION (M&E)

UNDER ITS FIRST CAP AWARD, OPHAVELA NEEDED CONSIDERABLE SUPPORT FROM CAP TO ACCURATELY COLLECT, ANALYZE, AND REPORT ON PROJECT RESULTS. CAP EXPECTS THAT THIS PERFORMANCE WILL IMPROVE GREATLY UNDER THE USAID-FUNDED AWARD, PARTLY BECAUSE THE ORGANIZATION WILL RECRUIT HIGHER LEVEL M&E STAFF TO COMPLY WITH THE TERMS OF THE AWARD, AND PARTLY BECAUSE THE RECENTLY HIRED PROJECT MANAGER IS STRONG ON M&E (CAP HAS EXPERIENCE WORKING WITH HIM UNDER A GRANT FUNDED THROUGH ANOTHER ORGANIZATION). HOWEVER, OPHAVELA WILL BE RESPONDING TO A NEW SET OF INDICATORS UNDER THIS PROJECT, BASED ON THE NEW TECHNICAL AREA. ALTHOUGH CAP PROVIDED A SOLID BASE FROM WHICH OPHAVELA CAN OPERATE, THE SHORT TIMELINE OF THE PILOT GRANT DID NOT ALLOW CAP TO ACCOMPANY THEM THROUGH A FEW REPORTING CYCLES AND ADDRESS THE MYRIAD REPORTING QUESTIONS THAT ARISE, OR TO HELP THEM DEVELOP A SYSTEM FOR SUBAWARDEE REPORTING. OPHAVELA WILL STILL REQUIRE CONSIDERABLE SUPPORT TO MEET USAID'S EXPECTATIONS FOR REPORTING. CAP SPECIFICALLY RECOMMENDS TRAINING/TA TO OPHAVELA TO:

- STRUCTURE ITS M&E SYSTEM TO FEED DIRECTLY INTO SEMI-ANNUAL PROGRAM RESULTS/ANNUAL PROGRAM RESULTS (SAPR/APR) REPORTING REQUIREMENTS.
- DEVELOP A SYSTEM TO MANAGE AND REPORT DATA FROM SUBAWARDEES.
- EFFECTIVELY USE DEVRESULTS.
- LEARN HOW TO COMPLETE THE SAPR/APR, SAPR/APR NARRATIVE, DATA QUALITY ASSURANCE, AND SUCCESS STORY REQUIREMENTS.
- MANAGE RESEARCH INITIATIVES UNDER THE AWARD.
- MANAGE THE BASELINE/END LINE EVALUATION.

Ophavela's small, intelligent team has demonstrated tremendous determination at all levels in responding to the complex demands of starting up a new, innovative project while preparing an intricate proposal for a new donor, despite losing most of its trained staff during a gap in funding. They have been responsive to TA and eager to learn. CAP Mozambique has no doubt that Ophavela will do everything within its ability to succeed. While CAP supports its Partners to adapt to change, the scale of change they are going through is dramatic. Given the complexity and scale of the USAID-funded project, and the pressures inherent with President's Emergency

Plan for AIDS Relief (PEPFAR) funding, its success will also depend on its relationship with USAID, the support USAID provides, and the degree to which USAID can buffer the demands of PEPFAR.

III. LIFE BEYOND CAP MOZAMBIQUE

A. CONTINUITY OF SUPPORT FOR OVC

During the years of project implementation, CAP has helped local organizations create capacity in communities to support OVC. CAP Mozambique’s exit strategy focused on consolidating their knowledge and skills and mitigating the potential impact of discontinuing services on our Partners’ credibility in communities and with local governments.

CAP developed a close-out checklist that was adjusted by Partners to meet their individual needs. The checklist allowed Partners to carefully plan for timely reporting on outcomes and results to government institutions, community partners, and the donor; managing human resource transitions in a caring and responsible manner; conducting refresher trainings for *activistas* and organizing a close-out ceremony to celebrate the achievements of the project.

To consolidate *activistas*’ and local leaders’ knowledge and technical skills, CAP and Partners developed and conducted a comprehensive refresher training on Ministry of Gender, Children and Social Action (MGCAS) minimum standards of OVC care. The topics included case management, family-centered care, psycho-social support, mobilization and referrals particularly to HIV care and treatment, treatment literacy, violence against women and children, and early childhood development (ECD). During these trainings, CAP created opportunities for Partners’ staff to demonstrate content mastery and excellent facilitation skills acquired throughout the life of the project. Two hundred and seventeen *activistas* and community leaders participated in the refresher training. More trainings are to follow during the next reporting period.

Table 1 shows the results of the refresher training pre- and post-tests (Annex 1). Seventy-eight percent and 17 percent of *activistas* had either good or very good knowledge, respectively, of the seven OVC services prior to the training, an indication of the quality of CAP and Partners’ capacity strengthening efforts during project implementation. After the training, the percentage of *activistas* having very good knowledge had increased from 17 to 60 percent.

Table 1. Number of Participants per Organization and their Test Results

Organization	Participants	Pre-Test Score				Post-Test Score			
		In-sufficient (0–34)	Good (35–50)	Very good (51–63)	% passed (35–63)	Insufficient (0–34)	Good (35–50)	Very good (51–63)	% passed (35–63)
HACI*	25	2	21	2	92%	0	11	14	100%
Kubatsirana	12	2	9	1	83%	0	6	6	100%
Niiwanane	41	0	31	10	100%	0	14	27	100%

TOTAL	78	4 (5%)	61 (78%)	13 (17%)	95%	0	31 (40%)	47 (60%)	100%
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* At the time of reporting, only one HACI sub-partner had been trained

Not surprisingly, *activistas* scored lowest in the two areas they had not been trained on before, nutrition and child protection against sexual abuse. CAP added more in-depth information in the manual on recognizing and responding to child abuse, particularly sexual abuse, following a recommendation emanating from USAID Site Improvement Monitoring System (SIMS) visits. The nutrition topic was added to the manual because it is one of the seven areas in the MGCAS guidelines that CAP had not yet supported with training and TA.

CAP developed and printed manuals for *activistas* (Annex 2) that contain technical background information on OVC needs and services based on MGCAS guidelines, as well as a list of concrete activities that they can continue to implement in their communities to support OVC. To express appreciation for *activistas*' contribution and to encourage them to continue their good work, CAP supported Partners' to give a manual to each *activista*, a certificate of appreciation (Annex 3), and a bicycle. Partners will present these items to the *activistas* during a public close-out ceremony with local authorities, community members, service providers, and other stakeholders. CAP will also share lists of names of trained *activistas* with local government and other interested parties, accompanied by a description of the training *activistas* have received and the knowledge and skills they have acquired. We hope this will be a helpful reference if similar projects are initiated in the community in the future. Finally, CAP supported Partners to purchase school uniforms and materials for school-age children. We will report on the closing ceremony and the distribution of materials to *activistas* and children in Semi-Annual Report (SAR) 15.

CAP supported Partners to implement Village Savings and Loan methodology, a well-documented strategy to improve OVC household economies. We believe that we have made our Household Economic Strengthening (HES) investment more sustainable by training and supporting community village savings and loan (VSL) facilitators, and by ensuring that they are paid for their technical support by the groups. In the past six months alone, facilitators formed 31 new groups and all existing groups continue to mature as evidenced by the increased loans taken out by group members to support investments in small-scale businesses.

B. CONTINUITY OF OD SUPPORT FOR PARTNER ORGANIZATIONS

CAP Mozambique continued to support partners and interested organizational development (OD) clients to continue and consolidate the work initiated under CAP Mozambique on internal governance, resource mobilization, and network strengthening. The OD section of this report describes specific activities in detail. We have scheduled a final graduation assessment for May 2016. This is further described in section IV.A.2. Furthermore, we supported Partners in adapting CAP Mozambique templates and tools for other projects.

CAP Mozambique supported Partners to strengthen their linkages with decision makers, donors, and potential collaborators in a number of ways. These linkages are important factors in organizational effectiveness and sustainability. Each partner has been offered the opportunity to organize an end-of-project event to highlight its accomplishments and to strengthen its

relationships and position in the province. For OVC partners, this event is also the public close-out ceremony mentioned above. These are scheduled for April–May 2016. To support future fund-raising activities, CAP has prepared end-of-project assessments for International Breastfeeding Action Network (IBFAN) and *Núcleo das Associações Femininas de Zambézia* (NAFEZA). The remainder will be prepared during the next reporting period. CAP Mozambique invited high-level national representatives of the MGCAS, Ministry of Health (MOH), and the Ministry of Foreign Affairs (MNEC) to visit Partner activities in Manica Province. This visit is designed to raise ministry awareness of the existence and capacity of strong CSOs in the provinces so that they are considered viable partners in the future. This event is scheduled for April 2016.

Finally, to inform future SBCC work and validate the Partners' work for other donors, a graduate student at George Washington University has conducted additional analysis on the Prevention endline data. In response to a request from the mission, she analyzed the association between the number of times a survey respondent had contact with CAP Partner programming and changes in certain key behaviors. She found that there was a correlation. She and her professor prepared an abstract for submission to the International AIDS conference in Durban.²

C. CONTINUITY OF CAPACITY BUILDING WORK OF CAP MOZAMBIQUE

CAP invested in preparing, advancing, and finalizing a number of documents to share approaches, tools, successes and lessons learned. The CAP Mozambique team undertook the following documentation activities:

- Finalized the *Regulamento dos Órgãos Sociais e Membros* (ROSME) model. This guidance for boards and members shows organizations how to operationalize the Law of Associations and other guidance. The ROSME will be printed and disseminated at a workshop in May.
- Wrote and/or updated 11 technical briefs and 4 case studies designed to help policy makers and other practitioners deepen their understanding of the nuances of the work to strengthen the capacity of local organizations in health. These are being assembled into a compendium of documents in both English and Portuguese that will be professionally printed. These will be disseminated at the project close-out event scheduled for June 15.
- Researched and drafted a technical brief on operationalizing MGCAS OVC Minimum Standards and a manual for other practitioners. CAP Mozambique has worked closely with partners and developed together an effective strategy for case management that can be a model for others.

In the international arena, CAP Mozambique continues to share what the project has learned. The team worked with consultants to submit an article to the journal *Reproductive Health Matters* titled *Building Capacity to Address Gender and Gender-Based Violence in HIV Prevention in Mozambique*. Unfortunately, the article was not accepted. We are considering other avenues for publication. On another front, CAP Mozambique was invited to present at the close-out event for USAID's Gender-based Violence Initiative in Washington in May 2016, and to deliver a presentation to the Office of Health at USAID in Washington. Also, CAP

² We heard in April that the abstract was selected for a poster presentation. See Annex 19b.

Mozambique presented a poster and an oral session on the *Quebrando Barreiras* films at the Social and Behavior Change Communication summit in Addis Ababa in February 2016. Representatives from two CAP Partners (CCM Sofala and Ophavela) and three CAP staff (including the Chief of Party) attended the conference and returned highly motivated. Their participation further solidified their understanding of SBCC and its various applications. They shared key aspects that they learned at the Partners Meeting. Finally, three abstracts were submitted to the International AIDS Conference in Durban in July 2016. All three were accepted, two for poster presentations and one for an oral presentation. These are listed in section VII.B.3, below.

IV. ORGANIZATIONAL DEVELOPMENT (OD)

A. SPECIFIC ACTIVITIES

1. PARTICIPATORY ORGANIZATIONAL ASSESSMENT PROCESS (POAP)

From October 2015 to March 2016, CAP Mozambique facilitated four POAPs to its Partners (Niiwanane, ANDA, Kubatsirana, and HACI) and two to OD clients (HOPEM and *Auxilio sem Fronteiras* (ASF)).

The four Partner POAPs were co-facilitated by one Board or staff member of each Partner and CAP staff, to foster POAP continuity after the CAP Mozambique project ends. The co-facilitators were selected by each Partner based on three criteria: 1) previous participation in POAPs, 2) facilitation skills, and 3) capacity to lead the POAP. Prior to the POAP each co-facilitator received a kit of documents comprising a description of the POAP process, a POAP guide with the three dimensions and the four development stages, and the tool with growth indicators for each organizational dimension. CAP also provided an induction to POAP facilitation with special emphasis on motivating participation and transitioning smoothly from one topic to another during the application of the POAP.

- Compared to its previous POAP, Kubatsirana improved in 19 indicators, 17 of which were a direct result of CAP TA in this period—approval of revised statutes, approval of policies and procedures, improvement of board functioning, reporting, Child Status Index (CSI), and others.
- ANDA improved in 10 of its 27 indicators, most of them as a direct result of CAP TA—the General Assembly cycle, the design and approval of ROSME, succession planning, reserve budget policy, replication of CSI, strengthening of VSL and graduation of trainees from its vocational training center.
- Niiwanane improved in four indicators, two of them directly linked to CAP TA during this reporting period.
- HACI improved in four of its 30 indicators, three of them from direct CAP TA support.

Kubatsirana is the newest partner and had the greatest capacity development need, so it makes sense that they would show the most dramatic growth. ANDA has always been committed to organizational improvement. Niiwanane faced a number of setbacks recently with Board apathy

and loss of key personnel; they had also developed quickly in prior years, so recent growth has not been as remarkable based on the indicators in the POAP.

In general, five Partners now have trained facilitators within the organization so they can continue to facilitate their own POAPs beyond the life of the project. In light of the end of CAP Mozambique, Partners and OD clients prioritized capacity building activities that they could carry out themselves or with support from partners other than CAP.

The results of the last financial health check (FHC) and technical assessments conducted by CAP Mozambique were presented prior to conducting the POAP, so that participants could have a full picture of their organization to take into account when giving the development level scores. Since participants now know the POAP approach and the meaning of the various capacity areas that are being assessed, the duration of a typical POAP application has been reduced from two days to one-and-a-half days without jeopardizing the quality of discussions.

2. TRAINING AND TA IN ORGANIZATIONAL DEVELOPMENT

a. Support Core Elements of Organizational Function

- ***Governance, Leadership, and Management (GLM) and ROSME (Bylaws for Boards and Members)***

CAP Mozambique organized five provincial seminars in Quelimane, Maputo, Nampula, Beira, and Chimoio—two in September and three in October 2015—with these objectives: 1) to present ROSME and 2) to receive suggestions from Partners for ROSME’s improvement. In total, 68 people participated from 15 CSOs. A few days before each seminar, the then-current version of ROSME was emailed to participants for reading and analysis. The seminars surpassed expectations. Participants voiced a number of new ideas as a result of their own experience. After each seminar ROSME was updated and the new version used for the following seminar. Although the participants could present questions, express opinions, and contribute to all issues, the hot issues differed from province to province. Participants concentrated the discussions on:

- Loss of member rights due to non-payment of membership fees
- Disciplinary procedures that led to the expulsion of a member from the association
- Individual candidates to elections versus candidates by lists
- Too many responsibilities concentrated under the President of the Board, while other Board members have few or almost no responsibilities
- General Assembly proceedings
- Conflict of interest and nepotism within CSOs
- Founding members who behave as owners of the organizations

For each topic identified, the participants provided concrete suggestions to improve the ROSME model, such as how and when to inform members about the loss of rights and disciplinary measures, as well as the power of delegation by the President of the Board to the other members of board (n2 of article 68 in the final version), and the link, if any, between voting rights and membership dues.

In the Chimoio seminar, ANDA, the Partner that piloted the ROSME, explained its experience and listed the following as success factors for designing its own ROSME:

- Definition of a working team that will interact with the other members of the three governing bodies—Board, fiscal council, and General Assembly convening body
- The inclusion in the team of people who really are interested and available to do the work
- The existence of a working plan with a feasible chronogram
- The presentation of the draft and the collection of contributions of the members—a very important step as the ROSME affects all of them

All the contributions from the seminars were incorporated in the ROSME document, in the text or as tips, making the ROSME a realistic, grounded document. In all meetings, the participants considered ROSME a useful tool that can improve the functioning of each organization. For instance, Niwanane and CA Bárue decided that their statutes should be improved to accommodate the elements that ROSME regulates.

In this reporting period, CA Bárue prepared a draft ROSME for its statutes. In the coming months, CAP Mozambique will assist CA Bárue to polish its ROSME; some articles of its statutes may need some improvement.

After the provincial seminars, the ROSME model was finalized, including introductions and tips, and was revised by a professional editor. The FHI 360 Design Lab in Washington created a professional layout and printed one thousand copies that will be distributed to Partners and OD clients, civil society networks, relevant public institutions, and libraries. A public ceremony will be held prior to CAP Mozambique close out to launch the ROSME.

In response to a request from AMME, a former CAP Mozambique Partner, a GLM training was facilitated for the newly elected Board, Fiscal Council, and General Assembly. A tailored program was designed, taking into consideration AMME's previous experience and participant needs. The workshop covered the AMME history timeline, roles and responsibilities, expectations from each council, and the indicators of success and action plan.

- ***Policies and Procedures Manual (PPs)***

During the reporting period, CAP Mozambique focused on support in human resources policies and procedures and operationalizing them.

- CAP Mozambique piloted a tool for Boards to use to evaluate executive directors. Four organizations piloted the tool. (See Annex 4 for the tool.) CAP is making further refinements by reducing the number of indicators and the time it takes to do the exercise.
- CAP Mozambique trained Boards, executive directors (EDs), and supervisors of four partners to use the ED's performance evaluation tool. As a complement to this tool, a Survey Monkey was conducted with the participants of the February 2016 Partners Meeting to show how staff may give opinions anonymously on the ED's behavior,

relationships, and performance. Participants' staff, ED, and Board members received the survey well and were confident of the anonymity of responses. The next step will be to finalize the tool and pilot it with two to three organizations, relying on the willingness of former partners to participate.

- Three partners (CCMs, ANDA, Kubatsirana) and one OD client (CA Bárue) operationalized staff performance evaluation tools, having been assisted in defining annual staff targets and definition of progress indicators.
- CAP Mozambique assisted Kubatsirana to finalize its HR policies and procedures (PP) and administration/finance PPs. These core organizational documents were subsequently approved by its Board. The HR PP were cleared by the Manica provincial labor office for compliance with the Mozambique labor law.

CAP Mozambique provided TA to help ANDA and Kubatsirana revise their salary policies. We provided tools and a step-by-step methodology to define a salary policy and revise a salary scale, as well as integrate existing and new staff into a salary grid. These interventions will address the problem identified in 2015 with processes linked to allocation of time and salary payments of staff working on projects paid for by different donors. CAP assisted partners (ANDA, Kubatsirana, Niwanane) to include in their HR PP a clear policy stating that staff should have only one contract and only one base salary. CAP Mozambique coached the ED of a Partner who was losing staff because he was not providing effective feedback and was not ready to trust new staff with key assignments.

Beyond human resources, CAP Mozambique supported ANDA to prepare a Reserve Funds Policy. This policy guides the process of saving money in case for any reason the organization loses its donors. The Reserve Funds Policy explains the purpose, sources of funds, procedures for saving and utilizing the money, accountability procedures, and what the money is not to be used for. ANDA presented the Reserve Funds Policy to Partners during the February 2016 Partners' Meeting; other CAP Partners found it useful. Unfortunately, because CAP Mozambique is closing, we will not be available to provide TA to other partners, but ANDA is willing to help any Partner or OD client develop a similar mechanism on request.

b. Promote Sound Financial Management and Internal Control Systems (ICS)

CAP Mozambique provided TA to Kubatsirana and Niiwanane for designing their charts of accounts. Niiwanane is still lagging behind, but Kubatsirana concluded the design, and the Board approved its chart of accounts. This chart will be incorporated into the electronic accounts package to be purchased and used by June 2016.

- ***Financial Health Checks (FHCs)***

CAP Mozambique conducted three FHCs with partners (ANDA, Kubatsirana, and HACI) and two with OD clients (HOPEM and ASF). The analysis of six FHCs (including Niiwanane, assessed at the end of last reporting period) shows increases in at least four areas by five organizations; one had increases in three areas and one in one (the organization had received TA

for many years and decided it did not require further TA). The improvement (see FHC growth analysis in Annex 5) is a result of the TA given in six targeted areas (see Table 2 below).

Table 2. General TA Given to Partners between 2015 and 2016

Area	TA Given
1. Planning and budget	<ul style="list-style-type: none"> • TA through comments to the monthly cash flow forecast and requests for funds • Grants Management Workshop I (GMW) in Finance • TA in Request of Funds and Procurement Procedures • Review of pipelines and budgets for each work plan year
2. Accounting systems	<ul style="list-style-type: none"> • TA on internal control systems • Review of financial transactions accompanying financial report
3. Financial reports	<ul style="list-style-type: none"> • Feedback on monthly financial reports provided to finance, ED and fiscal council president • TA for audit
4. Internal control	<ul style="list-style-type: none"> • TA on internal control systems • TA on archives • TA to the fiscal council to conduct reviews of internal control systems • Training of fiscal council on spot checks • Tool and TA on shared salaries calculation and tax payment • TA on correct procedures to register timesheets • TA in preparing policies and procedures • Review of transactions in financial reports
5. Grant management	<ul style="list-style-type: none"> • Training on GMW I (Know your agreement)
6. Personnel	<ul style="list-style-type: none"> • TA on terms of reference and transparent recruitment process • Key personnel approval review • Feedback on staff

• ***Fiscal Councils (FCs) and Boards***

CAP Mozambique facilitated one FC and Board follow-up meeting in each of the five provinces for presenting and receiving suggestions for ROSME. Another issue discussed with great interest was succession planning—outlining steps to be taken, by whom, and in what timeframe for filling important positions when a key person leaves the organization. All Partners found the succession plan an important tool as it reduces stress when a key staff member leaves. As a result of these meetings, ANDA and Kubatsirana formulated ED succession plans and will seek Board approval. (See, for example, ANDA’s plan in Annex 6.)

In Quelimane, the discussion focused on whether membership fees should be compulsory. After extensive discussion, the participants concluded that there is still lack of transparency and accountability about the use of membership funds. Furthermore, treasurers often don’t communicate properly with members about the due date or balances due. Fiscal councils recommended that the Board should first improve communication with members and

transparency about how funds are used, before imposing penalties on members that are past due. (See Annex 7 for notes from Quelimane follow-up Board and CF meeting).

CAP Mozambique also facilitated FC training for Kubatsirana. After a FC member became the President of the Board, the General Assembly elected a third FC member to ensure that the FC had the required, uneven number of members. Kubatsirana then requested FC training on correct procedures for compliance checks and gathering evidence. As a result of this training, the Kubatsirana FC developed an annual plan that was negotiated with the Board and ED in order to get their support.

CAP Mozambique will hold an additional FC follow-up meeting in Manica to respond to a request for refresher training for partners on financial PP compliance review, critical for partners and OD clients.

During the remaining period up to project close out, CAP Mozambique will assess the current need for a planned national-level workshop for FCs and Board members. Many issues have already been covered and others thoroughly discussed during the provincial meetings for ROSME presentation. One feasible alternative is a half-day event prior to the official launch of ROSME, to discuss with other intermediary organizations how to support organizations in designing a ROSME based on the CAP model. If this approach is taken, ANDA and CA Bárue may be invited as guest speakers to present their lessons learned.

- ***Training and TA on Practical Financial Management for NGOs***

CAP Mozambique delivered one training on Practical Financial Management for five NGO N'weti sub-partners from Maputo and Gaza provinces. Leaders of Espanor, a faith-based organization from Milange district, and one Oxfam program officer participated in the training.

This was the ninth training CAP Mozambique has done since acquiring the license from Mango to lead the trainings in 2013. To promote continuation of Mango trainings in Mozambique after project close out, CAP Mozambique entered into negotiation with Mango to train new trainers. The plan was to organize a training-of-trainers workshop and translate the trainer's manual. Unfortunately, Mango's trainer is not available during the time before the end of CAP's period of performance.

c. Enhance Sustainability of Partners and OD Clients and Solidify Progress

- ***Resource Mobilization***

Four Partners and one OD client attended the second part of the resource mobilization course dedicated to engaging with resource providers. The participants prepared elevators speeches, well-formulated capability statements, and systems (capacity) statements showing how and how well the organization is managed. These statements are used in proposals and other engagement with donors and efforts to promote the organizations *Deutsche Gesellschaft für Internationale Zusammenarbeit* (GIZ) and Ayane. Kubatsirana presented a proposal to the Swedish Missionary Council (SMC) and will be granted USD 30,000 for a project to conduct research that will lead to a five-year SMC funded project. HACI submitted one project proposal to Diakonia and another to the Open Society Initiative of Southern Africa (OSISA) and is waiting for responses.

CAP Mozambique shared with all present and former Partners as well as OD clients three calls for proposals issued by international donors in Mozambique—a European Union (EU) call for proposals for engaging civil society in Pan-African issues; an EU call for proposals for participation and opportunities for local development; and a UN Women funding opportunity, The UN Trust Fund to End Violence Against Women.

- ***Change Management***

CAP Mozambique facilitated a discussion with four Partners and two OD clients about the concept of succession planning. Partners then defined the relevant components of a succession plan during the Board and FC meetings in Nampula and Sofala (for more details please see *Fiscal Councils (FCs) and Boards*, above). Two partners, with CAP TA, designed succession plans for their EDs. These will be presented to the organizations' boards and, if approved, will become part of HR PP of the organization.

All partners face transition issues as the project comes to an end. We support Partners to ensure that project implementation continues up to closing and results are achieved. For instance, a key Kubatsirana staff member reduced her time by 40 percent; we supported the ED to distribute some of her tasks among other staff members. When Niiwanane lost its program manager, CAP Mozambique facilitated a meeting for analyzing and distributing the program managers' tasks among remaining officers.

CAP Mozambique also provided extensive high-level support to the leadership of Ophavela in managing their new award with CAP and preparing their proposal for direct USAID funding. This included recruitment and orientation of new staff, restructuring to manage multiple projects of different scales, ensuring clear communication within and outside of the organization to mitigate risk.

In general, CAP has introduced a series of concepts and concrete actions to encourage transition planning, thus contributing to greater sustainability of CSOs in Mozambique:

- Held resource mobilization training, emphasizing that Partners find more innovative ways to obtain resources, such as approaching the private sector, mobilizing community contributions, and organizing income-generating activities.
- Set up a reserve fund from its unrestricted funds to prepare for gaps in funding and allow them to keep key staff and keep their doors open.
- Create a succession plan for key leadership positions.
- Strengthen internal control systems and Board and FC roles to reduce dependency on individuals.

- ***Graduation***

In the prior reporting period, CAP Mozambique reviewed Kubatsirana for graduation as a direct USAID recipient. The CAP team identified several areas for improvement: publish revised statutes; finalize and approve policies and procedures; design, approve, and utilize a chart of account; purchase electronic accounting software; issue and archive properly the minutes of

Board and fiscal council; and fill all FC seats through proper election. This is a tall order in the short period of time that CAP has remaining, but Kubatsirana has made tremendous strides. They will be evaluated in the next reporting period.

A final graduation review is planned for May; if Kubatsirana succeeds, a graduation ceremony will be held as part of CAP Mozambique project closing ceremonies in June.

Another candidate for graduation is Niiwanane, but this Partner sent a letter announcing that it will not be able to complete the graduation criteria. The organization has a number of internal issues that require attention before they will be able to progress.

- ***Sustainability Study***

CAP Mozambique organized a meeting to follow up on the suggestions from the sustainability study conducted by Eurosis in 2014 (CAP reported the results of the sustainability study in SAR 12); two organizations and a representative of the European Commission attended. In light of CAP closing in July, the European Commission will take leadership to continue this initiative.

d. Support Organizations that Provide Capacity Building to Other CSOs

CAP Mozambique provided *associativismo* training to 20 CBOs, N’weti sub-partners in Nampula province. All associations have produced follow-up action plans. Thirteen of these organizations require support in improving their statutes to comply with standards for registering as associations with the Mozambican government. The other seven associations have acceptable statutes and now require support for registration. CAP will support N’weti in assisting seven organizations CBOs to improve their statutes and three CBOs to register. In the remaining months, CAP will only provide GLM training to the three largest N’weti sub-partners; N’weti will hire a consultant for delivering the GLM training for 24 sub-partners, using the CAP training package (tools and methodology).

3. COLLABORATION

a. Foster Exchange Between and Among Peer Organizations

CAP organized a semi-annual partners’ meeting with 24 participants from five partners (ANDA, Kubatsirana, Ophavela, Niiwanane, and CCMs), two OD clients (ASF, Kugarissica) and invitees from CNCS, National AIDS Council (NPCS) Maputo, UNICEF, and VP Health. The meeting was dedicated to consolidating tools, knowledge, and approaches (see Annex 8) and was characterized by the presentation of many ITC tools—electronic CSI, Survey Monkey, MS BIZ—each explained, demonstrated, and tested by the participants.

During the meeting, presenters shared results of GBV evaluation, governance survey, GBV/HIV integration case study, and CAP Mozambique FY15 annual results for discussion. ANDA shared its Reserve Funds Policy and the ED succession plan to motivate other organizations to do their own. The CAP Mozambique team and partners that participated in the Ethiopia SBCC workshop shared the lessons and the newest practices they learned from the event.

The partners and OD clients made an inventory of the gains obtained as a result of CAP Mozambique support and the activities that will likely continue after CAP closes (see Annex 9).

V. PROJECT MANAGEMENT TECHNICAL ASSISTANCE

CAP continued to provide project management support to Partners, including support to improve supervision of activities, re-align budgets to ensure proper financial management in the final stages of implementation, prepare for close out of awards.

In addition, CAP Mozambique received USAID approval for Ophavela's community-based HIV testing and counseling (HTC) and retention and adherence support grant, and supported Ophavela during the start-up phase of the project.

Kukumbi and HACI concluded their awards with CAP. CAP's remaining four OVC Partners will conclude in April 2016.

A. CLOSE-OUT ACTIVITIES

CAP Mozambique supported two Partners to close out their awards, Kukumbi and HACI. Kukumbi implemented two awards under CAP—one HIV prevention/community-based HIV care and treatment grant and one of OVC grant. Both close-out processes were challenging, primarily because key staff working on the projects left for organizations prior to finalizing the close-out documentation. Other staff members did not have the skills to complete the narrative reports or the results tables. Despite these challenges, HACI managed its award close-out well. The final report followed the required structure, and included success stories and examples of TA provided to sub-partners. The documentation was submitted on time and was of good quality.

CAP Mozambique prepared an award close-out checklist that Partners adjusted to meet their individual needs (Annex 10). The checklist helped Partners to prepare in a timely manner narrative and financial reports for the Government of Mozambique and CAP, manage human resource transition in a sensitive and responsible manner, and inform beneficiaries, communities, government counterparts, and other partners of project results and closure. HACI, ANDA, and Kubatsirana are following the checklist and are closing out their grants with minimal pressure.

B. DEVELOP WORKPLANS AND BUDGETS

1. Workplan and budget realignment for project closure

CAP Mozambique assisted four OVC Partners—HACI, ANDA, Niiwanane, and Kubatsirana—to realign their budgets for the final months of project implementation and to include exit strategy activities such as delivery of school materials, final training of *activistas* and purchase of bicycles. Partners prepared the first draft of the realigned budget themselves, which CAP then reviewed and commented on. In general, the quality of the budgets was good, although

Kubatsirana and Niiwanane had some difficulties analyzing costs incurred in the previous periods and conceptualizing and budgeting new activities.

In March, USAID issued an RFA seeking an application from Ophavela for a new Cooperative Agreement to implement community-based HIV services in nine districts Nampula province, building on the experiences of a pilot conducted with an award managed by CAP Mozambique. The TA CAP provided to Ophavela to respond to the RFA is described in the Grants Section of this report. CAP Mozambique also supported Ophavela to prepare a request for a one-month no-cost extension to allow for more time to prepare the transition award for direct USAID funding.

2. Workplan Implementation and Reporting

We continued to routinely monitor Partner's implementation progress through regular field visits and quarterly, internal, partner-specific coordination meetings. We evaluated adherence to timelines, quality of data recording and implementation, particularly mobilization for referral to HTC and Early Childhood Development (ECD) activities.

CAP Mozambique provided TA on ECD activities to HACI sub-partners, Niiwanane, Kubatsirana, and ANDA to observe the implementation. We noted a significant change in Partners ability to provide quality ECD services. With CAP support, *activistas* had improved their skills to teach caregivers to stimulate young children and make toys with cheap, locally available materials.

CAP Mozambique supported Niiwanane's ED to manage its program in the absence of key staff. Niiwanane continues to be challenged in recruiting a program officer to manage the project.

CAP provided intensive TA to Ophavela's HTC and HIV care and treatment retention and adherence support project start-up. We helped Ophavela to develop job descriptions for key positions, interview guides, a six-month project implementation plan, and the M&E plan, including data collection tools, adapt project budget management formats; learn about grant management; and train *activistas* to use data collection tools.

Partners' quarterly narrative reports were of good quality but the results tables continue to present challenges, particularly with transferring data from other forms or prior reporting periods and aggregating data.

In the previous reporting period, CAP Mozambique introduced Partners to a new approach to monitoring and analyzing achievements against targets. We added two columns to the results table for the quarterly report. The first column automatically calculates the percentage of results against targets; in the second column Partners are required to explain under- and over-achievement, helping them look at the data as a tool to manage a program rather than a reporting obligation alone. With consistent use on a monthly or even quarterly basis, Partners will know if they were on track to achieve annual targets. Partners have enthusiastically adopted the refinements, realizing the benefits for making programmatic decisions. For example, having analyzed the results on a monthly basis, Niiwanane realized early on that it performed poorly in

reaching adolescents with debate sessions. The organization decided to give facilitators monthly targets and deploy different strategies to mobilize adolescents. Niiwanane conducted rapid formative research by engaging adolescents in conversations about their needs and availability. They learned that adolescents were interested in debate session topics but could only participate on Sundays. Niiwanane responded to their needs by organizing sessions on a different day of the week and reached 202 adolescents, a 120 percent increase from the 92 adolescents reached in the previous period.

CAP Mozambique has adapted, piloted, and finalized a tool to improve the quality of *activistas*' interventions. CAP worked in collaboration with YouthPower: Action, another USAID-funded, FHI 360 managed project to adapt a mentoring and supervision tool (Annex 11) that was initially designed by PATH. Partners provided feedback and indicated that the supervision tool:

- helps supervisors identify capacity gaps of *activistas*;
- helps supervisors prepare capacity strengthening plans for *activistas*;
- enables a supervisor to give detailed feedback to an *activista on his/her performance*;
- serves as evidence of supervisory activities; and
- can easily be adapted and useful to other projects.

During the pilot of the supervision tool, Partners suggested developing a household visit checklist for *activistas*. MGCAS minimum guidelines list a series of activities that should be implemented when addressing the needs of a child in a particular area, such as health or nutrition. Prior to visiting a beneficiary, *activistas* review a child's care plan and determine which area they will address with the beneficiary and his/her caregivers. The checklist will help *activistas* remember and complete the activities stipulated in the MGCAS guidelines for a particular area. CAP included lists of essential activities in the *activistas*' manual and will produce a laminated one-page document that *activistas* can easily bring along on household visits.

C. CONDUCT TECHNICAL ASSESSMENTS

CAP Mozambique conducted technical assessments of OVC services delivery capacity with the following Partners: ANDA OVC, ANDA Key Populations (KP), Kukumbi, Kubatsirana, and HACI. All assessments show improvements in technical implementation capacity. We concluded that CAP addressed the capacity gaps identified in previous assessments by carefully planning and systematically implementing tailored TA. For more details on the results, please refer to Annex 12.

VI. PROGRAMMATIC TECHNICAL ASSISTANCE

CAP Mozambique continued to support six Partners in five provinces with TA in various technical areas as shown in Table 3 below. The shaded areas in the table indicate the technical areas Partners' are engaged in. CAP has provided TA in these technical areas until Partners stopped implementing activities with the exception of Ophavela, which we will support until the end of June. The details of CAP TA are described below.

Table 3. CAP Mozambique Partners for FY16

Partner Organization	Grant End Date	Grant Technical Focus													
		OVC	PSS	HES	ECD	HTC	Retention support	Defaulters tracing	GBV Prev	GBV screening	HIV Prev	STI treat	Key Pop	referrals	
ANDA OVC	April 16														
ANDA Key Pop	April 16														
HACI	Mar 16														
Kubatsirana	April 16														
Kukumbi OVC	Oct 15	Close out – no implementation													
Niiwanane	April 16														
Ophavela*	Jun 16														

*Pending USAID approval of modification

Shaded boxes indicate the types of activities each Partner is implementing.

In anticipation of CAP’s closure, our programmatic TA has focused on consolidating skills and knowledge that Partners, *activistas*, and community leaders gained with CAP support and encouraging them to continue their support to OVC even after the end of the project. Please refer to Section III A of this report for more details. In addition, CAP supported Ophavela simultaneously to start up a new project and respond to a USAID RFA.

Section X of this report provides targets, results, and explanations regarding performance indicators. This section discusses the TA CAP Mozambique provided, lessons learned, and highlights or challenges encountered. The sub-sections are organized by the type of service provided—OVC, community mobilization, HTC, and HIV continuum of care. GBV activities, also cross-cutting, are included in Section VII. Information regarding referrals appears in multiple places since partner referrals make a large contribution to the continuum of care.

A. ORPHANS AND VULNERABLE CHILDREN (OVC)

1. Key Achievements: OVC services

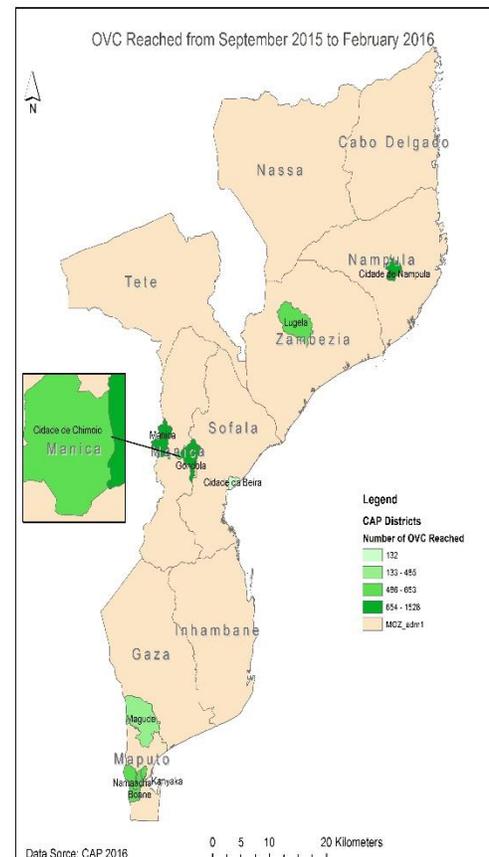
During this reporting period, CAP Mozambique and its Partners:

- Reached 8,230 OVC and caregivers, of which 56 percent are women and girls, 70 percent are under age 15, and 18 percent older than 17.
- Provided 24,742 services, which represents an average of three services provided to each OVC and caregiver.
- Referred 1,444 OVC and caregivers to diverse services and could register 1,438 (99 percent) completed referrals, 13 percent up from 86 percent in the last reporting period.

- Referred 363 OVC and caregivers to HIV-related services, 19 percent more than the previous period.
- Built the capacity of and supported 128 savings groups, where 1,837 OVC (27 percent) benefited from the participation of their caregivers in the savings groups.
- Transition of 1,351 children to the maintenance phase.
- Conducted the final refresher training of 232 *activistas* on the OVC care package.
- Developed and tested in conjunction with VPHealth a hand-held application to apply the CSI and elaborate individual care plans.
- *Programa para o Futuro* launched a new learning cycle with Kugarrasica for 66 youth

2. OVC Services

We continued to support four OVC Partners—three direct implementing Partners and one umbrella organization with seven sub-partners. We carefully monitored Partners’ ability to properly apply the CSI and develop action plans without CAP involvement. Partners correctly applied transition criteria to identify many children who could be transitioned to a less-intensive phase, a testament to their efforts and the quality of their work. We encouraged Partners to identify and register other OVC to replace those who had transitioned, arguing that even though time is short, some essential services could still be provided. Partners enthusiastically embraced the idea, anticipating that some *activistas* will continue to support newly registered OVC beyond the life of the project. We observed the continued expansion of VSL groups and heard many stories of the positive impact these interventions have on family well-being. Partners continued contribute to Antiretroviral Therapy (ART) adherence by tracing defaulters and mobilizing beneficiaries for HIV testing. CAP TA during this period focused mostly on improving the more recently introduced ECD activities.



a. Application of MGCAS Minimum Standards and Child Status Index (CSI)

Three direct implementing Partners continued to conduct OVC needs assessments using the CSI and to develop care plans based on the results. With CAP support, all Partners have gained confidence in planning and conducting the CSI on a regular schedule. They conducted the CSI

within six months of the last application, and completed the process within a 15-day period. See Table 4 for the timeline of CSI re-application.

Table 4. CSI Applications FY11–FY15

Application		ANDA	LDC/Kukumbi	Kubatsirana	HACI	Niiwanane
1st	Actual	Jun–Jul 2013	Mar 2013	Mar–Jun 2013	July 2013– March 2014*	Jun 2012
2nd	Actual	May–Jun 2014	Feb 2014	Jun–Jul 2014	July 2014	Jun–Jul 2013
3rd	Planned	Jan 2015	Nov 2014	Jan–Feb 2015	Jan–Feb 2015	
	Actual	Mar 2015	Dec 2014	May 2015	Feb–Mar 2015	Mar–April 2014
4th	Planned	Aug 2015	July 2105	Nov 2015	Aug 2015	Oct–Nov 2014
	Actual	Sept 2015	July 2015	Nov 2015	Aug–Sept 2015	Nov 2014
5th	Planned	Feb 2016	-	Mar 2016	-	April 2015
	Actual	Mar 2016	-	Mar 2016	-	April 2015
6th	Planned	-	-	-	-	Oct 2015
	Actual	-	-	-	-	Oct 2015

*Results of the first CSI application were discarded because of the poor quality of the data collected.

Key achievements and lessons learned during this reporting period include the following.

Frequency of CSI application. MGCAS recommends quarterly CSI application, partly to deal with critical care needs. CAP Mozambique and Partners’ experience, however, indicates that biannual application is more efficient and effective. Quarterly application would have *activistas* spend two weeks every three months applying the CSI and developing care plans, time that could be spent on attending to the needs of the OVC. Furthermore, three months are not sufficient to implement individual OVC care plans and observe changes. With regard to critical needs, *activistas*’ bi-weekly visits—or more frequently, if required—ensure that critical situations do not go unattended even if the CSI is reapplied after six months only.

Kubatsirana showed considerable improvement during this reporting period, planning the CSI application themselves, leading the *activistas*’ refresher training, and monitoring the application process at household level. For the first time, Kubatsirana completed the CSI application in two weeks and exactly six months after the previous CSI was applied, without CAP support.

HACI did not apply the CSI during this period, since the activities of its sub-partners on the ground ended in December 2015, three months after the last application.

Transition children from an intensive to a less-intensive support phase. Having mastered the CSI application and care plan development process, supervisors could focus on helping *activistas* apply the transition criteria. Partners identified 1,351 OVC whose well-being had improved sufficiently to require less intensive care. These children will be transitioned to a maintenance phase and receive quarterly instead of bi-weekly visits from an *activista* to monitor their well-being.

CAP Mozambique shared the transition criteria with an expert involved in the initial design of the CSI. She recommended we define more refined and specific transition criteria for each service area than those developed and applied by Partners. These more refined criteria (Annex 13) will be discussed and agreed upon with MGCAS and included in the electronic CSI tool.

Developing the electronic CSI pilot. CAP Mozambique and VPHealth continued to pilot and improve the electronic CSI, having advanced on developing a hand-held application for tablets and expanding various other functionalities, including caregiver details, service delivery tracking and transition criteria and reports. The hand-held application is an offline application based on the Chrome web browser, which enables collecting and instantaneous digitizing of information on the needs of children, and elaborating a care plan. Once a connection to the server is available, the data syncs with the database automatically.

The hand-held application was first piloted with 50 children by one of HACI's sub-partners, PACO, which already had participated in piloting other electronic CSI software. Based on PACO's pilot findings, VPHealth made some minor modifications to the application, i.e. certain data fields had to be translated into Portuguese and one answer category was missing. ANDA conducted a second pilot in Manica with 70 OVC.

The Partners that piloted the handheld device application made the following preliminary observations:

- *Activistas* took 90 minutes per CSI application using the handheld device, about 30 minutes more than using hard copies. The key factor in prolonging the CSI application was the care plan development feature of the software. VPHealth will adjust the care plan development feature to make the application more time efficient and user-friendly.
- The color scheme allows for easy and rapid recognition of areas of need, helping *activistas* share the results with caregivers and initiating negotiations on roles and responsibilities for addressing the needs.
- The user of the tablets needs to have a high-school-level education, particularly to use the care plan feature of the application.

CAP Mozambique continues to work with VPHealth to expand the data analysis options to improve the use of CSI data for programmatic decision making and reporting. CAP and VPHealth trained ANDA and Niiwanane on the existing standardized data analysis and reporting functions, including multiple practical exercises. ANDA and Niiwanane made the following observations about the data analysis functions of the software:

- Field supervisor and project coordinator level staff are able to use the software to make some basic analysis.
- The current standardized reports that the software produces need to be expanded to make better use of the database for programmatic decision making.

Based on the practical exercises conducted during the training, CAP and Partners recommended that VPHealth adjust the software to conduct the following analyses:

- Child’s well-being compared to previous CSI application—improved, static, deteriorated—by service area, sex, and *activista*
- Percentage change in well-being by service area compared to previous CSI
- Number/percentage of children who require a particular service, that is, birth registration
- Number/percentage of children referred to services, by service
- Number/percentage of referrals that were completed, by service

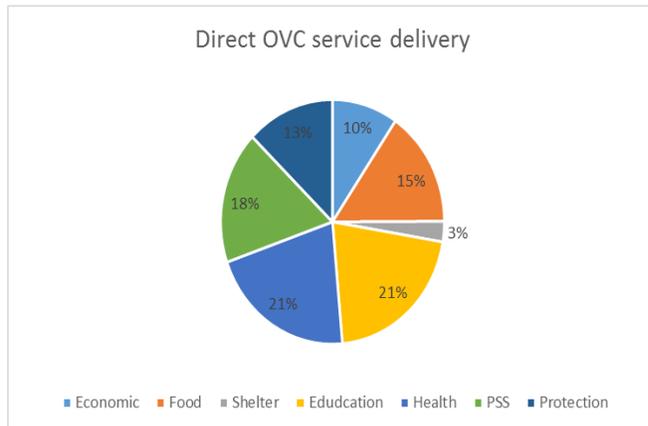
For the first time, ANDA and Kubatsirana used the CSI results for a purpose other than care plan development. The organizations planned and budgeted for activities for the last six months of the project based on the needs identified during CSI application. They allocated resources for the purchase of school materials and uniforms, birth registration, and psycho-social support activities.

CAP Mozambique continues to engage MGCAS in the development of the electronic CSI. CAP is regularly requested by the Ministry to provide updates on new developments and pilot results. We are also working closely with MGCAS’ OVC Technical Working Group (GTCOV). GTCOV is particularly interested in exploring the opportunities and limits of aggregating and reporting data on child well-being generated by the CSI using the software. With the support of FHI 360’s Strategic Information Director and CSI expert, we developed a document that guides the discussion with MGCAS on aggregating and reporting CSI data. (See Annex 14.)

CAP is developing a guide for CSOs on operationalizing MGCAS minimum standards. As reported earlier, Partners feel increasingly confident in applying the MGCAS minimum standards; this is evident from the efficient CSI planning and application, the quality of care plans, and the numbers of OVC whom Partners transitioned into the maintenance phase.

- ***Direct Service Delivery***

Partners provided 24,742 services to 8,230 OVC and caregivers. This represents an average of three services provided to each OVC and caregiver. Last year we reported an average of 3.1 services at this time of the fiscal year. Given that HACI sub-partners, who contribute about half of the OVC services provided, ceased to provide services in December 2015, we conclude that Partners increased the average OVC services provided during this reporting period. As shown in the graphic below, *activistas* mostly provided health and educational services directly, followed by psycho-social support. Support to improve shelter is least frequently provided.



- ***Psycho-Social Support (PSS)***

In 2015, we found that our Partners were conducting quality psycho-social support activities with children and caregivers using *The Journey of Life* and *Tree of Life* tools. *Activistas* have become proficient in using these tools, particularly the *Journey of Life*, as they started to integrate psycho-social topics into their household visit plans; the *Journey of Life* tool helps *activistas* with their interpersonal communication with children and caregivers, and enables caregivers to better

understand the emotional needs and behaviors of their children. *Activistas* understand psycho-social support should not only be provided to children with specific traumas, but also as a cross-cutting and complementary approach for all OVC basic services.

The *Tree of Life* tool is applied to children over 5 years old to support resilience in children affected by deep crises (death of parents, chronic disease in children and the household). Part of the process includes awarding encouragement certificates to children for their ability to face and overcome difficult situations in a positive manner. CAP noticed that Partners provided oral encouragement instead of a certificate and supported Partners to follow the methodology correctly. Some Partners retroactively awarded certificates; others questioned the therapeutic value of retro-actively awarding certificates and decided to provide certificates for recently enrolled and future participants only.

- ***Household Economic Strengthening (HES)***

CAP Mozambique continued to support seven Partners (including three HACI sub-partners) to implement HES activities, in particular to monitor activities and ensure groups followed the savings and loan methodology and collected and reported data properly.

During the previous reporting period, CAP supported Partners to train community VSL facilitators to accelerate VSL group formation and make the intervention more sustainable. Community VSL facilitators are typically pro-active members of existing groups who are interested in supporting the formation of new groups. They provide the new groups with technical support to understand and apply the methodology correctly in exchange for a modest remuneration. Most group members have low literacy and need help to complete their savings booklets and perform the requisite calculations. Partners' HES officers supported the facilitators to form and guide 31 groups and continue to monitor the performance of 97 existing groups. Please refer to Table 5 for details on the gradual expansion of VSL groups supported by VSL facilitators trained by the project. HES officers made sure to be involved in the close-out meetings of the savings and loan cycle. During the close-out meeting, members receive in cash what they have saved during the cycle and a share of fines and interest earned on loans. Often times, disagreements arise and facilitator will mediate by referring to the groups' by-laws and the methodology. If close-out is not successful and amicable, groups are unlikely to continue.

Table 5. Expansion of VSL Groups

Expansion activities	Organization							Total
	ANDA	Kubatsirana	Niiwanane	PACO	Kindlimuka Boane	AKW	Kukumbi	
# of facilitators trained (life of project)	22	24	13	N/A	N/A	N/A	12	59
# of groups by August 2015	20	22	26	12	11	6	0	97
# of new groups	1	14	10	0	1	0	5	31
# of groups by March 2016	21	36	36	12	12	6	5	128

Table 6 provides details on the number of project beneficiaries who participate in VSL groups and the number of OVC that benefit from caregiver participation. Currently, 27 percent of OVC served during this reporting period benefit from Partners' HES interventions.

Table 6. Participant Analysis of VSL Group Members

Partner	# of groups	Participants		# of OVC benefiting from caregiver participation
		Community members	caregiver beneficiaries	
ANDA	21	371	86	347
Niiwanane	36	559	138	541
Kubatsirana	36	674	49	250
PACO (HACI sub)	12	13	57	207
Kindlimuka Boane (HACI sub)	12	148	49	126
AKW (HACI sub)	6	14	128	298
Kukumbi	5	65	15	68
Total	128	1,844	522	1,837

Kindlimuka Boane and PACO started HES activities later than most partners for reasons reported in previous reports. It is only in this reporting period that Kindlimuka and PACO, with support from CAP and Project HOPE, supported VSL groups to close their first savings and loan cycle.

Due to a difficult transition from *Direitos das Crianças Liga* (LDC) to Kukumbi, followed by heavy floods, Kukumbi's HES activities started late. In June 2015, six groups started savings and loan activities, but only five completed the cycle. The consequence of the delay was that the VSLs terminated their first saving cycle after Kukumbi's project had conclude and the HES officer would not be available to support the groups to the end of the cycle. CAP developed a TA plan in collaboration with Project Hope and Niiwanane to ensure that VSLs were supported throughout the first cycle. Project Hope's contract was extended without additional funds until

the end of November with the sole purpose of supporting Kukumbi's VSL groups. During this period, Project Hope visited Kukumbi once to monitor progress. Niiwanane's HES officer visited twice; the last visit occurred in February and coincided with the closure of the cycle.

Partners continued to collect and report financial information from all VSL groups, including those supported by community facilitators. Table 7 shows the total savings and loan values and the percentage of the total savings that was lent to group members. The higher the percentage, the more lending activity takes place, which indicates that groups have matured, and participation and confidence have increased. It also means that funds are utilized more efficiently, i.e., group members are using the opportunity to access financial resources, and they pay back loans with interest, generating income for the groups. Tables 7 shows that all organizations except AKW reported an increase in the percentage of savings lent to groups members.

Table 7. Amounts Saved and Loaned by VSL Groups by March 31, 2015

Partner	Total saving and loans August 31, 2015			Total saving and loans February 29, 2016		
	Total savings (Mts)	Total loans (Mts)	% loans of savings	Total savings (Mts)	Total loans (Mts)	% loans of savings
ANDA (since July 2014)	1,173,380.00	1,713,922.00	146%	2,064,800.00	4,007,972.72	194%
Niiwanane (since Nov 2014)	1,507,275.00	582,640.00	39%	1,839,530.00	1,128,270.00	61%
Kubatsirana (since July 2014)	1,002,310.00	933,737.00	93%	3,030,040.00	2,815,781.00	93%
PACO (HACI sub-since July 2014)	492,900.00	667,650.00	135%	995,175.00	1,494,200.00	150%
AKW (HACI sub-since September 14)	131,500.00	154,945.00	118%	175,926.00	167,390.00	95%
Kindlimuka Boane (HACI sub-since March 2015)	80,476.00	23,300.00	29%	58,500.00	41,200.00	70%
Total	4,048,436.00	3,876,654.00	96%	8,167,029.00	11,601,905.72	142%

**Niiwanane reported total saving of Mts1,167,879 and loans of Mts383,100 in the previous report. These values were incorrect and have been corrected in this report.*

Partners presented success stories in their quarterly reports describing improved nutrition and housing and increased business volume resulting from VSL participation. We had hoped that we could complement the data on increased savings and loan activity and success stories with

change in group members' well-being, measured through multiple group members' profiles. Unfortunately, Partners continued to be challenged by profile data collection and processing. Locally provided TA from Project HOPE to Partners on profile data collection and processing was inconsistent and weak. Table 7 shows that Partners completed 500 profiles at the start of the first VSL cycle and 222 (44 percent) at the end of the second or third cycle, only 174 (78 percent) profiles could be analyzed to assess impact of VSL participation on household economic status.

For the analysis of the 174 profiles, CAP relied on support of a senior data analyst in Project HOPE's headquarters. Kubatsirana and ANDA beneficiaries profile analyses show improvements in materials used for housing, dietary diversity (not the number of meals per day), value of household assets (23 to 30 percent), clothing sufficiency, (increase from eight to 18 percent) in households that were able to support other households. The latter indicator is a proxy for economic security. Overall, Project HOPE concludes that there is clear evidence of improved household economic status. Kindlimuka Boane's profiles were less complete with many questions unanswered. From the completed questions, however, we may conclude that VSL members who participated in the second VSL cycle showed improvements similar to Kubatsirana's group members. The quality of PACO profiles did not allow for an analysis. For more detailed information on the analyses, please refer to Annexes 15a-c, Savings and Loan Profile Analyses.

The methodology indicates that VSL groups should remunerate community VSL facilitators for providing technical support. In SAR 13, CAP reported that this was not happening consistently. CAP provided TA to Partners to rectify the situation. All VSL groups are now remunerating community facilitators. This is an important achievement that will improve the sustainability and continuity of groups after CAP Mozambique—and most likely CAP's Partners—withdraw.

- ***Early Childhood Development (ECD)***

In 2015, CAP Mozambique conducted ECD training for Partners' supervisors and *activistas* and provided TA to integrate ECD activities into routine household visits. During field visits, we noticed that *activistas* engaged children directly in stimulating the growth of children under age three and neglected to transfer these skills to caregivers. We also noted that *activistas* were not identifying children with growth delays.

In response to these observations, CAP's TA focused on strengthening *activistas'* capacity to: 1) increase caregivers' understanding of the importance of growth stimulation, 2) facilitate caregiver-child interactions, and 3) assess children's growth and refer those with suspected developmental delay to more specialized care. In addition, CAP worked with supervisors to strengthen capacity to support *activistas* to implement ECD activities and complete records correctly. As a result of CAP TA, *activistas* began to teach caregivers how to engage children in stimulating activities and produce toys using local materials. Supervisors became better at supporting *activistas* to record the ECD services they provided. The identification of growth delays, however, remained a challenge.



Kubatsirana's *activistas* conducting ECD

- ***Protection Services***

In 2015, USAID conducted SIMS visits with four CAP Mozambique Partners and concluded that *activistas* were not well-prepared to identify and address the different types of violence against children. CAP Mozambique sought to remedy this by including violence against children as a topic in the *activistas*' final refresher training curriculum, developed as part of the exit strategy. *Activistas* were trained to recognize physical, emotional, and behavioral signs of different types of child abuse, and how to respond. We hope Partners and *activistas* will be able to apply the knowledge and skills in the future and support children who are subjected to abuse.

- ***Nutrition***

In collaboration with the Food and Nutrition Technical Assistance III (FANTA), a USAID-funded, FHI 360-managed global project, CAP Mozambique also included nutrition in the *activistas*' final refresher training manual. Specific topics include balanced diet, enriched meal/food preparation, food preservation, food priorities in the household, causes and signs of malnutrition, and screening for acute malnutrition using Middle Upper Arm Circumference (MUAC) tool.

Activistas mentioned that the CAP-developed nutrition curriculum was easier and more practical than other training they had been exposed to. The language in the manual is easy to understand, the manual has clear activities and guidelines for *activistas*, and it is more comprehensive in that it includes advice for pregnant women and people with chronic diseases. We hope that Partners and *activistas* will be able to apply the nutrition knowledge and skills in the future after CAP has closed.

Having previously received training on nutrition from the Strengthening Communities through Integrated Programming project (SCIP), Niiwanane's supervisors continue to assist *activistas* to provide nutritional support to OVC and caregivers. *Activistas* screened all children under age five for malnutrition using MUAC tapes. Children with moderate malnutrition received support in the household from *activistas* by teaching caregivers the importance of a balanced diet and fortified food preparation. Niiwanane had difficulty getting MUAC ribbons for all *activistas* even after requesting them from SCIP and the Provincial Department of Health (DPS) in

Nampula. To overcome this, the organization allocated one MUAC ribbon to each supervisor who then coordinated the MUAC application among *activistas*.

- **Referrals by OVC Partners**

CAP Mozambique Partners continued to refer OVC and caregivers to other services providers, using the MISAU-approved referral guide. This semester, Partners referred 1,444 OVC and caregivers to diverse services, the vast majority (76.8 percent) to health care services. Last year we reported 1,850 referrals at this time of the fiscal year. The decline is the result of HACI sub-partners closing in December 2015. Virtually all referrals (99 percent) were completed, which means the child or caregiver accessed the service. Last year, we reported only 51 percent completion of referral. This represents a 13 percent increase in completed referrals from last reporting period when Partners were able to verify that 86 percent of all referrals were completed. More details about referrals can be found in Table 8.

Table 8. Referrals of OVC and Caregivers by Type of Service

Organization	Education		Protection		Nutrition		Shelter		Health		Total Referrals	Total Completed Referrals	
	#	%	#	%	#	%	#	%	#	%		#	%
ANDA OVC	29		127		31		4		211	52%	402	400	100%
Niiwanane	17		1		0		0		70	80%	88	88	100%
Kubatsirana	5		23		1		1		457	94%	487	485	100%
HACI	78		18		0		0		352	79%	448	440	98%
Kukumbi OVC	0		0		0		0		19	100%	19	19	100%
TOTAL	129	9%	169	12%	32	2%	5	0.3%	1,109	77%	1,444	1,432	99%

Table 9 shows the results of Partner’s efforts to refer beneficiaries to health care services in general, and HIV related services like HTC and HIV treatment in particularly. The data show that of the 1,109 individuals referred to health services (45 percent men and 55 percent women), 33 percent accessed HIV-related services, 19 percent more than the previous period. HIV testing referrals accounted for 21 percent of the total health referrals.

Table 9. Referrals to HIV-Related Services

Organization	Total Health Referrals		HCT		Pre-TARV/TARV	
	Male	Female	Male	Female	Male	Female
ANDA OVC	79	132	3	5	11	23
Niiwanane	28	42	0	1	0	0
Kubatsirana	234	223	84	73	20	17
HACI	144	208	25	41	19	33
Kukumbi OVC	9	10	0	0	3	5
TOTAL	494	615	112	120	53	78

3. Youth Employability

- **ANDA Vocational Training Activities**

With CAP Mozambique's support, ANDA continued to implement vocational training activities, starting the third training cycle in cooking and events management, and second cycle in cooling systems. In total, 98 youth (all OVC) were enrolled and trained by ANDA, of which 63 graduated and 35 are currently doing internships.

Unfortunately, none of the companies that *Programa para o Futuro* (PPF) and ANDA contacted were willing to fund part of the training in exchange for qualified students. ANDA was able to use its excellent network with government institutions and companies to identify other internship opportunities.

Helping young graduates gain access to the job market has been a challenge for ANDA. The organization plans to continue to promote students' skills by holding a student graduation ceremony and engaging the students in organizing food fairs and local events (meetings, weddings, and anniversaries). In addition, ANDA encourages cooking and events management students to prepare sweets and savories and market these at restaurants on weekends. In the area of cooling systems, ANDA has opened a workshop where local companies and individuals can have their refrigerators, air conditioning, and other cooling system and acclimatization-related equipment repaired.

To teach youth to manage funds they have earned from the above-mentioned activities, ANDA provided training in financial literacy and savings to youth, and motivated youth to create VSL groups. While youth organize these groups, ANDA is learning how to engage youth and facilitate youth savings groups from Youth Power: Action..

4. Advocacy

Partners continued to undertake advocacy activities, building on strong relationships with local authorities and other service providers over the years.

- Based on its relationship with the National Institute for Social Action (INAS) in Chinhambuzi, ANDA was able to mobilize a nutritionist to come and assess OVC to determine whether they meet the *cesta basica* eligibility criteria. The nutritionist used her time with the families to provide information on balanced diets and teach parents how to fortify porridge. ANDA obtained access to *cesta basicas* for 31 children. In partnership with the INAS, four OVC caregivers (two elderly people and two chronic patients) received construction materials to rehabilitate their homes. ANDA has tried to create access to INAS' resources since the start of the project. The fact that they were able to obtain access to 31 *cesta basicas* and building materials is testimony of ANDA's persistence and increasingly effective relationship with government institutions. At the beginning of the school year 2016, ANDA was able to integrate 29 children in secondary school by advocating with school boards and management to exempt them from paying their registration fees.

- HACI sub-partners' advocacy with school management and boards resulted in 56 OVC being exempted from paying registration fees and fees for water and guards. In addition, 18 children obtained poverty certificates and other identification documents (birth certificates and IDs). This is a major change since in the past local schools, registry offices, and other service providers did not accept the referral guides issued by HACI sub-partners' *activistas* and were less responsive to the needs of OVC.

PACO was able to mobilize Lhamakulo community leaders and community members to rehabilitate four OVC homes, which were in a very advanced state of degradation, posing a danger to children and caregivers; the roofs leaked and walls were made mostly cardboard. Neighbors contributed construction materials and labor.

- Niiwanane continued to face difficulties in accessing *cesta basicas* for OVC households. INAS had promised to include families into its database and budget for this year. For this to happen, INAS needs to assess the families' situations against eligibility criteria. So far, these assessments have not been conducted.

B. PROGRAMA PARA O FUTURO—MOZAMBIQUE (PPF)

1. Key Achievements

In the current reporting period, PPF-MZ and/or its sub-partners:

- Launched a new learning cycle with Kugarrasica for 66 youth;
- Began a new agreement with ASF to provide youth with vocational training, access to training on entrepreneurship, support for PPF youth club members to carry out community service activities and to carry out job searches;
- Collaborated with *Instituto Nacional de Emprego e Formação Profissional* (INEFP) to create a three-month curriculum focused on soft skills, ICT, healthy behaviors, gender and other topics; this course complements the vocational training INEFP provides;
- Trained INEFP staff on PPF;
- Supported PPF graduates with their job search;
- Hired a consultant to prepare a document that explains the PPF program and the research and theoretical framework behind the program; and
- Began a study of PPF that includes case studies on PPF graduates from earlier learning cycles to identify factors that may have contributed to the success of graduates, a survey of PPF graduates to understand the knowledge and behaviors maintained over time with a focus on health and a youth-led discussion to identify the most important aspects of the program.

2. Implement Fourth Learning Cycle

The classroom portion of the program for the fourth learning cycle began in Munhava with Kugarrasica. This CBO has participated in prior PPF activities by providing *activistas* to ensure

complementary services and support for the youth and referring participants to the program. To take on the new role of implementing the full methodology, Kugarrisica hired facilitators and junior facilitators and PPF staff trained them. Unlike previous learning cycles that were held in the *Universidade Pedagogica de Educaçao Fisica* this cycle was carried out in Munhava and all the youth were from this community. Because the program was carried out in such close proximity to the learning site, there was much greater communication among facilitators, *activistas* and the families. This enabled the program to address any issues related to home life quickly and in consultation with family members and caregivers.

PPF graduates continue to come to the old learning site at the *Universidade Pedagogica de Educaçao Fisica* to carry out job searches, use the computers to do schoolwork and participate in Youth Club activities. During the reporting period, 52 youth regularly used the space with an average of two visits per month. Of those, 21 are female and 31 are males.

Kugarisica held a meeting with family members and caregivers to communicate about the program, changes their youth might be going through and to help them understand how to support their youth.

3. Provide Capacity Building in PPF Methodology

PPF staff trained the new Kugarrisica facilitators and provided regular support and feedback as the facilitators implemented the program. PPF also trained INEFP facilitators and vocational professors in project based learning and other aspects the program.

4. Recruit and Retain Key Staff

Due to the expansion of the program to new actors that require more technical assistance, PPF hired one new staff member, Pedro Weite, a PPF graduate who previously served as a junior facilitator. He will be facilitating some of the sessions, thus freeing up Eduardo Lon, the Pedagogical coordinator for supporting INEFP.

5. Carry Out Monitoring and Evaluation

PPF designed a study to better understand the impact of the program on youth. The study contains three components:

1. A survey of graduates with a focus on youth who completed the program at least two years earlier to determine knowledge and behaviors maintained. The survey is primarily focused on the health aspects of the curriculum.
2. An activity led by youth to get youth input into the most important elements of the program.
3. Interviews with 12 youth, their caregivers and supervisors to determine factors that affected youth success following completion of the program. The consultant carrying out the study selected youth who represented extremes of the program in terms of their outcomes. Half were chosen because they have had more success since graduation either in employment or education and the other for their relative lack of success. Half of those identified for interviews were girls.

PPF submitted the design to the Institutional Review Board and received a determination that this activity was not considered human subjects research. The research will take place in the next reporting period.

6. Engage Government

PPF has been in communication with INEFP in recent years. INEFP staff have visited the learning site and were impressed with the curriculum and the quality of the graduates. As one senior INEFP director said, “PPF youth have the knowledge, skills and attitudes employers want.” In comparison, the INEFP director stated that many INEFP graduates have technical skills but lack the attitudes and behaviors that employers seek. After attending the 2015 PPF graduation ceremony, the Provincial Director of Labor requested collaboration and support from PPF. This resulted in PPF holding a series of meetings with the INEFP-Beira senior staff and the Provincial Director of Women and Social Action for Sofala to design a partnership to replicate PPF within INEFP. In February, PPF trained INEFP staff and continued to develop plans to implement a shorter curriculum to be implemented at INEFP (a “mini PPF”). This INEFP-supported course could provide a sustainable means for OVC youth to gain holistic skills and knowledge needed for employment.

7. Select Youth Participants

PPF began the selection process for the INEFP course, which will begin in the next quarter. The selection process was carried out with SOS and the Provincial Department of Women and Social Action (DPMAS).

8. Internships, Technical Training and Job Placement

ASF supported 48 youth to access vocational training through INEFP and Young Africa. This training was provided to youth who had not yet found employment to gain technical training to complement the soft skills and work readiness trained provided in PPF. This training included cooking, waiting tables, and other restaurant customer service.

ASF collaborated with ADEM to provide training to 30 youth to participate in entrepreneurship training program. Many PPF youth work in the informal sector and were eager to create more formal businesses. The program led by ADEM helps youth define their business concept and carry out the research and analysis needed to prepare a business plan. Participants created four business plans focused on: word processing, copying and other services for students, a cement block building company, fast food and a grocery store. Once the plans have been completed ADEM with help identify sources of funding.

The PPF Youth Clubs created in 2014 to provide graduates with an opportunity to continue to build skills and have contacts with other youth and PPF staff continued with much greater activity in the community service committee. The IT club trained 12 youth from the community near the UP learning site in basic software (Word, Excel, Publisher and Power Point). The Community Service club participates in peer education activities. Through peer education at nearby secondary schools, the Club reached 301 youth between the ages of 12-18. In some of these activities the PPF youth coordinated with the theatre group Ngatizuanane. The topics covered include early pregnancy, trans-generational relationship, and domestic violence. The

youth used theatre, singing and dancing, films and debate. They incorporated use of educational materials created by the NGO N'weti.

During the reporting period, 35 PPF graduates were employed at a number of public and private institutions, including Movitel, Tugas Bar, DKT, SENA, AMI, Chetam Electronic, FHI 360 and others.

9. Strengthen Institutional Capacity

Both ASF and Kugarrasica participated in the CAP Partner meeting, which focused on evaluating activities carried out in FY 2015. Each partner presented its accomplishments focusing on HIV/AIDs, Gender Based Violence, and OVCs.

ASF held two meetings with its members to prepare for their POAPs. This process is a means of identifying how well governance bodies are carrying out their functions and working in a participatory manner.

PPF has been working on a document to explain the methodology to other organizations who want to implement it or components of the program. FHI 360 hired Tania Ogasawara, the former director of PPF in Brazil, to prepare this document. She traveled to Mozambique to work with the team, and interview youth, employers and facilitators.

10. Principle Challenges to be Addressed

The following challenges will be addressed and activities carried out in the next semester:

- Implementing the mini PPF within INEFP
- Analyzing and communicating the key ingredients in the PPF methodology that can be scaled and sustained based on the study and the experience with INEFP
- Preparing for close-out of the program

C. COMMUNITY MOBILIZATION, HTC, AND THE CONTINUUM OF CARING

1. Key Achievements: Community Mobilization, HTC and Defaulter Tracing

CAP Mozambique and/or Partners achieved the following.

- Three Partners and two HACI sub-partners sought 247 defaulters, identified 230 (93 percent), and referred 133 (58 percent) to HIV care and treatment services. One hundred and twenty-seven (95 percent) are confirmed back in treatment, an 11 percent increase of patients returned to treatment from last reporting period.
- Tested 1,075 individuals, 39 percent of whom were women, and 91 percent were over 15 years old. On average, five percent tested HIV-positive.
- Reached 2,036 people with individual and/or small group prevention interventions, 19 percent of whom were women and seven percent were pre-adolescents and adolescents aged 15–19 years.
- Reached 120 commercial sex workers with HIV prevention and GBV debate sessions.
- Reached 1,427 truck drivers with HIV prevention and GBV messages.

2. Community Mobilization and Communication

Three Partners conducted debate sessions with communities on HIV prevention, treatment literacy, gender norms and GBV, sexual and reproductive health, and family planning. OVC Partners also included a session on child rights. Through these interventions, 2,036 individuals were reached, 19 percent of whom were women and 7 percent were adolescents and youth aged 15–24 years. The higher proportion of men is due to ANDA’s outreach work with truck drivers via their key population project. ANDA and Niiwanane leveraged the school holiday period to reach more pre-adolescents and adolescents (age 10–19) with debate sessions than reported in the previous period.

Table 10: Population Reached with Debate Sessions

Partner	Age 10–14		Age 15–19		Age 20–24		25 and +		Total
	M	F	M	F	M	F	M	F	
ANDA OVC	79	69	44	39	0	7	1	39	278
NIIWANANE	66	136	7	10	1	11	4	52	287
ANDA KP	0	0	0	0	0	0	1,427	0	1,427
Kukumbi	3	1	8	6	8	2	7	9	44
Sub-Total	148	206	59	55	9	20	1,439	100	2,036

CAP heavily supported Ophavela to commence implementing the HTC and HIV care and treatment retention and adherence support project in four districts—Nampula city, Muecate, Mecuburi, and Malema. Ophavela signed a subaward with Niiwanane to implement project activities in Nampula city. Niiwanane, also a CAP Partner, has experience with HIV prevention activities and household visits and is well known to the health authorities and communities. The DPS required Ophavela to prepare a Memorandum of Understanding detailing roles and responsibilities of all parties involved. Ophavela submitted the MOU in January, and the DPS signed it at the end of March.

The delay in signing the MOU meant that Ophavela could not adhere to the project’s tight activity timeline. Clinics were not allowed to share HIV test kits with Ophavela’s HIV counselors; therefore, VSL group members could not be tested as planned. Ophavela’s focal points, scheduled to work in the clinic to support organizing patient files, preparing a list of HIV defaulters and linking newly diagnosed PLHIV to *activistas* for adherence support could not start either. Once the MOU was signed in March, Ophavela was able to mobilize a counselor from the clinic in Mecuburi for one day to conduct tests for VSL group members. Ophavela was also able to collect information on the number of Community Adherence Support Groups (GAACs) per district, and clinics provided Ophavela with lists of HIV defaulters. CAP will report the results of the HTC and defaulters tracing in SAR 15.

Ophavela subcontracted N’weti to adjust Ophavela’s debate session manual to meet project requirements, i.e., reducing the number of sessions from nine to four while ensuring that key subjects (HTC, gender, masculinity norms, GBV, STI and HIV care and treatment) are addressed, and to train *animadores* (debate session facilitators). The manual consists of four sessions that address:

- sexual and reproductive health, STIs, and family planning
- community health counseling and testing
- HIV prevention, care and treatment adherence
- gender-based violence

N’weti trained 65 *animadores* who have started to conduct debate sessions with VSL groups. The first cycle of debate sessions concluded after the final date of this reporting period. Ophavela, therefore, has not reported any results yet toward the prevention indicators.

ANEMO signed a Memorandum of Understanding with Ophavela to train *activistas* on the MOH-approved training manual for community-based HIV care and treatment support. The *activistas* will conduct household visits to support HIV care and treatment retention and adherence.

Ophavela is facing difficulties in managing the sub-grant with Niiwanane as well as the subcontract with N’weti, in particular drafting program descriptions and scopes of work with clear deliverables, determining payment schedules that align with deliverables, negotiating and processing modifications of scopes and budgets, and—in the case of Niiwanane—responding to request for approvals and advance payments. CAP Mozambique provided initial TA and organized an exchange visit with HACI to help Ophavela understand how sub-grant management processes work. CAP helped Ophavela to improve the clarity and precision of the N’weti subcontract.

3. *HIV Testing and Counseling*

CAP Mozambique Partners continued to mobilize beneficiaries and target groups for HTC through debate sessions or home visits. In SAR 13, we reported that Partners were facing difficulties mobilizing people for HTC at health facilities. Partners’ experiences showed that offering HTC at home or in the community resulted in more beneficiaries accepting testing. With CAP’s support, Kubastirana reviewed and adjusted its mobilization strategy. *Activistas* dedicated one visit to provide information on HTC, gave families time to reflect on the information, and returned to the subject during the next visits. *Activistas* also spoke of the benefits of HTC for both adults and children and accompanied family members to the clinic. By making these adjustments, 157 beneficiaries accepted HTC, a five-fold increase from the previous six months (as shown in Table 11). The downside of this approach is that it is more resource intensive than community-based testing.

Table 11. Number of Individuals in OVC Households Mobilized and Referred to HIV Testing by Kubastirana

Period	M	% increase	F	% increase	TOTAL
Mar – Aug 2015	14		12		26
Sept 2015 – Febr 2016	84	500%	73	508%	157

ANDA continued to conduct home-based HTC, testing 142 beneficiaries, two of whom (1 percent) tested positive and accessed treatment. Niiwanane continued to face challenges in negotiating with health facilities to provide community-based HTC.

Two Partners conducted debate sessions and HTC. Table 12 also includes data from NAFEZA and Kukumbi, two Partners that have concluded their awards but conducted debate sessions and HTC in the previous reporting period. CAP helped NAFEZA and Kukumbi correct data errors before reporting these data. Partners tested 1,075 individuals, 39 percent of whom were women and 91 percent were over 15 years old. The higher proportion of men is due to the fact that ANDA's key population project tests many truck drivers. On average, 5 percent of people tested HIV-positive, and 49 percent of those were women. Table 12 below provides more details about HTC results.

Table 12. HIV Testing and Counseling Conducted by CAP Partners

CSO	Province	Districts	Gender			AGE		Results					
						0-14	15+	HIV+			HIV-		
			M	F	Total	M	F	%	M	F	%		
ANDA Key Pops	Manica	Manica	473	219	692	0	692	15	11	4%	458	208	96%
		Gondola	30	5	35	0	35	0	3	9%	30	2	91%
ANDA OVC	Manica	Manica	60	82	142	86	56	1	1	1%	59	81	99%
NAFEZA	Zambezia	Nicoadala	52	40	92	12	80	6	4	11%	46	36	89%
KUKUM BI OVC	Zambezia	Lugela	39	75	114	0	114	3	5	7%	36	70	93%
Total			654	421	1,075	98	977	25	24	5%	629	397	95%

4. Community-based Support for HIV Care and Treatment

Three CAP Partners and two HACI sub-partners continued to support health services and USAID clinical partners conducting HIV defaulter tracing, thus contributing to HIV care and treatment retention and adherence. Two Partners continued to conduct debate sessions with community members on the importance of treatment adherence. In this reporting period, CAP Partners sought 247 defaulters, found 230 (93 percent), and referred 133 (58 percent) to services. One hundred and twenty-seven (95 percent) returned to treatment. This represents a 10 percent improvement from the previous reporting period. Since initiating defaulters tracing, Partners have improved their capacity to convince patients to return to treatment. In recognition of Kubatsirana's HTC mobilization success, the health services requested that Kubatsirana place two *activistas* in clinics in Machipanda and Catandica to be case managers; since CHASS left in 2015 the clinics have not had anyone in this role.

Table 13. Defaulters Tracing

Organization	Sought	Found		Referred		Returned		% Returned Last Period Reporting	
	#	#	%	#	%	#	%	#	%
ANDA	83	83	100%	34	41%	34	100%	65	100%
Kubatsirana	71	71	100%	37	52%	35	95%	45	65%

Niiwanane	19	2	11%	0	0%	0	0%	0	0%
Kindlimuka Sede	18	18	100%	17	94%	17	100%	80	100%
Kindlimuka Boane	56	56	100%	45	80%	41	91%	56	84%
Total	247	230	93%	133	58%	127	95%	246	85%

In previous reports, CAP Mozambique analyzed and reported the challenges encountered by Partners in tracing defaulters. We repeated the analysis for this report by reviewing the data Partners collect on the MISAU-approved forms on the reasons for not identifying or not referring defaulters. Partners referred 133 (58 percent) of defaulters found to HIV services. The remaining 97 (42 percent) patients were not referred for the following reasons:

- Deceased: 10
- Changed residence: 27
- Incorrect address: 37
- Traveling: 16
- In treatment: 1
- Reason unknown: 6

ANDA continued to return all defaulters they found to treatment by conducting more frequent and intensive follow-up visits. CAP Mozambique provided TA to other Partners to emulate ANDA's success. The previous period, Kubatsirana and HACI sub-partner Kindlimuka Boane verified that 65 and 84 percent, respectively, of referred individuals returned to treatment. During this reporting period, both organizations were able to verify that more than 90 percent of referred individuals returned to services, a significant improvement for Kubastirana.

Niiwanane's challenge with receiving defaulter lists with accurate and sufficient patient information continued to negatively influence the activity results. Of a list of 19 people sought, they could only find two, one of whom had died and the other had changed residence. Niiwanane could not determine the whereabouts of the remaining 17 defaulters.

Kubatsirana and ANDA unsuccessfully engaged health facilities to collaborate on the formation and proper functioning of GAACs. Health staff appear to lack knowledge and time to analyze patient records and form GAACs.

Ophavela mapped the number of existing GAACs formed by the health facilities with which it will work. Muecate district has 28 GAACs that are located in a very large, dispersed geographical area, that is, more than 20 km from the health facility. Other health facilities have fewer GAACs. For example, *1^o de Maio* clinic in Nampula only has two GAACs. Counselors have started to engage health facility staff to encourage GAAC members to receive Ophavela counselors to support contact tracing, disclosure, and home-based HIV treatment support.

5. Key Populations

CAP continued to support ANDA to mobilize truck drivers and sex workers, using films and music, accompanied by quick debates on gender-based violence and HIV/AIDS prevention. In

this period, ANDA’s facilitators reached 120 commercial sex workers (CSWs) with debate sessions. Peer educators talked to 1,427 truck drivers on HIV prevention, gender, and GBV.

ANDA continued to work with community leaders and local radio stations to broadcast five radio debates on the law prohibiting the entry of minors into places of sale and consumption of alcoholic beverages or pornographic film projection. ANDA’s facilitators were also invited to participate in these radio programs to address gender-based violence, particularly regarding the consequences of violence in families and communities, where to go to report violence cases, and steps to support and refer victims of violence.

CAP Mozambique has reduced the intensity of TA provided to ANDA since ANDA has mastered these activities and performs well, consistently reaching its goals.

ANDA continued to collaborate with the district health services to provide HTC and distribute condoms at hotspots. During this reporting period, ANDA tested 503 truck drivers and 224 commercial sex workers. Of these, 29 (4 percent) tested HIV-positive. The prevalence among truck drivers and CSWs was 3 and 6 percent, respectively. In addition, ANDA referred 16 individuals to health and care services, including 11 to ART and pre-ART. The remaining 13 individuals that tested HIV-positive live in surrounding countries and did not accept the referrals to HIV care and treatment services.

Table 14. ANDA HIV Testing with Key Population

CSO	Province	Districts	Gender			AGE		Results					
						0-14	15+	HIV+			HIV-		
			M	F	Total	M	F	%	M	F	%		
ANDA KP	Manica	Manica	473	219	692	0	692	15	11	4%	458	208	96%
		Gondola	30	5	35	0	35	0	3	9%	30	2	91%
		TOTAL	503	224	727	0	727	15	14	4%	488	210	96%

Based on the learning acquired during the exchange visit with the International Centre for Reproductive Health (ICRH) in Tete, ANDA and the district health service developed a pilot project to implement a night clinic at Machipanda border post for the treatment of sexually transmitted infections (STIs), HTC and condom distribution. The activity was scheduled to start in October 2015, but only started in February 2016 as the district health services were not able to provide staff earlier. When staff was identified, ANDA noticed that the technicians who attended to patients in Machipanda had insufficient training to treat STIs. The organization brought this to the attention of the medical director, who allocated appropriately trained technicians from Manica who travel back and forth daily.



The clinic is proving a worthwhile investment, as evidenced by the following data. From February to March, the clinic attended to 146 individuals, of whom 72 were truck drivers and 29 were sex workers. Another 45 were travelers who crossed Machipanda border post and took the opportunity to receive care at the clinic. Health technicians conducted STI tests for 36 individuals, 10 of whom (28 percent) tested positive and received treatment. ANDA offered HIV testing to 48 individuals, of whom 11 (23 percent) tested HIV positive. Apart from STIs and HIV, the clinic also offers screening and treatment of other diseases (malaria, diarrhea, treatment of wounds).

Photo 1 Health technician at the night clinic

Table 15. Individuals Attended to at Machipanda Night Clinic

Organization	Total people attended to		STI Testing				STI Treatment		General Services		HIV Testing			
	M	F	M	F	STIs positive	% STIs positive	M	F	M	F	M	F	HIV Positive	% HIV Positive
Truck drivers	72	0	19	0	7	37%	7	0	18	0	35	0	3	9%
CSW	0	29	0	10	3	30%	0	3	0	14	0	5	0	0%
General Population	35	10	7	0	0	0%	0	0	20	10	8	0	8	100%
TOTAL	107	39	26	10	10	28%	7	3	38	24	43	5	11	23%

“When I go to hospital the community discriminates against me. I notice that because of the way people look at me and mutter, because of the job I do. This leaves me feeling bad, and ashamed. Here at the clinic no one is around to watch us and speak ill of us.”

Commercial sex worker, age 27

Initial feedback from patients indicates that they are happy with the initiative, especially truck drivers and CSWs. They appreciate the opportunity to receive care without interrupting their daily work hours (truck drivers), and not to be discriminated against (CSWs).

VII. GENDER-BASED VIOLENCE PREVENTION AND RESPONSE TECHNICAL ASSISTANCE

A. TARGETS AND INDICATORS

- Reached 609 individuals—381 women (63 percent) and 228 men (37 percent)—with an intervention that addressed gender, masculinity norms and GBV (GBV Indicator 10.)

- Conducted GBV screening with 268 individuals, 26 (10 percent) of whom reported having experienced GBV. Of these, two (8 percent) experienced sexual violence. Partners accompanied eight individuals to services.
- Reached 2,133 individuals — 488 women (23 percent) and 1645 men (77 percent)—that specifically addressed GBV and coercion (GBV Indicator 1.)

B. SPECIFIC ACTIVITIES

1. GBV Prevention

CAP Mozambique Partners continue to raise awareness about gender and GBV in communities via debate sessions and discussions during household visits. Three OVC Partners conducted debate sessions with adolescents and adults, addressing masculinity norms, the law that governs domestic and gender-based violence, and available GBV services. In the reporting period, ANDA and Niiwanane reached 609 individuals—381 women (63 percent) and 228 men (37 percent)—with 10 hours of debate on these topics. In addition, ANDA reached 1,427 truck drivers and 120 CSWs with GBV messages through rapid debate sessions (less than 10 hours). As reported in SAR 12, we continue to monitor the number of individuals reached with specific interventions that respond to the GBV 1 indicator. Partners reached 2,133 individuals, 23 percent women and 77 percent men.

Ophavela integrated a component on gender, masculinity norms, and GBV in the debate sessions manual for VSL groups, and has started debates in three districts in Nampula. These sessions will not count against the GBV 10 indicator as they do not meet the 10-hour criteria.

Facing challenges reaching pre-adolescents, adolescents, and youth with their debate session interventions, ANDA decided to conduct interventions in schools during school holidays instead of in communities. The change in strategy paid off, increasing the number of pre-adolescents and adolescents reached from 172 during last reporting period to 231 during this reporting period, a 34 percent increase. Niiwanane increased the number of adolescents reached by 50 percent from 146 to 219 by conducting sessions on Sunday instead of during the week. This represents an example of how ANDA and Niiwanane analyzed data and adjusted their implementation strategies to achieve better results.

CAP Mozambique integrated topics on gender and GBV in the *activistas* manual and refresher training. In response to observations and recommendations emanating from USAID SIMS visits, we also included more information on recognizing violence against children, child protection and legal support services, types of child abuse, and concrete actions to support and refer abused OVC and caregivers. For more details on the training, please refer to Section III.A.

2. GBV Screening and Response

Two Partners continued the GBV screening initiative. ANDA and Niiwanane screened 268 individuals, of whom 117 were men (44 percent) and 151 were women (56 percent). Eight individuals (10 percent) had experienced gender-based violence; seven of these were women and girls, all were referred to GBV services; two of the girls, aged 12 and 14 years, were

sexually abused, one recently enough to access post-exposure prophylaxis (PEP). The other girl was tested for HIV and received other GBV services, pregnancy prevention, and psycho-social support. In both cases, parents approached the perpetrators' families to deal with the violation without involving the authorities, denying the victim her rights to pursue the case in court. ANDA managed to intervene in both cases. One of the perpetrators ended up in jail, the other case is still on-going. The table below shows the breakdown of the data by organization.

Table 16. Gender-based Violence Screening

Organization	# screened			Age of screened							GBV(+)	% of screened	GBV(-)
	M	F	TOTAL	0-4	5-9	10-14	15-17	18-24	25+	Total			
Niiwanane	9	17	26	0	0	7	4	5	10	26	8	31	18
ANANDA	108	134	242	18	41	85	44	24	30	242	18	7	224
Total	117	151	268	18	41	92	48	29	40	268	26	38	242
%	44	56	100	7	15	34	18	11	15	100	10	10	90

ANANDA continues to consistently screen individuals who have participated in debate sessions on GBV and masculinity norms. ANANDA screened 242 and identified 18 individuals who had experienced gender-based violence. ANANDA provided GBV victims with counseling, accompanied them to a health facility to access services (particularly PEP and HIV testing), and supported them in reporting the cases to the *Gabinete de Atendimento à Família e Menores* and taking the perpetrators to court.

Niiwanane screened only 26 individuals as compared to 194 in the previous period. The decline is the result of a combination of factors, including the challenges recruiting and retaining a program coordinator, the involvement of the ED in Ophavela's grant proposal development, and the long-term illness of a supervisor centrally involved in this activity. Niiwanane identified eight victims of physical violence, only one of whom needed support. Niiwanane accompanied her to the health facility. Niiwanane has struggled from the start to identify GBV victims. Shortly following the initiation of the GBV screening activities, Niiwanane rarely encountered a GBV victim. With CAP support, the organization changed the approach and was able to identify more victims, mostly cases of physical violence and old cases that had already been resolved. In December 2015, Niiwanane decided to discontinue GBV screening activities.

Niiwanane conducted an exchange visit with NAFEZA to learn from NAFEZA's more successful GBV screening experiences. Despite the visit, the team continued to identify fewer GBV victims than would be expected. CAP surmises that this could be the result of cultural factors that impede openness about GBV and the capacity and characteristics of the staff screening for GBV.

3. Produce Case Study and Article for Publication

In FY15, CAP Mozambique contracted two consultants to review existing data, interview Partners, and document and describe how CAP Mozambique integrated GBV/gender with HIV prevention and capacity building and the key factors in the success of this integration. In this

reporting period, the consultants completed the case study, and CAP Mozambique developed a technical brief summarizing the success factors, available in both English and Portuguese. The findings were presented in Washington, DC, at the FHI 360 offices and at the Partners Meeting. The technical brief will be featured on FHI 360's website and in the closing event for the GBV Initiative in Washington, as well as in the final compendium. As noted above, we submitted an article for publication to *Reproductive Health Matters* for its April 2016 issue. Unfortunately, the article was not accepted. We are exploring other avenues. Finally, abstracts based on the case study were submitted to the International AIDS Conference scheduled for July 2016 in Durban; the abstract committee accepted three. This is further discussed in Section XIII. The case study, technical brief, presentation, and abstracts are included in Annexes 16-19.

4. Other Support to Gender Based Violence Initiative (GBVI) Efforts

CAP Mozambique participated in the closing event for the GBVI in Mozambique in December. This included sharing materials and participating in the exposition.

CAP Mozambique continued to provide OD support to partners undertaking GBV interventions. CAP Mozambique was available to provide support to HOPEM in preparing for its audit on the U.S. Department of State grant, but HOPEM was not able to find a convenient time.

VIII. MONITORING AND EVALUATION COMPONENT

A. HIGHLIGHTS: M&E COMPONENT

During the current reporting period, CAP Mozambique:

- Facilitated six data verification visits, verifying data on key indicators with Kubatsirana, ANDA OVC, ANDA KP (two data quality assessments), HACI, and Niiwanane.
- Wrote three success stories to illustrate change at the organizational or individual level.
- Facilitated a Grants Management Workshop II in M&E to support Ophavela in developing their M&E Plan and tools for their new project.
- Wrote five technical briefs on CSO Governance, Improving Data Quality for CSO Partners, Integrating Gender and GBV into HIV Programming, Operationalizing MGCAS OVC Guidelines, and CAP OD Results.
- Wrote two Project Assessments, for IBFAN and NAFEZA, describing the results of their CAP-funded projects.

B. SPECIFIC ACTIVITIES: M&E COMPONENT

1. Technical Assistance to Partners in M&E

CAP Mozambique continued to support partners in submitting quality quarterly reports. CAP Mozambique supported organizations in preparing their final narrative and results reports, as their grants were closing.

In February, CAP Mozambique conducted a GMW II in M&E for Ophavela to support the organization in developing an M&E Plan and data collection tools for its new project. TA to

other CAP partners during this period was linked to the results of their data verification visits, described in more detail below.

2. Routine Monitoring of Partner Activities

- **Ongoing Monitoring and Technical Assistance**

CAP Mozambique conducted monitoring visits with ANDA KP and Ophavela during this period. These visits are described in detail in the Program Management TA and Programmatic TA sections of this report.

- **Data Verification**

CAP Mozambique conducts a full data verification exercise with each partner annually. This is a joint exercise, since it is an important learning opportunity for partners. CAP M&E staff and partner staff jointly review source documents and track the information through the partner's M&E system to the formal quarterly reports submitted to CAP. Any gaps in the system are discussed with the partner, and TA is provided to improve performance. The M&E team then tracks the partner's progress in meeting data quality standards. Data verification visits give us a better understanding of the challenges partners face on the ground, in particular the context in which they are working and how this impacts quality data collection and reporting. It also helps us develop a true picture of the capacity of partners to complete data collection forms, transfer data, and report. We consider this information when we adapt our systems to new reporting requirements, when we provide guidance to partners, and in the information we share with USAID through data quality assessment (DQA) reports and semi-annual reporting.

In the current reporting period, six data verification visits were conducted with four CAP partners: Kubatsirana, ANDA (one visit to the OVC team, and two visits to the KP team), Niiwanane, and HACI's sub-partner ABANHE. All of the organizations visited continue to struggle with managing their data archival systems. Although a few organizations improved upon this aspect since their last data verification visit, overall all of the partners visited need to a) delegate one person to manage the files, b) seal the files of periods already reported, and c) keep the files sealed from the broader team. Niiwanane demonstrated considerable improvement in terms of the quality of data presented, compared to their last visit. Other partners also demonstrated improvement, with the exception of ABANHE, which had never had a DQA visit before. The data verification report is attached in Annex 20.

3. Partner Project Assessments

The Project Assessment provides a brief description of the organization and its project, highlights key project results, illustrates the Partner's contribution to CAP Mozambique's HIV/AIDS prevention results (for Prevention Partners), describes organizational growth through CAP Mozambique capacity-building support, summarizes the results of the organization's graduation process, and illustrates change measured by CAP's capacity assessments (Financial Health Check, POAP, SBCC or OVC Technical Assessment, Report Writing Assessment). Project Assessments were completed for two Partners (IBFAN and NAFEZA) and disseminated in both English and Portuguese to these partners. These project assessments are attached in Annex 21 and Annex 22.

4. CAP Mozambique Final Report

In preparation for the submission of its final project report, CAP Mozambique developed an outline, drafted some sections of the document, and began culling project data to be presented.

5. Compendium of Technical Briefs and Case studies

CAP Mozambique wrote the following technical briefs this reporting period:

- Mozambican CSOs Rise to the Challenge: Good Governance in Practice. Attached in Annex 23.
- Harnessing Potential: CAP's Organizational Development Results. Attached in Annex 24.
- Promoting Quality Data Systems and the Value of Good Data. Attached in Annex 25.
- Operationalizing Government Guidelines for Orphans and Vulnerable Children. Attached in Annex 26.
- Integrating Gender and GBV into HIV Prevention Programming in Mozambique: Wisdom from the Field. Attached in Annex 17.

We prepared an overview of CAP Mozambique and developed a document sharing key lessons learned. We also updated several previously written technical briefs and case studies. All of these documents will be presented as a compendium to donors, other implementing partners, and capacity building practitioners in June 2016.

6. Dissemination and Further Analysis of Evaluations

A graduate student at George Washington University has conducted additional analysis on the Prevention Endline Data. In response to a request from the mission, she analyzed the association between the number of times a survey respondent had contact with CAP Partner programming and changes in certain key behaviors. As written in the abstract, "Initial findings suggest higher levels of participation in CAP activities are significantly associated with increased intention to seek VCT (voluntary counseling and testing), and reporting individual and couples VCT. Investing in greater dosages of intervention programming may be worthwhile for behavior change." She and her professor prepared an abstract for submission to the International AIDS conference in Durban. The abstract is included in Annex 19b.

CAP Mozambique was also well represented at the SBCC Conference in Addis Ababa. The *Quebrando Barreiras* films were featured in the media showcase. We also displayed a poster based on the GBV technical brief entitled, Yes CBOs Can! Preventing HIV by Integrating Gender and GBV. (Attached in Annex 27.)

IX. COORDINATION AND COLLABORATION WITH MOZAMBICAN GOVERNMENT

We collaborated with the Government of Mozambique in several ways during this reporting period. Three partners and seven HACI sub-partners worked closely with government health services to refer participants in debate sessions and other community members to testing. All

these partners routinely participated in ART committees or other coordination mechanisms at clinics to report results and discuss challenges. All partners used the MOH-approved forms. Results of these efforts are reported in section VI for testing and counseling. In other cases, OVC partners continued to use the MGCAS minimum standards as a guideline and have increased their capacity to conduct individual needs assessments and develop and negotiate joint care plans with caregivers. All partners continued to use the MOH-approved, FHI 360-created referral form. OVC partners interacted with several other government agencies to respond to OVC needs, including obtaining birth certificates and identity papers, nutrition support, agricultural inputs, and TA and education materials.

Two partners continued to share information with communities during debate session on the family law in an effort to reduce gender-based violence. ANDA and Niiwanane continued to screen individuals for GBV and are collaborating with health authorities and *Gabinete de Atendimento de Mulheres e Crianças Vítimas da Violência Doméstica* (GAMCVVD) to support victims to gain access to appropriate services and justice.

CAP Mozambique and Partners continued to participate in coordination meetings convened by national and provincial chapters of the National AIDS Council (CNCS). One representative of NPCS Maputo Province attended the Partners Meeting. We have encouraged partners to attend the ACA (joint accountability) and feedback meetings for the PEN IV (*Plano Estratégico Nacional IV* - National Strategic Plan IV). CAP Mozambique, as part of FHI 360, submits periodic reports to the Provincial Directorates for Health, Education and Women and Social Action (DPS, DPMAS, and DPE respectively), the governor's offices, and NPCS in all five provinces where we work. We encourage partners to submit quarterly reports to the provincial authorities as well.

CAP Mozambique staff members attend coordination meetings, including the NPCS and Communications working group meetings with the CNCS whenever possible.

X. PROJECT PERFORMANCE INDICATORS

A. PEPFAR TARGETS AND OTHER KEY INDICATORS

CAP Mozambique is not a direct implementer and reaches targets through its partners. CAP Mozambique bases targets on the following two sources of information: 1) partner-generated target estimates based on the initial project design process; and 2) our assessment of partner capacity. Then, we refine targets as additional and/or more precise information becomes available.

The targets in the table below are those CAP Mozambique presented in its Annual Work Plan submitted September 30, 2015. As the project ends in July 2016 and Partner activities are ending between January and May 2016, annual targets were adjusted to account for the shortened implementation period. For PEPFAR targets, the reporting period is September–February. Activities implemented in March–May of this year will be reported in the APR.

1. Community-based HIV Care and Treatment Support

Table 17 below illustrates the Community-based HIV Care and Treatment Support targets and results for this first semester of the current fiscal year.

Table 17. Community-Based HIV Care and Treatment Support Targets for FY16 to Date

Indicator	Annual Target	Q1 Results	% Achieved – end Q1	Q2 Results	% Achieved – end Q2
P.SBRP.03.03 – Number of Key Population reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards	130	70	53.85%	50	92.31%
P.SBRP.07 – Number of each Priority Population reached who completed a standardized HIV prevention intervention, including the specified minimum components during the reporting period	3,235	975	30.14%	1,061	62.94%
P-SBRP.05 – Number of targeted condom service outlets	9	5	55.56%	0	55.56%
P-SBRP.04 – Number of mass media spots delivered	3	2	66.67%	3	166.67%

CAP Mozambique is making good progress toward hitting its annual Community-based HIV Care and Treatment Support targets. We have reached 92.31 percent of the annual target to date for Key Populations, reaching 120 commercial sex workers in Manica province. ANDA continues to support CSWs through HIV prevention debates, HTC, and other activities.

CAP Mozambique reached 2,036 individuals with prevention messages under indicator P.SBRP.07.01 (Priority Populations), or 62.94 percent of the annual target. This total includes 1,427 truck drivers, 206 young girls (ages 10–14), and 403 other priority populations.

CAP Mozambique has reached 55.56 percent of its annual target for condom distribution sites. Our target for this indicator for FY16 is nine, and we reached five. ANDA contributed to all five sites reached this period. CAP Mozambique has already reached 166.67 percent of its annual target for mass media spots. CAP Mozambique’s target for mass media spots for FY16 is three, and we developed five. ANDA also contributed to all five mass media spots for this reporting period.

2. Gender-based Violence

Table 18 below illustrates the annual GBV targets and results for the current fiscal year to date.

Table 18. Annual GBV Targets and Results for FY16 to Date

Indicator	Annual Target	Q1 Results	% Achieved – end Q1	Q2 Results	% Achieved – end Q2
(P.GBV.01) – Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion	0	1,040	N/A	1,093	N/A

Indicator	Annual Target	Q1 Results	% Achieved – end Q1	Q2 Results	% Achieved – end Q2
P.GBV.10 – Number of people completing an intervention pertaining to gender norms, that meets minimum criteria	570	305	53.51%	304	106.84%
P-GBV.06 – Number of people screened for GBV (community screening)	100	170	170%	98	268%
Number of people referred to GBV services	20	8	40%	0	40%

CAP Mozambique continues to gather and report data on P.GBV.01, and has reached 2,013 individuals during this reporting period. To date, we have reached 106.84 percent of our annual target for P.GBV.10, reaching a total of 609 individuals. Contributions to both of these indicators come from ANDA (KP and OVC grants), Niiwanane, and Kukumbi.

CAP Mozambique has already surpassed its annual GBV screening target, having reached 268 percent of the annual target to date—screening 268 individuals through ANDA and Niiwanane. Of these 268 individuals screened, 26 individuals screened positive for GBV, and 242 screened negative. Eight individuals were referred to services. There are a few reasons for this lower rate of referral: 1) the cases uncovered are older cases that have already been dealt with, even if treatment of these cases is inadequate at times, 2) some individuals refuse to be referred, and 3) many physical violence cases—and some emotional abuse cases—may not require a referral, but rather a family-based intervention.

3. HIV Testing and Counseling (HTC)

Table 19 below illustrates the results for the current fiscal year in Counseling and Testing to date.

Table 19. HIV Counseling and Testing Results for FY16 to Date

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
P-CT-01 – Number of individuals who received Counseling and Testing (C&T) services for HIV and received their test results	2,015	664	32.95%	411	53.35%

CAP Mozambique has reached 53.35 percent of its annual HTC target to date. The target is 2,015 and CAP Mozambique reached 1,075 individuals in this reporting period. ANDA (Prevention and OVC grants), Kukumbi, and NAFEZA all reached results in counseling and testing. The bulk of the remaining target for the fiscal year is expected to be reached by Ophavela, under their new grant, in the coming reporting period. CAP Mozambique would have reached higher numbers in counseling and testing, but Ophavela is struggling to gain access to test kits from MOU health facilities to conduct community-based HTC. Ophavela submitted a request in January 2016 to DPS in Nampula for a Memorandum of Understanding to work with the health units, but DPS has not yet signed the MOU (as of March 31, 2016). Without this agreement in place, Ophavela cannot conduct testing in its communities.

4. Antiretroviral Therapy (ART)

Table 20 below illustrates the results for the current fiscal year in ART lost to follow-up to date.

Table 20. ART Lost to Follow-up for FY16 to Date

Indicator	Annual Target	Q1 Results	% Achieved – end Q1	Q2 Results	% Achieved – end Q2
T.ARV.17.01 – Number of ART defaulters or lost to follow-up actively sought during reporting period	700	162	23.14%	85	35.29%
T.ARV.18.01 – Number of ART defaulters or lost to follow-up found during reporting period	400	155	38.75%	75	57.50%
Number of individuals referred to ART (CAP Indicator)	250	108	43.20%	25	53.20%
T.ARV.19.01 – Number of ART defaulters or lost to follow-up who returned to treatment during the reporting period	220	104	47.27%	23	57.73%

CAP Mozambique has reached 35.29 percent of its annual defaulter-tracing indicator for defaulters “sought.” The target is 700 and CAP Mozambique reached 247 individuals. Multiple CAP partners contributed to these results (and all subsequent ART results): Niiwanane, Kubatsirana, ANDA, and two HACI sub-partners. The reason why these results are lower than expected at this time (for all four defaulter-tracing indicators) is because Ophavela is struggling to gain access to the health units and reach individuals with these services. As described above, Ophavela submitted a request in January 2016 to DPS in Nampula for a Memorandum of Understanding to work with the health units, which DPS signed at the end of March, which means that Ophavela lost months toward this aspect of its work.

CAP Mozambique has reached 57.50 percent of its annual defaulter-tracing indicator for defaulters “found.” The target is 400 and CAP Mozambique reached 230 individuals. CAP Mozambique has referred 133 ART defaulters to treatment, reaching 53.20 percent of its annual target at this mid-point in the year. CAP Mozambique has reached 57.73 percent of its annual defaulter-tracing indicator for defaulters “returned to treatment.” The target is 220 and CAP Mozambique reached 127 individuals.

5. Orphans and Vulnerable Children (OVC)

Table 21 below illustrates the annual OVC targets and results for the current fiscal year to date.

Table 21. Annual OVC Targets and Results for FY16 to Date

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
C-CCC.02 – Number of OVC receiving OVC services	5,560	7,500	134.89%	730	148.02%
Education and/or Vocational Training		4,271	-	912	-
Psychosocial, Social, and/or Spiritual Support		3,135	-	1,218	-
Legal and Protection Services		2,448	-	706	-
Food and Nutrition		2,832	-	979	-
Economic Strengthening		2,178	-	181	-
Shelter and Caregiving		509	-	159	-
Health Care Referral		4,289	-	925	-
Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services	0	372	-	132	-
Number of direct participants in savings and loans groups supported by PEPFAR	0	2,115	-	280	-
Number of direct participants in savings and loans groups supported by PEPFAR (OVC Caregivers directly supported by Partners)	445	481	108.09%	41	117.30%
Number of OVCs benefitting from parents/caregivers participating in savings and loans groups supported by PEPFAR.	1,140	1,697	148.86%	140	161.14%

CAP Mozambique has already reached 148.02 percent of its annual OVC target. The target is 5,560 and we have reached 8,230 individuals. ANDA, Niiwanane, Kukumbi, Kubatsirana, and PPF partners ASF and Kugarissica, and HACI’s sub-partners all contributed toward these results. CAP Mozambique has reached a higher than projected number of OVC at this mid-point in the year for a few different reasons: a) results achieved by Kukumbi in the first month of this fiscal year before its grant ended were not included in the target projections for this fiscal year, b) PPF numbers also were not included in the target projections, though results were achieved, and c) Niiwanane reached a much higher number of OVC than originally projected. CAP Mozambique also provided 504 OVC and their caregivers with access to HIV services this reporting period. There is no annual target for this indicator.

CAP Mozambique has reached 2,395 participants in savings and loan groups supported by PEPFAR. This includes one OVC, 522 OVC caregivers directly supported through CAP partners, 28 *activistas*, and 1,844 community members. CAP set a target specifically for OVC caregivers reached through savings and loan groups supported by PEPFAR. That target is 445, and CAP has reached 522 OVC caregivers to date, or 117.30 percent of the annual target. One of the reasons for achieving more than anticipated for this indicator is because a larger volume of OVC and OVC caregivers than originally projected were reached by partners, which extends to this activity as well. Another reason is that partners employed a variety of new strategies to mobilize caregivers to participate in VSLA activities, which included: a) allowing caregivers to join initially without saving, and only contributing to the social fund, and b) providing loans to caregivers who had not saved (which ultimately paid off when caregivers paid off the loans at

the end of the same loan cycle). In addition, caregivers who were already participating in the VSL groups served as positive role models in their same communities, spurring other caregivers to join new VSL groups as they were formed.

CAP Mozambique introduced a new indicator in the previous reporting period—number of OVC benefitting from parents/caregivers participating in savings and loans groups supported by PEPFAR. The fiscal year target for this activity is 1,140; we have reached 1,837 OVC to date (161.14 percent). This is due to a larger than anticipated number of OVC caregivers reached through VSL activities.

Food and Nutrition

Table 22 below illustrates the targets and results for food and/or other nutrition services for the current fiscal year to date.

Table 22. Food and/or Other Nutrition Services Targets and Results for FY16 to Date

Indicator	Annual Target	Q1 Results	% Achieved – end Q1	Q2 Results	% Achieved – end Q2
C-FOOD-01 – Number of eligible clients who received food and/or other nutrition services	0	2,848	-	979	-

CAP Mozambique did not set a target for individuals reached with food and/or other nutrition services. However, we reached 3,827 individuals in the first two quarters of the current fiscal year.

7. Human Resources for Growth (HRH)

Table 23 below illustrates the annual HRH targets and results for the current fiscal year to date.

Table 23. Annual HRH Targets and Results for FY16 to Date

Indicator	Annual Target	Q1 Results	% Achieved – end Q1	Q2 Results	% Achieved – end Q2
SS-HRH.02 – Number of community health and social workers (CHSW) who successfully completed a pre-service training program	300	111	37%	215	108.67%

CAP Mozambique has already reached 108.67 percent of its annual target for training of community health workers. CAP Mozambique’s target for this indicator for FY16 is 300, and we have reached 326 so far. Higher than expected results were achieved for this indicator for two reasons: 1) CAP had not intended to conduct a refresher training with the ANDA field staff. ANDA staff is more highly educated than other *activistas*. Observing their knowledge and capacity we did not think they required a refresher training. ANDA, however, specifically requested the refresher training that we subsequently provided. 2) Niiwanane and Kubatsirana decided to conduct an additional training on the CSI, which was not included in the projections.

8. Cross-Cutting Indicators

Table 24 below illustrates CAP Mozambique's results on other USAID health indicators.

Table 24. Results on USAID Cross-Cutting Health Indicators for FY16 to Date

Indicator	Annual Target	Q1 Results	% Achieved – end Q1	Q2 Results	% Achieved – end Q2
Number of people referred to health services by community-based organizations	1,000	908	90.80%	259	116.70%
Number of referrals from community-based organizations known to be completed	1,200	1,098	91.50%	340	119.83%
Number of individuals reached through USG-funded community health activities	8,925	8,545	95.74%	1,841	116.37%

CAP Mozambique has already exceeded its annual targets for health referrals and completed referrals. Its annual target for health referrals is 1,000, and CAP Mozambique has provided 1,167 health referrals to date (116.70 percent). ANDA and NAFEZA contributed to this indicator when they referred individuals for treatment following receipt of positive test results. Our OVC partners also contributed to this indicator through referrals for a variety of health issues for OVC and prevention, including malaria, general illness, HIV testing, TB, and others. All partners continue to prioritize providing health referrals to support beneficiaries, resulting in higher than expected results for this indicator. A breakdown of the types of health referrals provided to project participants is included in the table below.

Table 25. Health Referrals

Period	Total Health Referrals		HTC		Pre-TARV/TARV		SRH		GBV		Suspected Malaria		Suspected TB		Other	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Q1+Q2	525	642	112	120	74	96	3	31	1	8	99	123	5	3	231	261

CAP Mozambique has reached 119.83 percent of its annual target for completed referrals. The target for this activity is 1,200 for the fiscal year, and we have reached 1,438 to date. Kubatsirana, in particular, well exceeded its original targets for completed referrals, contributing to the higher than expected results achieved for this indicator.

The table below demonstrates the number of completed health referrals compared to all other types of health referrals facilitated through partners.

Table 26. Completed Referrals

Period	Total Completed Referrals		Health Completed Referrals		Other Completed Referrals	
	Male	Female	Male	Female	Male	Female
Q1+Q2	660	778	488	594	172	184

CAP Mozambique has reached 116.37 percent of its target for individuals reached through USG-funded community health activities. The target is 8,925 individuals, and we have reached 10,386 individuals to date. The reason for this is because we reached more OVC than originally projected.

9. Capacity Building

Table 27 below illustrates the annual Capacity Building targets and results for the current fiscal year. These targets are based on the CAP Annual Work Plan for FY16.

Table 27. Annual Capacity Building Targets and Results for FY16 to Date

Indicator	Annual Target	Q1 Results	% Achieved –end Q1	Q2 Results	% Achieved – end Q2
Number of civil society organizations using USG assistance to improve internal organizational capacity	28	26	92.86%	2	100%
Number of Mozambican civil society organizations using USG assistance to contribute to the health system	12	15	125%	0	125%
Dollar value of program funds obligated to local organizations*	\$3,322,423	-	-	-	-
Number of individuals trained in institutional capacity building	175	108	61.71%	127	134.29%
Number of organizations demonstrating increased capacity in 2 or more areas*	5	-	-	8	140%
Number of meetings facilitated to share experiences and lessons learned with CBOs/FBOs/NGOs	4	1	25%	3	100%
Number of indicators assessed by a data quality audit	4	4	100%	9	225%

* This indicator is reported upon on annually in October.

CAP Mozambique has exceeded all of its mid-term progress goals on its capacity-building indicators at this mid-point in the fiscal year, while meeting or exceeding annual targets on five indicators. Results are as follows: number of CSOs using USG assistance to improve capacity (100 percent); number of Mozambican CSOs contributing to the health system (125 percent); number of individuals trained (134.29 percent); number of meetings facilitated to share experiences (100 percent); number of indicators assessed by a data quality audit (225 percent); and number of organizations demonstrating increased capacity (140 percent).

10. Graduation

Table 28 below illustrates the annual graduation targets and results for the current fiscal year.

Table 28. Annual Graduation Targets and Results for FY16 to Date

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
Increased number of organizations with strong enough systems to graduate from the first level of CAP grants to the advanced level	0	0	0	0	0
Increased number of organizations with strong enough systems to graduate from CAP to direct USAID funding	1	0	0	0	0

CAP Mozambique did not facilitate a graduation process in the first semester of this fiscal year; therefore, we do not have results to report toward our graduation indicators at this time.

XI. PROJECT MANAGEMENT ISSUES

CAP Mozambique hoped that additional funds would be made available in the project’s final year to allow us to continue supporting OVC grantees for a few more months, to support Ophavela through its transition to USAID funding, and to expand our project documentation work. A no-cost extension was requested in January 2016, but was not approved. Also, we were informed that the additional funds anticipated would not be available for CAP. As such, CAP Mozambique proceeds with its planned close-out date of July 26, 2016. A close-out plan will be submitted by May 31, as requested by the project’s AOR.

XII. COLLABORATION WITH OTHER DONORS

CAP Mozambique met with other implementing partners to share information on CAP Partners and CAP Mozambique’s approach. This includes World Education and Counterpart International. In addition, CAP presented at a meeting of INGOs on our approach and the issue of coordinating around salaries of staff that are shared by multiple projects. CAP Mozambique reached out to Cidania, Educação e Participação (CEP), to coordinate on a response to ANDA, when ANDA was struggling with properly reporting salaries for shared staff; CEP is very interested in the methodology and asked for the tools. Finally, CAP continues to coordinate with Tear Fund in supporting Kubatsirana to complete its transition from organization in crisis to solid partner.

XIII. EVALUATION/ ASSESSMENT UPDATE

CAP Mozambique continues to disseminate results of the Prevention Endline Evaluation and the case study “Ensuring local capacity to adequately address gender and gender based violence in HIV programs.”

CAP Mozambique presented the following at the Social and Behavior Change Communications Summit in Addis Ababa in February 2016:

- Media showcase presentation: High-quality, locally produced, provocative films highlighting gender and HIV keep people talking about sensitive issues.
- Poster presentation: “Reactions to a new social and behavior change strategy for HIV and GBV Prevention in Mozambique” Authors: Hayley Bryant, Marty Galindo-Schmith, Jennifer Baumann, Elizabeth Oliveras. Institutions: FHI 360, Health Information Matrix.

Three abstracts were submitted and accepted to the International AIDS Conference in Durban in July 2016 (included in Annex 19):

- Oral Presentation: "Promising Practice: Integrating Gender and GBV into CBO capacity building, HIV prevention, Counseling and Testing Programs". Authors: Hayley Bryant, Rosalia Miguel, Chiqui Arregui, Katinka Van Cranenburgh. Institutions: FHI 360, Community Wisdom Partners.
- Poster Presentation: "A dose-response relationship between exposure to an HIV prevention intervention and preventive behaviors in Mozambique: findings from the Capable Partners Program (CAP)". Authors: Floriza Gennari, Elizabeth Oliveras, Eddie Marinda, Sarah. Baird, Hayley Bryant. Institutions: George Washington University, FHI 360, Health Info Matrix.
- Poster Presentation: "Involving community leaders and CBOs from design phase leads to strong results in addressing GBV and HIV Prevention." Authors: Hayley Bryant, Rosalia Miguel, Chiqui Arregui, Katinka Van Cranenburgh. Institutions: FHI 360, Community Wisdom Partners.

XIV. UPCOMING PLANS

1. Present the ROSME to stakeholders engaged with organizational capacity development.
2. Review Kubatsirana as a possible candidate for graduation.
3. Provide OD support to N’weti sub-partners.
4. Finalize the performance review tool for Executive Directors.
5. Finalize refresher training for *activistas*.
6. Finalize the checklist for *activistas*.
7. Support final project ceremonies of four Partners and seven HACI sub-partners. This includes the distribution of bicycles, *activistas* manuals, letters to local government regarding *activistas* capacity, and school materials and uniforms to caregivers.
8. Support close-out for four Partners, including finalizing quarterly and final narrative and financial reports, and inventory disposition plans.
9. Support Ophavela to submit a complete proposal to USAID in response to the RFA.
10. Support Ophavela to implement HIV adherences support activities and analyze the results.
11. Complete the electronic CSI pilot by finalizing the hand-held device application and database software, and conducting a final assessment.
12. Prepare final project assessments for Kubatsirana, Niiwanane, and ANDA.

13. Finalize and disseminate the compendium containing CAP's learnings during the life of project.
14. Organize a high-level visit of the National Director for Children and representatives of MNEC and MISAU to CAP Partners ANDA and Kubatisrana in Manica province.
15. Present at the International Aids Conference in Durban July 2016
16. Prepare the CAP Mozambique final report.
17. Host CAP Final Close-out ceremony.
18. Move offices to co-locate with other FHI 360 projects and reduce costs for a smaller team at end of project.

XV. FINANCIAL INFORMATION

See Annex 28 CAP Mozambique January 1 – March 31, 2016 Financial Information.

Total expenses January 1 – March 31, 2016: \$ 47,289,836.10

Total projected expenditures April 1 – July 26, 2016: \$2,081,233.00