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USAID/MOZAMBIQUE CAPABLE PARTNERS PROGRAM (CAP) II FINAL EVALUATION

October 2016

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Cover Photo: Children using the local water well in a rural area of Northern Mozambique. Photo credit: Jennifer Peters

USAID/MOZAMBIQUE CAPABLE PARTNERS PROGRAM (CAP) II FINAL EVALUATION

Strengthening Leading Mozambican Organizations and Networks

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To all who are committed to improved health and HIV service delivery in Mozambique, we offer these observations, analysis, and recommendations in the confidence that further progress will be realized through collective efforts.

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ACRONYMS

ARV	Anti-retroviral
CAP II	Capable Partners Program (follow-on program)
CB	Capacity building
CCM	Conselho Cristão de Moçambique
CBO	Community-Based Organization
CNCS	National AIDS Council – Conselho Nacional de Combate ao SIDA
CSO	Civil Society Organization
ECOSIDA	Associação dos Empresários contra o HIV e SIDA, Tuberculose e Malária
EOP	End of Project
FBO	Faith-Based Organization
FHI 360	Family Health International 360
FY	Fiscal Year
GBV	Gender Based Violence
GBVI	Gender Based Violence Initiative
GOM	Government of Mozambique
HACI	Hope for African Children Initiative
HBC	Home-Based Care
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HR	Human Resources
HSS	Health Systems Strengthening
HTC	HIV Testing and Counseling
IHO	Integrated Health Office
KII	Key Informant Interview
LDC	Liga dos Direitos da Criança da Zambézia
LOP	Life of Project
MARPs	Most At-Risk Persons
M&E	Monitoring and Evaluation
MGCAS	Ministry of Gender, Children and Social Action
MOH	Ministry of Health
NAFEZA	Núcleo das Associações Femininas da Zambézia
NGO	Non-Governmental Organization
OCA	Organizational Capacity Assessment

OD	Organizational Development
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Fund for AIDS Reduction
PLWHA	People Living with HIV/AIDS
POAP	Participatory Organizational Assessment Process
SBCC	Social and Behavioral Change Communications
SOW	Statement of Work
TA	Technical Assistance
TWG	Technical working group
USAID	U.S. Agency for International Development
USG	United States government

EXECUTIVE SUMMARY

EVALUATION PURPOSE AND EVALUATION QUESTIONS

The purpose of this final evaluation is to assess the United States Agency for International Development (USAID)/Mozambique-funded Capable Partners Program (CAP II) Mozambique and its performance in increasing organizational and technical capacity of its grantees and capacity-building partners. This evaluation's specific objectives are to assess the program's key achievements and shortfalls across the relevant focal areas of USAID/Mozambique's Integrated Health Office (IHO) results framework, including lessons learned and recommendations to better inform future capacity-building efforts. Four key questions guided this performance evaluation.

PROJECT BACKGROUND

Approximately 1.5 million people in Mozambique are living with HIV, and the country's HIV prevalence rate is estimated at 10.6%, the eighth highest in the world.¹ The epidemic poses significant development challenges to Mozambique as a low-income country. Poverty, estimated at 55% in rural areas,² exacerbates the impact of the epidemic. Cultural norms and gender inequalities increase the vulnerability of women and children to HIV and gender-based violence (GBV). HIV prevalence is currently 7.1% among women aged 15-19 and 14.5% among women aged 20-24—more than twice the prevalence of men in the same age brackets.³ Cultural and social norms perpetuate stigma and discrimination against people living with HIV, making it difficult for youth in particular to seek HIV testing and access care. For decades, the overburdened national health system has struggled to respond to the HIV/AIDS crisis and maintain all of the clinical services required of a national health system. Limited resources have been stretched to meet increasing clinical demands; the Ministry of Health (MOH) has yet more challenges.

The CAP II Program in Mozambique is a USAID/PEPFAR (President's Emergency Fund for AIDS Reduction) program with a budget ceiling of USD 55 million and a period of performance from August 2009 to July 2016. Implemented by FHI 360 and its partners, the CAP II project pursued the twin goals of scaling up service delivery of HIV/AIDS prevention, treatment and care, and strengthening the technical and institutional capacity of Mozambican non-governmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs), networks, and associations in the provinces of Maputo, Manica, Nampula, Sofala, and Zambezia. Capacity-development interventions were tailored for each partner organization based on the results of each capacity assessment. From 2009–2016, CAP II provided 50 grants to 37 grantee partners. An additional nine organizational development (OD) clients received the full CAP II package of capacity-development support, while many other local civil society organizations (CSOs) and networks benefited as sub-partners or took part in CAP trainings, meetings, or other CAP-sponsored events.

EVALUATION METHODS AND LIMITATIONS

A team of five consultants conducted the evaluation between February and June 2016, which covered the entire life of project (LOP) of the CAP II Program. The evaluation used a mixed methodology of

¹ http://www.unaids.org/en/resources/presscentre/featurestories/2015/december/20151208_Mozambique.

² <http://data.worldbank.org/country/mozambique>.

³ Ministério da Saúde (MISAU) 2011.

qualitative and quantitative data collection and analysis, including: desk and document review; progress towards 13 key and 35 total program indicators and review and triangulation of other data sets and programmatic reports; and qualitative analysis of 45 key informant interviews (KIIs), of which roughly half were with 20 CAP II partners (15 grantees and five non-grantees). Constraints and limitations to the evaluation included: delays in final team composition and at evaluation startup, field research restrictions, and delays in receiving critical documents and reports, alongside programmatic results against indicators. The team found limitations in using PEPFAR results to provide any assessment of growth or success. There were constraints in using the comparative measures of organizational development in CAP and the inability to compare and analyze Participatory Organizational Assessment Process (POAP) results across partners and over LOP as intended in the evaluation; extensive KIIs requiring considerable time and effort to summarize and organize as well as where possible, quantify by POAP area as well as by evaluation question and/or overarching themes. There were considerable limitations in quantifying OD inputs and achievements against PEPFAR health indicators.

FINDINGS AND CONCLUSIONS

CAP II Overarching Findings and Conclusions

Of its 35 indicators over its LOP, 32 (or 94%) had sufficient data for analysis and of these, CAP II has achieved 30 of the indicators (the remaining three indicators had insufficient targets that made analysis difficult). Of the 15 key indicators that USAID identified for this evaluation, CAP II achieved 14 out of 14 (the last lacked sufficient data for analysis). CAP II provided 50 grants to 37 grantees over LOP, and of these, 34 (68%) were completed, and 16 (32%) were terminated (see full report for details). Of the 12 partners that were eligible for graduation to direct USAID funding, eight (66%) graduated. CAP II has accomplished many qualitative achievements not captured by its indicators or measured in health outputs.

Key achievements of CAP II's strategic approach to OD and capacity building include:

- *Being capacity-building pioneers:* CAP II and USAID had a clear and strategic vision before other donors; the POAP became a precursor for the organizational capacity assessment (OCA) and USAID/Forward.
- *The value of the POAP:* All partners interviewed expressed significant appreciation for the POAP and many provided concrete examples of sustained and improved capacity as a result.
- *Long-term commitment to a comprehensive, holistic, bottom-up approach:* Commitment to the initial project design, and a long-term OD vision, both within USAID and the CAP II program resulted in measurable improvements in the capacity of partners.
- *Contributing to the development of a mid-range of CSOs working in HIV:* With CAP II assistance, a number of CSOs have emerged with improved governance and systems to more effectively provide and sustain the services and assistance required of them—this mid-range level of CSOs has proved themselves indispensable to their communities and the MOH, and many have increased their donor base as a result.⁴

⁴ See Key Findings and Conclusions section and Annex VIII for more detailed analysis.

Funded by a results-based donor such as PEPFAR, the team found that there were inherent challenges in achieving the program’s long-term capacity-building goals. PEPFAR priorities—alongside indicators and funding levels—have shifted significantly and annually, which had considerable and adverse effects on CAP II’s OD efforts and measurements, and its ability to weight or compare OD measures, as well as on its partners. Many of its partners could not or chose not to shift priority focus, which resulted in the early termination of seven grants and a further reduction in total grants from more than 20 in 2013 to six at end of project (EOP). In the first three years, CAP II had 14 indicators, which were unchanged; in the second half of the program, a total of 26 indicator shifts occurred, resulting in a sum total of 30 indicators at EOP (or more than double the number at the start). Concurrent to this, CAP II grantees shifted over the LOP, growing from 14 in Year 1 to 24–26 per year through 2013.

CONCLUSION

The evaluation team found that the program achieved the majority of its targets and maintained a steady focus on OD efforts. Of note, the POAP was one of the first participatory assessment instruments developed, and CAP’s experience has helped inform today’s OCA, globally accepted as best practice in OD. Conversely, significant and annual shifts in donor priorities, indicators, and funding pose a major constraint to the program’s ability to measure, compare, assess, and evaluate its OD work over the long-term. Shifts in indicators resulted in shifts in the program’s denominator—from the number of partners to time and funds invested in technical assistance (TA), to length and funding of grants. Cost-effectiveness analyses are also constrained, given the complexities in teasing out the costs incurred in response to external changes outside CAP II’s control, versus those invested in OD as planned, and in response to POAP’s results and needs identified within each partner.

Question 1. Which categories in CAP II’s Participatory Organizational Assessment Process (POAP) tool (the program’s version of the OCA) were most and least effective in improving institutional capacity of CAP II partners? What were the key factors for successes and failures?

Of the program’s total 35 indicators, 10 measure OD and institutional development and of these, the program achieved nine (90%). Three of the four key indicators selected for OD were achieved. Of note, graduation was an indicator added midway through the program and intended as a means for USAID to provide transition funds (or non-competed funding) to local CSOs. While the program succeeded in graduating eight of the 12 partners assessed, USAID had not set aside funds for transition awards, and only one graduate had received direct funds to date, through a separate (not CAP II) and competed process. The first transition award for another graduated partner was promised funding, but the award date was delayed indefinitely at the time of writing. As USAID did not have a budget for transition funding, graduation has led to confusion and frustration among many partners.

In the Human Resources (HR) & Financial Systems section of the POAP (see Annex X), the evaluation team found that: 1. Reports, 2. Internal Procedures, and 3. Staff Performance Evaluations were the categories with the most growth among the 12 partners assessed. In the “Governance & Leadership” section, the team found that Values was the fourth highest growth area identified. However, of note, while Vision, Mission, and Values are each an individual measure of governance, the three often received similar scores and were prioritized, as CAP II interventions addressed all three. The team’s assessment of these areas finds similarly high growth across all three, and as such, does not distinguish between them in the triangulation of findings from other OD measures and KIIs. The team identified the four weakest areas of the POAP (or those whose scores were static or decreased) in the same two thematic

sections: in “HR & Financial Systems,” the two areas with the least growth in scores identified were 1. Archival Systems and 2. IT; in “Governance & Leadership”: 1. Legal Statutes and 2. Leadership were identified.

Conclusion: Of the total 37 partners CAP funded over LOP, eight partners included in this evaluation were identified as needing capacity building at the start of the program. These partners did not have the appropriate governing boards and bodies in place, lacked statutes and clear roles and accountability between them and the executive directors, had not been formally registered, had poor or no HR, accounting, and other systems and/or poor technical capacity to design, implement, monitor and report on activities. A comparative analysis of these partners’ POAP and external analysis scores, with graduation assessments and review of donors and funding at the start and end of the program provides substantive evidence of their growth and potential to sustain themselves after CAP II ends.

Question II. To what extent have CAP II’s technical capacity-building initiatives improved grantee partners’ capacity to increase the number and/or quality of HIV services they provide?

Of the program’s 35 indicators, 20 measure HIV prevention and service delivery. Of those that have targets and results sufficient to analyze, the program achieved 19 (one could not be analyzed due to lack of targets set). The program achieved the nine priority indicators that USAID selected for this evaluation.

Conclusion: CAP II TA in technical areas included considerable emphasis on improving monitoring and evaluation (M&E) systems, data verification, and data reporting and use, and as such, contributed significantly to the technical capacity of partners, both in increasing standards of quality and in the number and/or geographical coverage of services provided. As noted, partners made significant contributions to HIV testing and counseling (HTC) and other health service targets. CAP II’s orphans and vulnerable children (OVC) partners expanded programmatic activities, increasing the number of services provided as well as the total number of beneficiaries and children reached either through referrals or direct service provision. However, PEPFAR indicators present significant challenges in measuring OD efforts to increase availability or quality of partner services. The annual shifts in priorities and indicators and their definitions and measurements posed a formidable challenge to CAP II and its partners; these forced CAP to refocus its human and financial resources to assist partners to adjust accordingly, and at the expense of other OD capacity-building areas and efforts.

Question III. To what extent has CAP II’s capacity-building efforts with partners in GBV increased (a) their capacity to integrate GBV in strategic and programmatic planning and (b) resulted in increased knowledge and uptake of GBV services?

Of the program’s 35 indicators, five were intended to measure the response to GBV interventions. Of the five GBV indicators, two of which USAID selected as the key indicators for this evaluation, the program achieved or exceeded four (the fifth lacks sufficient targets to be assessed). Of note, five of the current six partners have mainstreamed gender and GBV into their strategic plans, HR policies and/or into their code of ethics, resulting in increased gender equality and less sexual harassment inside the organization. Three partners were trained in the provision of GBV screening.

Conclusion: Transformative gender approaches in HIV prevention and OVC programs include strong management capacities for quality design, planning, coordination, implementation, M&E and adequate resources throughout the entire life of the program. CAP II successfully introduced all key factors and

elements required of a comprehensive capacity-building program for GBV, with results and preliminary evidence of institutionalized GBV programming among partners and awareness in communities. Integration of gender and GBV into partners' strategic plans, HR policies and/or code of ethics demonstrate ownership and commitment to GBV in their approach. The bottom-up strategy has resulted in increased community ownership and in more sustainable gender and GBV activities. However, the process of transforming deeply engrained norms around gender and violence takes time, and it remains imperative that ongoing follow-up and support to maintain forward momentum continues.

Question IV. To what extent has sustainability (financially, technically and institutionally) of CAP II partners increased over time and as a result of CAP II support?

With an eye on long-term sustainability, CAP II invested strategically in initiatives that were proven to be more effective and thus more likely to be sustained, based on evidence from research and experience of other OD programs globally. Factors for success identified in global best practices and implemented successfully by CAP II include: a long-term, systematic, holistic approach; consistent support and constant engagement; thorough formative research prior to project design; pre-award of grants, investment on strong governance and recognition of the need to identify organizations accountable to themselves instead of to donors; adequate individualized training and TA on multiple levels; institutionalized use and ownership of financial, M&E and HR systems and policies; recruiting higher level staff to meet the needs of growing organizations; and resource mobilization.

Conclusion: The team found that CAP II's capacity-building efforts across all OD areas have increased institutionalization of best practices, ownership of new systems and procedures, and improved internal coordination of partners as well as their and external relations. These are early indications of increased institutionalization and sustainability in the short- to medium-term, though it is too early to assess sustainability over the long term. While partners appreciated CAP II's efforts to improve capacity and sustainability of its partners, they are also aware of the many external and internal risks that affect long-term sustainability, and particular external factors beyond the control of CAP or its partners. Key elements of sustainability include strong management, succession plans, and change management plans to mitigate risk. A strong strategic approach for resource mobilization, including diversification of donor base, is an area many partners felt CAP II did not provide enough TA. The evaluation found that CAP II made great strides in building capacity of its partners, leading to institutionalization of best practices, ownership and increased self-efficacy and credibility in their communities. CAP's efforts also resulted in supporting the emergence of a mid-range level of CSOs. However, with no follow-on program or short-term plan to provide TA to support this emerging class of CSOs, their future is very uncertain. Without assistance, many may not survive which would be a great loss to Mozambican civil society.

RECOMMENDATIONS

Short-term recommendations for USAID/Mozambique include: conducting routine follow-up visits with CAP partners to assess sustainability using a standardized tool; conducting an external assessment to assess and analyze the relative inputs and outcomes of CAP's capacity-building work with grantee versus non-grantee partners; assessing the newly established mid-range level CSOs and develop TA for graduates who receive direct funding based on recommendations in CAP graduation reports; developing a plan for services provision as a priority in the short to medium term; assisting in forming a network of

local CSOs to continue to share experiences, lessons learned, collaborate and support each other; and continuing to play a leading role in advocacy and policy for local capacity building.

For future indicator measurements, the OCA and/or POAP can and should be weighted to better quantify and qualify the relative inputs and outputs of future OD efforts. Ideally, USAID/Mozambique and CAP II could identify the emerging mid-range level of partners, and target some portion of their future OD efforts on three things. For future OD coordination, USAID should establish a technical working group (TWG) for capacity building with key donors, local CSOs, universities/institutions, key ministries, and the National AIDS Council (CNCS)—to make a national strategy goal to support CSOs; and separate target-based/performance-based programming from OD efforts.

To increase sustainability, USAID should shift the focus of end results to OD first and to programmatic results to follow capacity building, but start with capacity as the end goal; programmatic measurements should prioritize OD over health and other outcomes; advocate for domestic sources of funding, e.g., from the private sector; take early action in transition periods and development of a change component; recognize that executive and top management roles are vital and that staff turnover is a key risk in the sustainability of local CSOs; and develop a mechanism to coordinate and more clearly direct funding streams to provide consistency and predictability over the LOP.

INTRODUCTION

EVALUATION PURPOSE

The purpose of this performance evaluation as stated in the Scope of Work (SOW) (Annex I) is to assess the United States Agency for International Development (USAID)/Mozambique-funded Capable Partners Program Mozambique (CAP II program). The CAP II project is the follow-on to CAP I, a three-year project (2006–09). In 2009, USAID/PEPFAR funded CAP II, which was initially designed as a five-year program with a broader scope than its predecessor and a USD55 million funding ceiling. CAP II was extended by two years (through 2016), and midway through the project, its budget ceiling was reduced by USD5 million to USD50 million. The program has had a total of 35 indicators over the life of project (LOP).

CAP II activities aim at increasing organizational and technical capacity of partners (i.e., organizations who received subgrants and capacity building). The evaluation assessed key achievements and shortfalls within the program across the relevant focal areas of USAID/Mozambique’s Integrated Health Office (IHO) results framework, including lessons learned and recommendations to better inform future capacity-building efforts. The evaluation assessed CAP II’s performance as measured by its indicators alongside internal CAP II mechanisms including the Participatory Organizational Assessment Process (POAP), partner assessment reports and baseline and endline surveys. For the purposes of this assessment, organizational capacity and technical capacity are defined as follows:

Organizational capacity uses a holistic approach to skills and systems with the core areas of an organization in mind, namely: internal governance, administration, finance, human resources (HR) and program management.

Technical capacity refers to these organizations’ ability to conduct intended services, including HIV prevention, Orphans and Vulnerable Children (OVC) services, and HIV care and support services, and to what extent they were able to deliver an increased volume of high-quality services while exhibiting better reporting and incorporating of additional/new intervention areas.

Defining Organizational Development

The UNDP defines capacity development as: “the process through which individuals, organizations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time.” Capacity building in the context of HIV prevention programs helps deliver evidence-based interventions more effectively by improving performance and addressing stakeholder needs. For UNAIDS, capacity building creates, expands, or upgrades a stock of desired qualities and features that can be continually drawn on over time: “It is not a one-off intervention, but an iterative process of design-application-learning-adjustment and helps promote a common frame of reference for a programmatic response to capacity development.”

USAID programs globally agree: “While capacity development models may differ in emphasis and the types of capacity NGOs need, nearly all agree on the importance of the capacity assessment: –it is the capacity assessment which effectively guides the capacity development process. This is a common thread throughout the literature, whether the capacity development initiatives focus on organizational development (OD) issues, or issues related to effective HIV prevention programming. Or in the case of [CAP II and other programs in the region] both.”

AUDIENCE

The main audience for this evaluation report includes the IHO and Program Office (working in Local Capacity Development) of USAID/Mozambique, Family Health International 360 (FHI 360) and its partners (the implementing organization), and the Government of Mozambique (GOM). According to the SOW, the executive summary, final report, and recommendations will be provided to these stakeholders and are intended to be used as a guide within the IHO for the design of future capacity-building efforts. CAP II and its partners as well as the GOM and other stakeholders (e.g., EUROSIS, Oxfam, Diakonia and AGIR [Action Programme for Inclusive and Responsible Governance]), who are working with civil society and capacity building; they may also benefit from the findings and key lessons learned.

SYNOPSIS OF EVALUATION WORK

The evaluation team found that CAP II had achieved the following:

- Achieving 30 of the 32 indicators (or 94%) for which two or more years of targets and results are available to analyze (for three indicators, targets were not set, so analysis of results is not possible).
- Of the 15 key indicators that USAID identified for this evaluation, achieving 14 out of 14 for which targets were set for two or more years (for one, targets were set for one year only, making analysis impossible). (See Annex VII for a Summary Table of CAP II Indicators & Results over LOP and Annex IV for USAID/PEPFAR Key Priority Indicators & Results.)
- Providing 50 grants to 37 grantees over LOP. Of the 50 grants, 34 (or 68%) were successfully completed, and 16 (32%) terminated. Nine of the 16 grants (or 56%) were terminated due to poor performance, while seven (or 44%) were terminated early due to shifts in PEPFAR priority and funding.
- Out of 12 partners eligible for graduation to direct USAID funding, 8 (or 66%) graduated. (See the constraints section, below, and Findings for Evaluation Question 1, for more detailed information regarding indicators, grants, and graduation).

EVALUATION QUESTIONS

The four SOW evaluation questions are as follows:

1. Which categories in CAP II's Participatory Organizational Assessment Process tool (the program's version of the Organizational Capacity Assessment - OCA) were most and least effective in improving capacity of CAP II partners? What were the key factors for successes and failures?
2. To what extent have CAP II's technical capacity-building initiatives improved grantee partners' capacity to increase the number and/or quality of the services they provide?
3. To what extent has CAP II's capacity-building efforts with partners in gender-based violence (GBV) increased (a) their capacity to integrate GBV in strategic and programmatic planning and (b) resulted in increased knowledge and uptake of GBV services?
4. To what extent has sustainability (financially, technically, and institutionally) of CAP II partners increased over time and as a result of CAP II support?

PROGRAM BACKGROUND

CAP II PROJECT OVERVIEW

The CAP II project in Mozambique, a USAID/PEPFAR-funded program with a budget ceiling of USD55 million, has a period of performance from August 2009 to July 2016. The project is titled “Strengthening Leading Mozambican Organizations and Networks” and is being implemented by FHI 360 and its partners. The CAP II project pursued the twin goals of scaling up service delivery of HIV/AIDS prevention, treatment and care, and strengthening the technical and institutional capacity of Mozambican NGOs, CBOs, and FBOs, networks, and associations in five provinces—Maputo, Manica, Nampula, Sofala, and Zambezia (see Map I). The project’s Results Framework (Annex II) includes six main objectives as outlined below:

1. Increased capacity of Mozambican CBOs, FBOs, 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-persons (MARPs)
3. Increase in 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 OVC receiving quality, comprehensive care in their respective target areas
5. Increased quality and coverage of home-based care (HBC) to people living with HIV/AIDS (PLWHA) and their families
6. Increased number of organizations that graduate from the Up-and-Coming level to the Advanced level of grants under CAP II, and to direct USAID funding.



Map I. Administrative Divisions of Mozambique

The CAP II development hypothesis asserts that quality service delivery of HIV/AIDS treatment, care, and prevention activities is dependent upon a CSO’s technical and institutional capacity, and that the provision of grant financing to these organizations must be accompanied by appropriate training and technical assistance (TA). To implement high-quality activities, organizations must have adequate technical capacity in the specific programmatic area in which they work, but the effectiveness of these interventions also depends on the commitment and leadership of the organizations’ governance structures, their financial and administrative capacity, and their relationships with stakeholders, and other elements that contribute to the organizations’ overall institutional strength. CAP II’s approach is to provide training and TA in multiple areas to support holistic organizational growth, thereby increasing the long-term effectiveness of organizations and their ability to continue programmatic interventions.

CAP II's interventions aim to assess and develop the relevant capacities—both organizational and technical—of its partners to achieve these results. Partner organizations that receive grants from CAP II (referred to as grantees) are provided with tailored TA specifically linked to their grant performance, as well as institutional strengthening and TA to strengthen functioning of governing bodies and consistent application of proper financial, administrative, and HR policies and procedures. With CAP II TA, grantees designed and implemented projects in HIV prevention, OVCs, HIV care and treatment, GBV, and/or a combination of these. CAP II also provided varying levels of organizational strengthening and institutional (but not technical) capacity building for partners who did not receive grants, referred to as OD clients. Capacity-development interventions were tailored for each partner organization based on the results of each capacity assessment. From 2009–16, CAP II provided 50 grants to 37 grantee partners. An additional nine OD clients received the full CAP II package of capacity-development support, while many other local CSOs and networks benefited as sub-partners or took part in CAP trainings, meetings, or other CAP-sponsored events.

EVALUATION METHODS AND LIMITATIONS

The evaluation was conducted between February and May 2016 and covered the entire LOP of the CAP II Program. The evaluation team included five consultants: Jennifer Peters, Team Leader; Ritva Parviainen, Public Health Specialist; Lily Bunker, Capacity Building Specialist; Neha Mehta, PEPFAR Specialist; and Dércio Parker, Administrative Officer & Logistics Specialist. The team convened in Maputo in early March and held team planning meetings alongside in-briefs with USAID and the CAP II team to finalize the evaluation methodology and data collection tools and work plan (see Annex III). Key findings from this evaluation were presented to USAID mission in a debrief meeting held on April 25, 2016, and to the CAP program on April 26, 2016.

SUMMARY APPROACH AND METHODOLOGY

The evaluation used a mixed-methods approach from the SOW that was intended to:

- Use mostly qualitative data methods with the aim of identifying logical links between the programmatic features of CAP II and documenting achievements in OD and capacity building among partners; in generating an HIV/AIDS response from CSO partners; and in contributing to the prevention of new HIV/AIDS infections.⁵
- Use USAID's and CAP's monitoring data for triangulation purposes. The quantitative evaluation of health outputs relied on program-level results against indicators as reported to USAID, the results of the Prevention Endline Report, and other cumulative health outputs as reported by the program.
- Use CAP data and reports generated for other OD measures and assessments such as: increases in POAP scores as noted in semi-annual reports and integrated capacity-building plans, results from external assessments and graduation reports, case studies, technical briefs and reports.

⁵ Identification and inclusion of key changes in HIV/AIDS trends that may result from other external factors and affect the program's achievements and/or those of its partners were also to be included in the evaluation methodology.

- Review, aggregate, and compare summary results from existing CAP reports, with triangulation and comparison with findings from KIs conducted during this evaluation.⁶
- Use quantitative and qualitative data and findings from CAP II combined with primary data collected through site visits and interviews with key stakeholders to answer evaluation questions.

In sum, the mix in methodology was sufficient to adequately respond to the questions posed, as the team was able to identify solutions and alternative means of addressing this work despite limitations faced by the team, as noted below (see Annex III).

LIMITATIONS AND CONSTRAINTS TO METHODOLOGY⁷

1. PEPFAR Progress against Indicators: CAP's results against PEPFAR indicators are a summary of the aggregate result/indicator for all partners whose grants includes that indicator; and as grants include varying numbers of indicators over varying lengths of time, aggregate results cannot be used to measure increased quality or coverage/type of service delivery by partner. After numerous discussions with both USAID/PEPFAR and CAP staff, it was clear that even if disaggregated by partner, PEPFAR results were still limited in their ability to provide any assessment of growth/success.

In the past year, USAID required that CAP reduce its targets and provided the project with the reductions to be included in its work plan. As such, a lack of increased service use, either at aggregate or disaggregated by partner level, is again an inaccurate and poor means of measuring increased service delivery or quality. Another program constraint was that the mission never asked CAP to report on POAP results and dropped the indicator altogether. However, CAP continued to gather the data and was able to prepare the final EOP report with in-depth analyses of results from POAPs and other external assessments across a subset of partners.

2. Aggregation, comparison, or analysis of POAP areas with most/least improvement: As there were no aggregate summaries of POAP scores by partner or across partners/time included in any CAP reports, the team requested POAP scores and reports for the 12 partners suggested for inclusion in the team's KIs during field visits. CAP noted that this request included a significant amount of documents and data and that summarizing these and then aggregating results across many partners would also require a substantial investment of time from the team. As a result, CAP sent one complete set for one partner only, which was a series of analyses across 27 areas of the POAP over time; for this partner alone tables and documents and reports were in excess of 40 pages.

Comparative analysis of aggregate results from quantitative OD assessments is complex, and the scores, increases and/or static/decrease derived from these are the result of a number of variables and factors unique to each partner. As a result, and without any further qualitative input or narrative, such analyses are limited as to the outcomes and conclusions one can reasonably make. After reviewing both POAP and other assessments alongside CAP, the team agreed that an in-depth analysis of all data sets would serve as an audit or DQA rather than adding value to a final performance evaluation. The SOW

⁶ CAP II's final OD assessments for the EOP were ongoing at the time of this evaluation, but preliminary findings—which the program shared with the team provide far more robust results and comparative measures of relative inputs and outcomes across various OD measures (including the POAP) for a subset of partners with results from two or more POAPs and other external assessments. Although EOP findings presented are draft, inclusion of the EOP findings provides considerable insight and depth in response to evaluation question 1 and POAP areas with the most/least improvements across partners, as CAP is able to use raw data as required during analysis to ensure that results are both robust and meaningful.

⁷ See Annex III for more information.

specifically states that the team should use existing and available quantitative data, not assess its veracity or validity.

In summary, the team would like to caution against oversimplifying or reading too much into any quantification of OD measures, as they are the result of inherently qualitative and nuanced processes with tailored TA at varying levels of time and financial investments and shifts in the focus of TA, investment in capacity-building provision of grants or just OD, affect the outcomes for each.

3. Constraints in conducting KIIs included delays in finalizing the partners to include in KIIs. Initially, meetings were scheduled with only the Executive Director and/or another senior staff member, and as a result, these individuals could not respond to all aspects of the POAP and CAP OD efforts. As such, partner KIIs added further depth and nuance to the quantitative data presented here, but as above, should not be viewed as representative for all partners.

4. Delays at the evaluation start: A number of delays occurred at the very start and constrained or challenged evaluation efforts as a result, such as changes to the team composition, hiring delays, and lack of access to data sets. CAP's reluctance to suggest or provide the team with data or reports (lest this be viewed as CAP attempting to "lead" the evaluation), led to further delays.

5. Restrictions in field research: Strict policies regarding field research prevented the team from interviewing any community members. In addition, the political situation and outbreaks of violence restricted the team from traveling outside of provincial capitals, so KII findings are for urban-based partners only. Other delays resulted in the team cancelling and rescheduling KIIs in two provinces.

KEY FINDINGS AND CONCLUSIONS

SUMMARY ACCOMPLISHMENTS

In addition to the achievements noted in the Introduction, above, CAP II also achieved significant accomplishments that are not captured by its indicators or measured in health outputs, despite the many challenges faced as a result of PEPFAR funding. Key achievements include:

Being capacity-building pioneers: CAP II and USAID had a clear and strategic vision before other donors; the POAP became a precursor for the OCA and USAID/Forward.

The value of the POAP: All partners interviewed expressed significant appreciation for the POAP and many provided concrete examples of sustained and improved capacity as a result. **Long-term commitment to comprehensive, holistic, bottom-up approach:** Commitment to the initial project design and long-term OD vision, both within USAID and the CAP II program resulted in measurable improvements in the capacity of partners.

Contributing to the creation of a mid-range level of CSOs: Previous to CAP II, Mozambique had a large number of CSOs working in HIV prevention that needed capacity building. With CAP II assistance among others, there is an emerging mid-range level of CSOs now with statutes, systems, and capacity to more effectively provide the services and assistance required of them.

Of the total 37 partners CAP funded over LOP, 8 partners included in this evaluation were identified as needing capacity building at the program start. These partners did not have the appropriate governing boards and bodies in place, lacked statutes and clear roles and accountability between them and the executive directors, had not been formally registered, had poor or no HR, accounting and other systems and/or poor technical capacity to design, implement, monitor and report on activities. A comparative analysis of these partners' POAP and external analysis scores, coupled with the graduation assessments and review of donors and funding at the program start and end provide substantive evidence of their growth, improved capacity, viability and potential to sustain themselves after CAP II ends. (See Annex X for more details.)

CONSTRAINTS AND CHALLENGES

The inherent contradictions and challenges in achieving the long-term, capacity-building goals of the CAP II program funded by a results-based donor such as PEPFAR has presented a number of significant challenges over the LOP. CAP II was designed when one of PEPFAR's key focal areas was health systems strengthening (HSS). Seven years later, PEPFAR priorities—alongside indicators and funding levels—have shifted significantly and shifted annually, which has had considerable and adverse effects of CAP II's OD efforts and measurements, its ability to weight or compare OD measures, as well as on its partners, who were initially chosen based on a set of criteria that included some basic level of established and functioning systems and some proven technical capacity and local reputation (with MOH, MGCAS [Ministry of Gender, Children and Social Action] and in communities) in one or more HIV prevention areas.

Changes in CAP II Indicators: CAP II has had a total of 35 indicators over the LOP, of which only 11 (31%), or less than one-third of the total, were maintained throughout the seven years and LOP. The annual changes in the indicators are highlighted below:

- There were 14 indicators from Years 1–3 and these remained unchanged.
- In Year 4, there were a total of 22 indicators; 8 new indicators were added; 6 of the 8 remained through the EOP and 2 were removed at the end of Year 5.
- In Year 5, there were a total of 27 indicators; 8 new indicators were added and 3 removed.
- In Year 6, there were a total of 30 indicators; 5 new indicators were added and 2 removed.

The number of new indicators over the LOP (from 14 at the start of program to 30 in its final year) would be a formidable challenge to any program. Yet more troubling is the number (26) of indicator changes that occurred in the final four program years. While this alone would present an enormous constraint for any program, annual and increasing indicator shifts posed an even greater to CAP II and partners, both in ensuring M&E systems were constantly updated to ensure partners could achieve and report accurately. It also resulted in disproportionately high investments from CAP II in M&E systems at the program end, and at the expense of other OD and capacity-building initiatives previously planned and of equal importance over the long term for OD development.

Change in PEPFAR Priorities: Midway through the program, PEPFAR priorities shifted substantially, giving priority to HIV care and treatment initiatives over prevention, and subsequently cut all funds for prevention activities. As a result, the project was faced with a number of challenges: first, partners chosen under the HSS initiative may not have been in priority epidemiological areas for PEPFAR and unwilling or unable to transition from prevention to care and treatment initiatives. For the first time, the project had to mandate the focus of its grantees rather than support them from the bottom-up and in their core technical area of strength.

Concurrent with PEPFAR priority focus and funding shifts, the total number and shift in CAP II grantees, length of time per grant and time and resources invested in OD activities from CAP II, varied considerably and annually. In its first year, for example, CAP II awarded 14 grants to pre-approved partners from CAP I. Ultimately, the PEPFAR funding decrease resulted in the early termination of 7 grants and a reduction in total grants from over 20 in 2013, to only 12 in 2015, and 6 at EOP.

The combined shift in indicators, in grantees, length and focus of grants, and the varying length of time invested by CAP for OD and capacity building, further constrained the program in measuring OD inputs and outputs, relative investment in various OD areas or by partner, and further constrained the potential to weigh, compare or triangulate OD achievements and/or programmatic outcomes as a result. Short and fragmented funding periods for grantees resulted in constraints to what was intended to be a long-term, knowledge and learning program designed to improved capacity. The process of documenting lessons learned along the way was also negatively impacted by these factors. (See Annex VIII: Shifts in CAP II Indicators & Grants by Year, LOP.)

Over the LOP, CAP II awarded 50 grants to 37 partners, called grantees, whose sum value was over \$12 million. In 2012, USAID asked CAP to provide OD support but no grant to CSOs already receiving US government (USG) funding, called OD clients. While more than 200 OD clients received some level of TA and capacity building from CAP II, the majority received only limited TA and training. However, nine OD clients were selected and received the full capacity-building package from CAP II, including POAPs from which the relevant, tailored training and TA package ensued. Though not included in the program's indicators, CAP II's POAP and other OD assessments included both grantee partners and the

nine OD clients. Of the 50 grants awarded to 37 grantees, Table I, below, summarizes the number of grants successfully completed versus those terminated over LOP.

Graduation Reports: To determine if an organization was ready for “graduation,” CAP II conducted an assessment that included evaluation exercises. The exercise had three main components: a desk review of existing documents; site visits by senior management who used an evaluation template to thoroughly assess various components of the organization; and an internal reflection meeting after which CAP II’s senior committee convened to identify organizations to recommend for advancement. CAP II met with all partners to provide feedback and share key findings with each organization after each graduation assessment, regardless of the outcome. Prior to USAID’s inclusion of the graduation indicator in 2012, CAP II had previously developed a three-tiered process to evaluate the capacity of and transition partners performing well from “basic” to “advanced,” and later to “graduate,” but without any link or association between graduation and direct USAID funding. However, when this indicator was included, CAP II graduation criteria was modified twice—first, since USAID criteria for direct funding was less rigorous than CAP II’s criteria for its “advanced” category, and second, when USAID included provision of sufficient TA as recommended in CAP II graduation reports, as part of its programming for direct funding to local partners.

Table I. Summary of CAP II Grantees and Grants Over LOP

	Total	Total	%	Total	%	Why terminated		Why terminated	
	#	# Completed		# Terminated		Performance	%	PEPFAR	%
Grantees	37	22	59%	16	43%				
Awards	50	34	68%	16	32%	9	56%	7	44%

When introduced, a total of 12 partners were eligible for graduation as of which 8 (67%) were graduated. Of these graduates:

- Two or 25% of graduates have, or are expected to soon receive USAID direct funding. Of note, the grant provided to one partner was competed and not a part of the anticipated transition funding process and not linked to CAP II.⁸
- Six or 75% have not received direct funds, despite having submitted proposals.

In contrast, one of four partners not graduated has received direct funds from USAID, and a second is a sub-recipient for USAID funding. Again, these awards were part of USAID’s standard, competed procurement process and not related to graduation or were funded through a non-competed transition fund mechanism. It is important to note that one of the reasons that graduation was introduced was so that partners could benefit from transition awards, which meant they were exempt from competition. However, the evaluation team did not find evidence of any such funding set aside by USAID for this purpose. As a result, direct USAID funding is not a measure or indication of the capacity of partners; rather, it is relative to the requirements and technical areas of the RFP’s released versus the core strengths of each CSO, as oftentimes funds were not available for the interventions partners provided. Partners were further frustrated by the lack of feedback on proposals submitted that were not

⁸ At the time of writing, direct funding had been delayed by USAID for an indefinite period.

successful; 100% of partners interviewed indicated that USAID did not acknowledge receipt or provide any correspondence regarding the reasons their proposal did not win, in contrast to other donors who did so, leaving partners further frustrated and less motivated to apply in future.⁹

Graduation as an indicator had mixed results from KIs. Positive feedback from KIs included:

- Increased confidence of graduates and respect in communities, with GOM and partners;
- Graduates said they better understood USAID policies and regulations for direct funding; and,
- Non-graduates who received USAID funds felt the graduation process helped, if graduation itself seemed arbitrary and deemed of less value as a result.

Negative feedback on graduation from KIs included:

- Some who did not graduate gave feedback that the process was political, and that conditions changed along the way, making the process less transparent; and,
- Some partners wished they had been eligible or could be assessed for graduation again after CAP finished and lamented the once off, time-limited opportunity.

CONCLUSIONS

The evaluation team found that CAP II and USAID successfully employed a visionary approach to OD and capacity building in the face of many shifts, challenges, and constraints. The program achieved the majority of its targets, despite shifting priorities and while maintaining a steady focus on OD efforts (see Annex II). Most notably, the POAP was developed under CAP (I and II) and was the first-ever OD participatory assessment instrument developed and tested. CAP II's experience with the POAP has helped guide the development of today's globally accepted OCA, a best practice in OD. This achievement alone is substantial, and the evaluation team found this to be an innovative approach. Many more lessons learned and best practices could be derived from CAP I and II's experience and those lessons disseminated widely, as they may have substantial impact on future OD efforts within Mozambique and globally, as USAID/Forward and its focus on local procurement gains momentum.

As noted above, conversely, significant and annual shifts in donor priorities, indicators, and funding posed a major constraint to the program's ability to measure, weight, compare, assess and evaluate its POAPs and OD work over the long-term. Shifts in priority and measures resulted in shifts in the program's "denominator": from the number of partners, to number and type of indicators, the time and funds invested in TA by CAP II, to the length and funding levels of grants. Cost-benefit studies or cost-effectiveness analyses are further challenged given the difficulty in teasing out the relative costs required to respond to external changes beyond the program's control, versus those invested in OD and capacity building as planned and in response to POAP's results and the needs identified within partner organizations. Ultimately, performance-based financing is at odds with the longer-term OD goal. CSOs and partners need time to learn and room to "fail" and make mistakes, as well as at times, to fail to achieve targets as they institute new systems and practice. Learning from one's failures is essential to the OD process yet PEPFAR funding does not allow for this. (See Annex VIII.)

⁹ Of note, factors affecting whether or not organizations received direct funding had little or nothing to do with the proposals submitted, nor were an indication of the capacity of the organizations. In some cases, funds were not available for the interventions provided (e.g., prevention).

QUESTION 1: WHICH CATEGORIES IN CAP II'S POAP TOOL (THE PROGRAM'S VERSION OF THE OCA) WERE MOST AND LEAST EFFECTIVE IN IMPROVING INSTITUTIONAL CAPACITY OF CAP II PARTNERS? WHAT WERE THE KEY FACTORS FOR SUCCESSES AND FAILURES?

Summary Results and Achievements

CAP II's Indicators & Results: Two of the program's six objectives in its results framework (see Annex II) are related to OD or institutional capacity building:

Result Area 1: Increased capacity of Mozambican organizations to develop and manage effective programs to improve quality and coverage of HIV/AIDS prevention, treatment and care services

Result Area 6: Increased numbers of partners who graduate from CAP II to direct USAID funding

“A fundamental challenge to the CAP program is that it is funded through PEPFAR, which is not a capacity-building program but rather an HIV/AIDS program. The nature of applying the rigorous PEPFAR protocols and indicators to a capacity-building program is inherently challenging, especially considering that most partners have not received USAID funding before so often perceived the stringency of procedures as CAP being overly demanding when in fact it is USAID requirements that drive CAP's support to partners.” From the CAP midterm evaluation.

Ten of the program's total 35 indicators are intended to measure OD and institutional development across these two objectives. Of these, the program achieved nine or 90% and came close (88%) to achieving the tenth. USAID selected four OD indicators for this evaluation. Results for these are presented in Table 2 below. (See Annexes IV and VII for more information.)

Table 2. Key Capacity-Building Indicators (4 of 15 USAID Key Indicators)

Capacity Building		FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	LOP
# of CSOs with strong enough systems to graduate from 1st to CAP advanced level	Target	N/A	N/A	N/A	2	1	N/A	3
	Result	N/A	N/A	N/A	2	3	N/A	5
	%	N/A	N/A	N/A	100%	300%	N/A	167%
Increased # of CSOs strong enough to graduate to direct USAID funding	Target	N/A	N/A	1	1	2	1	5
	Result	N/A	N/A	1	3	3	1	8
	%	N/A	N/A	100%	300%	150%	100%	160%
# of CSOs demonstrating increased capacity in 2 or more areas	Target	N/A	N/A	N/A	8	8	7	23
	Result	N/A	N/A	N/A	10	11	9	30
	%	N/A	N/A	N/A	125%	138%	129%	130%
# of CSOs using USG assistance to improve internal organizational capacity	Target	69	76	86	91	29	30	381
	Result	88	88	103	119	57	58	513
	%	128%	116%	120%	131%	197%	193%	135%

Note: FY= Fiscal Year.

In the HR & Financial Systems section of the POAP, the evaluation team found that: 1. Reports; 2. Internal Procedures; and, 3. Staff Performance Evaluations were the categories with the most growth amongst the 12 Partners assessed. In the “Governance & Leadership” section, the team found that Values was the fourth highest growth area identified. However, of note, while Vision, Mission and Values are each an individual measure of governance, the three often received similar scores and were prioritized, as CAP II interventions addressed all three. The team’s assessment of these areas finds similarly high growth across all three, and as such, does not distinguish between them in the triangulation of findings from other OD measures and KIs.

The team identified the four weakest areas of the POAP (or those whose scores were static or decreased) within the same two thematic sections: in “HR & Financial Systems,” the two areas with the least growth in scores identified were 1. Archival Systems and 2. IT; in “Governance & Leadership”: 1. Legal Statutes and 2. Leadership were identified. Also of note, Archival Systems & IT were often referenced jointly, as electronic filing and back-up systems are contingent upon strong IT systems. CAP reports confirm that IT was not a priority program focus, resulting in a logical link in relative weakness between these areas.

Of the two weak areas within “Governance and Leadership,” Legal Statutes represents an area with considerable external factors outside either CAP or its partners’ control. Leadership can be either or both internally and externally challenging—internally, for example, weak leadership skills at the executive and directorial levels are an enormous challenge, regardless how strong the new systems introduced or results of other staff training provided. The loss of key leaders to high potential and/or higher paid positions is a well-documented and key external risk to any organization. As a result, OD measures for governance and KIs findings confirm both significant improvements in this thematic area, as well as a number of challenges and constraints, both internal and external, faced by partners.

The team’s findings are based on the data from semi-annual and other technical, external and programmatic reports that assessed and compared change (both increases/static or decreases) across

the 27 areas of the POAP for 12 of CAP II's partners. Of note, the team had access to data for at least two POAP's per partner and the same 12 were also included in the KIIs conducted. The team abstracted POAP scores for CAP II documents that were part of the background documents provided. POAP scores from 12 NGOs/CSOs whose POAPs recorded at least two points in time in reports available to the team are summarized in Table 3, below (see Annex X for detailed POAP scores).

Table 3. Summary of CAP II POAP Scores

NGO/CSO	Grade	2012				2013				2014				2015				Change, all POAPs				% Change, first to last POAP				
		Be	Do	Relate	Ave	Be	Do	Relate	Average	Be	Do	Relate	Average	Be	Do	Relate	Average	Be	Do	Relate	Average	Be	Do	Relate	Average	
IBFAN	N/A	2.6	2.5	2.0	2.4					2.7	3.5	3.5	3.2	3.5				3.5	0.0	0.0	0.0	0.0	0.0%	0.0%	0.0%	0.0%
KUBATSIRANA	No					3.1	1.5	2.0	2.2	2.5	1.8	1.0	1.8						-0.6	0.3	-1.0	-0.4	-21.9%	14.3%	-100%	-24.7%
ANEMO	No	2.4	2.0		2.2	2.9	3.3		3.1										0.5	1.3	0.0	0.9	16.4%	39.9%		29.1%
NIIWANANE	No	1.7	1.8	2.0	1.8					2.8	3.2	3.0	3.0						1.1	1.3	1.0	1.1	39.4%	42.3%	33.3%	38.4%
HACI	No	3.0	3.0	2.5	2.8	3.3	2.8	3.5	3.2										0.3	-0.2	1.0	0.4	7.6%	-7.1%	28.6%	11.0%
ECOSIDA	Yes					2.5	2.8	2.0	2.4	3.3	3.3	3.0	3.2						0.8	0.5	1.0	0.8	24.9%	15.4%	33.3%	24.3%
OPHAVELA	Yes					2.9	2.4		2.6	3.7	3.2		3.4						0.8	0.8	0.0	0.8	21.6%	25.0%		23.2%
KUKUMBI	Yes	2.1	2.2		2.2	3.0	3.0	3.0	3.0	2.4	4.0	2.0	2.8						0.3	1.8	2.0	0.6	12.3%	45.0%	100%	22.9%
ANDA	Yes	2.9	2.8	2.5	2.7					3.3	3.2	3.0	3.2						0.5	0.4	0.5	0.5	13.6%	12.5%	16.7%	14.2%
AMME	Yes	2.4	3.0	1.0	2.1	3.0	3.0	3.0	3.0										0.6	0.0	2.0	0.9	20.4%	0.0%	66.7%	29.0%
NAFEZA	Yes	2.5	2.0		2.2	3.0	2.6		2.8	2.9	2.8	1.5	2.4	2.6	2.8	3.0	2.8		0.1	0.8	3.0	0.6	4.3%	28.6%	100%	20.2%
CCM-SOFALA	Yes	3.0	2.2		2.6	3.1	2.7	3.0	2.9	3.1	3.4	3.7	3.4						0.0	1.2	3.7	0.8	1.6%	35.3%	100%	22.9%

Note: The POAP includes scores from 1-4, and though 4 is titled “sustainable,” this does not equate to graduation, which had a far larger/broader set of criteria, of which POAP was one (see Annex X). POAP scores: 1=Emerging; 2=Growth; 3=Consolidation; 4=Maturation. AMME = Associação Moçambicana Mulher e Educação; ANDA = Associação Nacional para o Desenvolvimento Auto-sustentado; ANEMO = Associação Nacional de Enfermeiros de Moçambique; CCM = Conselho Cristão de Moçambique; ECOSIDA = Associação dos Empresários contra o HIV e SIDA, Tuberculose e Malária; HACI = Hope for African Children Initiative; IBFAN = International Breastfeeding Action Network; KUBATSIRA-NA = Associação Ecuménica Cristã; KUKUMBI = Organização de Desenvolvimento Rural; NAFEZA = Núcleo das Associações Femininas da Zambézia; NIIWANANE = Associação Niiwanane Wamphula; OPHAVELA = Associação Para o Desenvolvimento Sócio-Económico.

Table 4. KII Findings by Categories in Internal Systems and Procedures

TOTAL	Administrative Systems	HR Policies & Procedures	Financial Policies & Procedures
# Respondents ^a	15	17	18
Total #, Positive	27	31	56
Total #, Negative	0	6	13

To note achievements over time, the team compared POAP scores from the several POAPs. Across these 12 NGOs/CSOs, POAP scores improved 21% (average of the percent of average increase from first to last POAP), ranging from 11% to 38% improved POAP scores. Only Kubatsirana had decreased POAP scores (-25% improvement). Of note, the scores for Kubatsirana were from its first two POAPs, and for many partners, scores in their second POAP dropped as part of the learning process (although they may have increased capacity in some areas over the 18–24 months between the 1st and 2nd, CAP reports and results found that their capacity to recognize gaps and identify weaknesses also improved, resulting in decreased POAP scores from their second self-assessment).

Graduation was not based on POAPs—it was based on a much broader set of criteria than POAPs alone, including its own assessment process, so POAP scores and growth comprise one small part of this. There was no score of “5”; 4 “sustainable” was a ranking created before graduation was introduced, and thus is not equivalent.

These summary scores must be interpreted with caution. First, they are a subset of all partners’ POAP scores, as well as a subset of the 27 POAP areas. As USAID only required reporting on this indicator bi-annually, and partners were only assessed on the areas identified as priority focus for capacity-building efforts, reports included only those POAP areas, which were reassessed across the partners selected for inclusion in that report. The scores included here also cover differing durations. For most partners, the evaluation team was only able to locate POAP scores from two points in time. The team did not have access to project reports prior to 2013 (and thus no POAP scores from 2010 were available) and selected POAPs conducted in 2015 were to be included in the 2nd semi-annual report for 2015, and thus not yet available.

Constraints/Limitations to POAP data and scores: Although the evaluation team noted POAP scores for each dimension, many records were missing some of the sub-dimension scores. As a result, the team ignored these in their calculations, which meant that some dimension scores include all the sub-dimensions, and other don’t (see Annex X for detailed scores). Also, as seen in Table 3, above, the “Relate” dimension scores were missing from many records. All missing data were ignored in the team’s calculations. Furthermore, the details, interpretation and application of these scores do not show in a summary table, and the most important application of the POAP is how the NGO/CSO uses this exercise to improve their management and technical capacity.

As the indicator for POAPs was “increase in two or more areas of the POAP,” the program was only required to report this cumulative number. While they, nonetheless, included annexes which included scores for selected areas of the POAP and for a selection of partners, the data and information included in each report was not consistent for a number of reasons:

The TA provided by CAP to each of its partners was prioritized based on that Partner's initial and following POAP assessments; as such, those areas not identified as priority for capacity building were not assessed in following POAPs. As such, the data collected varied by partner.

POAP scores included in reports were often used to underscore or provide further evidence of the output/outcome of CAP OD efforts. For example, governance scores might be included in the annex of a report highlighting OD work in sub-areas of governance.

Scores in POAP sub-areas are not consistent, as noted above with Governance and Leadership, and can have both high and lower numbers; averaging these scores across dimensions further dilutes any ability to draw meaning.

The ultimate measure or outcome of POAPs and CAP OD efforts was not measured through POAP scores alone; the program used both POAP scores and a range of external assessments (2 technical, and 4-5 organizational assessments) to assess growth in technical and institutional capacity; so the POAP's purpose was two-fold: an activity or "process" through which the partner and CAP could identify priority needs and focal areas both for CAP TA and for the partners capacity-building plan, as well as "outcome," and one of varying measures of growth (or not) in scores across selected of the 27 POAP areas identified as priority areas (weak or gaps in capacity).

Per above, the POAP areas assessed varied by partner, as did the external assessments conducted (e.g., the SBCC [Social and Behavioral Change Communications] assessment was conducted only for partners working in prevention, and the OVC assessment for those partners working with OVCs; very few partners implemented both HIV prevention and care programs).

When the program began, its focus was prevention, and one part of the selection process was based on programmatic achievements/core strength in this area. In the program's second half, the technical focus shifted to care and treatment; as a result, some partners were terminated early and/or the length of time invested by CAP in OD and/or of their grant considerably shorter than others. Other partners added new activities in care and treatment, and in the final three program years, the indicators, demands, and focus of these activities shifted considerably. As such, TA from CAP and resulting scores in certain areas (e.g., technical capacity, M&E) varied, as partners took on new challenges and/or adapted to shifts and complexities resulting from shifts in programming.

As such, comparative analysis of change in scores from POAP and/or external assessments across partners is yet more complex.

Key Findings for the Internal (HR, Financial, Admin) Systems and Governance from Other OD Assessments and KIIs Conducted

Internal (HR, Financial, Admin) Systems: There is considerable evidence from other OD measures alongside key findings from KIIs to suggest that, as per the team's assessment of POAP areas, Internal Systems and Procedures were among the highest-performance areas and also per KIIs, deemed of high value to partners. Preliminary and draft findings and results (to be finalized and presented by CAP II at EOP) across 27 CSOs (19 grantees and eight OD clients) for whom

CAP II had results from at least two POAPs and an average of three external assessments are summarized below.¹⁰

Comparative Results of POAPs:

- 20 of 27 (74%) CSOs had improved internal policies and procedures, whereas,
- Less than half, or 13 of 27 CSOs, had strengthened their archival and filing systems.

Key Results from External Assessments:

- Report Writing: Improvements in 18 of 25 CSOs;

For nine of the 12 partners included in this evaluation, there was sufficient data to confirm that eight (or 88%) had significantly improved scores across two to three report writing assessments (2011–14).

- Financial Health Check: CAP reports improvements in financial health for 19 of 24 CSOs assessed. Of note, four grantees scored “low-risk” at baseline, compared to 11 at EOP.

Ten of the 12 partners in this evaluation had sufficient data to assess and compare their results across 2 to 3 financial health checks: six (60%) of these maintained or scored “low-risk”; three partners had no change from “medium-risk,” with only one partner whose financial health decreased (from low to medium risk).

Key Findings from KIIs: KIIs with partners resulted in over 200 positive, concrete examples of achievements resulting from the POAP, across the five OD categories as defined by the evaluation team and for the purpose of aggregation and analysis. In comparison, 29 concrete examples of challenges, gaps, or weaknesses were provided. KII findings are summarized in the Table 4 above, for the three categories corresponding to Internal Systems & Procedures, with sample quotes of positive and negative examples by area. (See Annex X for more information.)

Administrative Systems: Of the 15 partners/OD clients interviewed, 27 positive examples emerged in the following areas of administrative systems: administrative policies and procedures; procurement; archival systems; information technology; and travel policies (see Annex VI for KII examples). Of 15 partners/OD clients interviewed, no examples of challenges/gaps were given in this area.

HR Policies and Procedures: Of the 17 partners/OD clients interviewed, 31 positive examples emerged in the following key areas of HR policies and procedures: HR policies and procedures (general); salary scales; employee performance evaluations; division of roles and job descriptions; timesheets; and code of conduct and sexual harassment policy. Of the 17 partners interviewed, six examples of challenges/gaps were given in one key area of HR policies and procedures.

Financial Policies and Procedures: Of the 18 partners/OD clients interviewed, 56 positive examples emerged in the following key areas of financial policies and procedures: financial management systems; resource mobilization; external and internal audits; financial reports; and

¹⁰ CAP II draft OD results report (March 2016), denominator shifts indicate less than two POAPs/assessments done.

financial planning and coordination. From the 18 partners interviewed, 13 examples of challenging situations/gaps were given in three key areas of financial policies and procedures.

Key Successes and Challenges to Increased Reporting and Internal Systems

Introduction of and/or increased ability to operationalize Admin and Finance systems, policies, and procedures and correctly use tools significantly improved partners' abilities to reduce their risks, identifying and prevent potential problems faster, and better monitor their budgets and report on time and accurately to donors. A measure of CAP's OD achievements and key outcome in this area is the number of partners who report institutionalized use of one internal budget and financial system as critical to reinforcing internal controls compared to the former following project budgets.

Constraints noted by the program in improving Internal Systems include: setting salary scales: lack of familiarity with market research to support scales and/or revisions; executive level and board members who were often pressured internally to increase salaries beyond that which can be justified within internal salary scales or from external market research; lack of experience in developing robust HR and other policies that lead to further frustration and/or internal conflict as policies and procedures leave no room for future growth or flexibility.

Governance & Leadership: Preliminary findings and comparative results from the program's draft analysis and report entitled "Mozambican CSOs Demonstrate Significant Organizational Growth with CAP Support" (to be finalized and presented by CAP II at EOP) provide initial evidence of positive results from POAPs and other external assessments across a range of CSOs partners.¹¹ The assistance that CAP II provided was the first time in Mozambique that CSOs received training/guidance or assistance in legal registration, paperwork, or governing bodies. As such, it is important to note the impact of CAP II's TA and training, as noted, below:

Comparative results from POAPs:

- 16 of 27 CSOs clarified their organizational vision as a result of CAP II support
- 15 of 27 CSOs improved significantly in the area of governance;
- Two partners with poor scores in governance were noted and upon investigation found that in both cases, poor Leadership—dominant executive directors coupled with a weak or inactive board of directors—presented significant constraints to increasing capacity regardless of the OD support provided. One has since closed; the other is struggling to find funding or activities.

CAP II also surveyed 30 respondents (board members and executive staff) among 20 CSOs to identify and measure improvements in internal governance. Survey results found significant improvements across all 13 areas of Governance assessed. Among these, there was a 150 to 200% increase in CSOs with board-approved policies and procedures, updated statutes, strategic plans as well as fiscal councils engaged in internal audits and review of annual financials.

¹¹ The draft report provided to the team illustrates growth among 34 CSOs supported by CAP II that had received baseline and follow-up scores in two or more of the program's OD assessments, including the POAP. As application of external assessments, as well as measurements of change across POAP areas were tailored to each partner, the aggregate number of partners, or denominator, for each of the comparative set of results presented here, shifts accordingly.

Examples of positive and negative feedback from KIIs

Governance and Leadership: Of the 18 partners/OD clients interviewed, 62 examples of positive achievements were given in key areas of governance and leadership including: board of directors and executive-level roles and responsibilities; vision, mission, and values; strategic plans and integrated capacity-building plans (ICBP), institutional and technical; transparency; and legal registration and adherence to constitution. Only two examples of challenges/gaps were recorded in two key areas of governance and leadership, from the 18 partners interviewed.

CAP II KEY OD Interventions & TA per most/least growth area of POAP:

The team reviewed each of the 12 partners' ICBPs to identify key CAP interventions per POAP area; these interventions are summarized below:

- **Internal Policies & Systems:** All CAP partners received MANGO training for improved financial systems, control and health; other CAP II systems and procedural training included: M&E and HR; training in Administrative Systems (including IT, filing & procurement) was noted in fewer plans comparatively; intensive TA in HR to improve staff salary scales and performance reviews, job descriptions and other essential HR policies and procedures; intensive training and TA in M&E to ensure accurate data collection, verification, reporting and use—as an evidence base for planning and for PR and resource mobilization purposes.
- **Governance:** CAP II reviewed and revised the vision, values, and mission with partners; clarified roles and responsibilities of the board of directors, fiscal council, and other governing bodies, as required; supported the revision and clarification of statutes to ensure accountability and autonomy of governing bodies and executive staff.

Based on evidence provided in CAP semi-annual, technical, and other reports, as well as case studies, and detailed reports from graduation and other OD assessments, alongside findings from KIIs, the evaluation team found that the successful programmatic growth of partners was underpinned by critical improvements in both organizational and technical capacity. CAP II measured growth in capacity through various mechanisms, including the graduation assessment process, resulting in a total of 8 (of 12) partners recommended for direct USAID funding. Organizational development and increased capacity were also assessed through a series of POAPs, SBCC Assessments, OVC Assessments, Financial Health Checks, Report Writing Assessments, and Project Design Assessments. CAP II noted key areas of growth and attributed them to the extensive TA for OD and program implementation provided—including governance, leadership & management. Many partners' governing bodies demonstrated improved capacity and oversight, critically important as most CSO governing bodies did not understand their roles and responsibilities or provide effective oversight. Further, both CAP and partner KIIs found that most donors did not allocate sufficient resources to ensure effective oversight of finances and programmatic activities.

Key components identified in CAP's technical brief, case studies, programmatic and other reports for strengthening learning and organizational growth include the following:

- **Ownership through self-assessment:** Ownership of organizational and internal systems and structures that are not donor driven—meaning CSOs have systems that can be adapted to or can incorporate new grants and donors and are not driven by donors/awards;

- Commitment of CSO resources: In the POAP process, the partner's implementation of their own capacity-building plan, and to invest in other areas as needed emerged as important elements that were initially identified;
- Vontade: Vontade in Portuguese means willingness or an internal, innate drive to improve. Empirical evidence shows that grantees may have been further incentivized to engage in OD as means to receive funding; the incentive of funding that was present with partners versus a simple OD approach with no funding with OD clients still needs further assessment. OD clients committed the time and resources needed to engage in the program, and they were selected based on demonstrated interest in capacity building;
- Mitigating risk: Lessening risk is best achieved through the following: regular site visits, assessment of financial systems as a predictor of the commitment of the CSO, coordination with other donors, assessing HR and overall organizational capacities versus one, or a few strong leaders and existing pre-award conditions;
- Measuring Change: Organizations change at their own pace. CAP II facilitated, educated, informed, supported, provoked, persuaded, encouraged or challenged organizations. In the end, only the boards and staff could affect meaningful change within their organizations. This means that the change process is rarely linear, and thus challenging to measure. As such, CAP II used a range of methods—from comparisons in increases across POAPs, to external assessments (as summarized above) to measure OD change, in addition to tracking progress towards indicators;
- Innovative areas of the POAP for civil society in Mozambique: OD work undertaken by CAP II and noted as innovative and or of relatively high value (given poor understanding or adherence prior to CAP II efforts) include TA in governance (board and accountability, legal registration), and strict adherence to financial controls, which was initially discounted as burdensome and overbearing by some partners but in the end was recognized as vital.

Key weaknesses and failures noted in CAP reports and KIIs include:

- Recognition that support for IT work was not prioritized and received less focus than other areas, similarly, funding reductions and the need to increase focus on M&E reduced CAP II's ability to increase focus on longer term OD issues, including resource mobilization, expansion of donor base, and improved change management plans for risk mitigation.
- The POAP was not weighted or ranked across the 27 areas when first designed, and the ability to do so at EOP is further challenged by the shifts in partners, indicators, etc.
- Challenges identified by CAP in measuring and comparing organizational growth among Partners include: the difficulty in merging or comparing scores from self-assessments with those from external assessments, particularly in some of the domains (e.g., M&E and implementation) are duplicative. It is yet more challenging to compare scores across a range of assessments and group of organizations, given the many variables involved.

Conclusion

All partners interviewed in KIIs stated that the POAP process was both effective and successful in measuring and improving capacity; the midterm evaluation came to the same conclusion and preliminary results from CAP's EOP assessments of partner growth support this assessment. A

number of partners interviewed (both those whose contracts had ended years ago and more recent partners) also indicated that the POAP is now an institutionalized and internal process that they have and will continue after CAP II. While institutionalization and ownership of strong internal systems as well as improved governance—notably, the intensive TA provided to assist partners to clarify the roles and responsibilities of governing bodies as legally required—were areas of most growth within the POAPs analyzed here and areas of high value as evidence in KIs with partners, this team agrees with CAP, its partners, and global reports and literature on best practices in OD.

While PEPFAR indicators were inadequate in measuring OD achievements, the evaluation team found that CAP II produced a substantial body of quantitative data about organizational change, ranging from the POAP self-assessments across institutional and technical areas, as well as external assessments of institutional areas such as governance, financial health and report writing, to assessments of technical capacity and quality of interventions, and M&E systems. Nonetheless, and as evidenced in global OD literature and reports, the quantitative results do not provide a robust picture of either the change and growth of each partner, and aggregate summaries of OD measures across partners without sufficient narrative and or qualitative input and or narrative summaries of key detail run the risk of misinterpretation. As McKinsey stated (who developed the OCA tool):

The [assessment] grid is not a scientific tool, and should not be used as one. It is very difficult to quantify the dimensions of capacity, and the descriptive text under each score in the grip is not meant to be exact. Scores are meant to provide a general indication...of an organization's capacity level, in order to identify potential areas for improvement. Furthermore, results of the exercise should be interpreted in the specific context of that organization and its stage of development. A score of "2" may be sufficient for one partner, and not merit further attention, while for another, a score of "2" would flag the need for immediate attention.

The team is confident that CAP's final OD reports and assessments (in process now and to be disseminated at EOP) will provide further insights into their OD efforts, measures, accomplishments and failures as well to note the limitations in aggregate analysis of OD measures, as lessons learned for future OD efforts.

QUESTION II: TO WHAT EXTENT HAVE CAP II'S TECHNICAL CAPACITY-BUILDING INITIATIVES IMPROVED GRANTEE PARTNERS' CAPACITY TO INCREASE THE NUMBER AND/OR QUALITY OF HIV SERVICES THEY PROVIDE?

CAP II Technical Capacity-Building Initiatives

Background: CAP II was designed to support two primary technical areas: social behavior change communication (SBCC) for HIV/AIDS prevention, and HIV treatment and care (HTC) services, which includes home-based care (HBC) for people living with HIV/AIDS (PLWHA) and services for orphans and vulnerable children (OVC). As SBCC concepts were relatively new to Mozambique, a considerable amount of resources was spent to ensure that partners understood, integrated, and implemented SBCC programming. As focus shifted to treatment & care, CAP II's partners provided care to both OVCs and their families affected by HIV. OVC partners were trained to use the Child Status Index (CSI) to assess the needs of a child and measure change in needs over time. In the last two program years, partners were asked to assist

the MOH with defaulter tracing and referrals, alongside referrals for GBV services. Grants to Partners were initially aligned with their organizational capacity and core programmatic strengths and community services. Over time, CAP and Partners added new activities, indicators, and focal areas, from provisional OD psychosocial support, to targeted SBCC sessions for adolescents and MARPs, to home-based care for OVC, and innovative strategies to increase income-generating activities and employability for vulnerable adolescents. Increased linkages with health facilities—to trace ARV (anti-retroviral) defaulters and provide referrals for ARVs and GBV—was one of the greatest technical challenges partners faced in expanding quality and coverage of services.

Whether working with an SBCC or OVC partner (or in some cases, both), CAP TA to increase technical capacity included training and TA in the project design process (with intensive support to partners to conduct formative research and use this evidence-base to design appropriate project proposals, strategies, and interventions to meet the specific needs identified. CAP II introduced the basic themes of the project cycle management alongside TA to increase effectiveness and quality of interventions—through training of program and field staff alongside M&E, monitoring and supervision. CAP assisted partners not only in strengthening their M&E and data collection systems, but also in their capacity to report accurately and aggregated as required by donors, Partners also received extensive TA and training in the use of data for decision-making: for programmatic and planning purposes, budgeting, and as the evidence base for project design, proposal writing and public relations, and publications for external relations.

Summary Results and Achievements

CAP II's Indicators and Results

Four of the six objectives in the program's results framework are related to HIV service delivery, as follows:

- Result Area 2: Expanded HIV/AIDS prevention behaviors among MARPs
- Result Area 3: Increased numbers of sexually active youth, young adults, who report increased HIV preventive behaviors/decreased high-risk behaviors to reduce their risk of HIV infections
- Result Area 4: Increased numbers of OVC receiving quality, comprehensive care in target areas
- Result Area 5: Increased quality and coverage of HBC to PLWHA and their families

Of the program's total 35 indicators, 20 measured HIV service delivery. The program exceeded the 19 indicators with sufficient targets and results (at least two years) to analyze. Nine of the program's HIV indicators that USAID selected for this evaluation, and progress against indicators for these are presented in Table 5, below.

Table 5. Key “HIV” Indicators (Nine of 15 USAID Key Indicators)

Counseling and Testing		FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	LOP
# of individuals who received Counseling and Testing services and their test results	Target	N/A	N/A	N/A	N/A	2,178	1,600	3,778
	Result	N/A	N/A	N/A	3,624	3,989	6,269	13,882
	%	N/A	N/A	N/A	N/A	103%	392%	272%*
Prevention		FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	LOP
# of MARP reached with interventions based on evidence and/or meet minimum standards	Target	618	1,017	0	435	N/A	N/A	2,070
	Result	8,175	1,613	155	1,694	N/A	N/A	11,637
	%	1323%	159%	N/A	389%	N/A	N/A	562%*
# of target population reached with HIV prevention interventions based on evidence and/or meet minimum standards	Target	28,473	32,744	3,426	2,987	4,600	3,150	75,380
	Result	34,484	24,150	3,605	12,348	7,416	7,499	89,502
	%	N/A	N/A	N/A	413%	161%	238%	119%
OVCs		FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	LOP
# of OVCs receiving OVC services	Target	1,520	1,474	1,200	4,050	5,470	6,990	20,704
	Result	229	410	131	6,285	7,650	10,189	24,894
	%	15%	28%	11%	155%	140%	146%	120%
# of OVCs benefiting from caregiver participation in savings and loan groups	Target	N/A	N/A	N/A	N/A	N/A	380	380
	Result	N/A	N/A	N/A	N/A	N/A	1,990	1990
	%	N/A	N/A	N/A	N/A	N/A	524%	524%
Referrals		FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	LOP
# of people referred to health services by CBOs	Target	N/A	N/A	N/A	N/A	3,759	9,600	13,359
	Result	N/A	N/A	N/A	2,740	29,200	29,716	61,656
	%	N/A	N/A	N/A	N/A	777%	310%	441%*
# of referrals from CBOs known to be completed	Target	N/A	N/A	N/A	N/A	2,751	1,850	4,601
	Result	N/A	N/A	N/A	2,305	2,820	5,819	10,944
	%	N/A	N/A	N/A	N/A	103%	315%	188%*
# of defaulters or lost to follow-up actively sought in reporting time	Target	N/A	N/A	N/A	N/A	0	1,340	1,340
	Result	N/A	N/A	N/A	N/A	189	2,821	3,010
	%	N/A	N/A	N/A	N/A	N/A	211%	211%*
# of defaulters or lost to follow-up found during reporting time	Target	N/A	N/A	N/A	N/A	0	890	890
	Result	N/A	N/A	N/A	N/A	152	1,811	1,963
	%	N/A	N/A	N/A	N/A	N/A	203%	203%*

Technical Capacity of Partners to Increase Quality and/or Number of HIV Services:

CAP II partners worked in either SBCC for HIV prevention or in HIV care and treatment services, such as OVCs (selected partners worked in both areas). To measure growth in technical capacity, CAP developed separate external assessments for the two programmatic

areas. The evaluation team used available data and scores from these technical assessments, segmented by service type (SBCC and/or OVC), to conduct a comparative analysis of growth in technical capacity amongst partners' working in each area. (Note: SBCC scores for 5 of the 12 partners included in this evaluation are presented below. As the program has only 4 OVC partners to assess, the OVC assessment includes an additional partner who was not one of the 12 with whom KIIs were conducted). The team also aggregated and analyzed data available across the six technical areas of the POAP for the 12 partners included in KIIs alongside preliminary findings from CAP's analysis of POAP scores across a larger range of partners. Summary tables and key findings from these analyses are presented below, followed by key findings and quotes from KIIs regarding the strengths and weaknesses of CAP's technical capacity building efforts.

Key Findings, Most/Least Growth across Six Technical Areas of the POAP: The six technical areas assessed in the POAP are: Technical Competence; Analysis; Planning & Project Design; Implementation; Monitoring; and Evaluation. While aggregate growth across the 12 partners ranged considerably (from 100% growth to 100% decline), analysis of most/least increases among the 12 partners assessed in these six areas found the following information:

- Three Technical Areas, Growth: 7/12 (58%) partners improved in Implementation and Monitoring; and of the 6 partners assessed, 5 (or 83%) improved in Evaluation.
- Three Technical Areas, Static/Drop: 6 of the 10 partners reported static/reduced scores for Technical Competence; 5 of 11 partners, or roughly 50%, had similarly poor scores in Project Planning & Design. While 3 of the 4 partners assessed had increased scores for Analysis, insufficient data exist with which to assess this area as a result.

The team attempted to evaluate technical growth by disaggregating partners across various factors. For example, in an analysis of technical areas for strong/graduated partners versus weaker/non-graduates, the results were inconclusive, and the majority of technical areas were split equally as strong/weak among partners (and regardless of partner size, strength or other factors).

Preliminary Findings from CAP's Ongoing EOP Assessments

CAP's preliminary results of growth in technical areas across 13 partners identified three areas with the strongest growth:

- 11 (or 85%) partners' scores increased in Project Design,
- 10 (or 77%) partners' scores increased in Implementation, and,
- 10 (or 77%) of partners' scores increased in Technical Competence.

The team's assessment of limited POAP data sets across 12 partners does not align with the preliminary program results, and as such, the team wants—again—to caution against drawing any conclusions from the preliminary evidence presented here, whether the results of the program's preliminary analysis or the evaluation team's analysis of 12 partners. Final and conclusive results of OD assessments forthcoming from CAP's EOP assessments will be robust and the key findings and conclusions from these will be far more substantive. As such, the final results should be used in deference to any preliminary findings and/or common threads cited here.

Results of CAP's External Assessments: Of the 17 partners assessed, CAP identified 15 partners (or 88%) with increased SBCC and OVC scores,¹² as follows:

1. SBCC (HIV Prevention): 10 of 11 (91%) partners had increased SBCC scores. Of the 11, 6 (or 55%) of partners' scores improved more than 50% and two by over 85%.
2. OVC Care: All 8 partners (100%) assessed had increased scores for OVC Care.

As shown in tables VII and VIII, below, the team attempted to assess both change in SBCC and OVC scores (total and sub-area), alongside change in average scores for the six technical areas of the POAP.

Table 6. SBCC Total and Three Sub-Components' Scores versus Average POAP Scores in Six Technical Areas (% Change)

SBCC Partner	Total SBCC Score	1: Plan/Design	2: Implement	3: M&E Systems	POAP: 6 Areas
Ophavela	20.51%	20.00%	25.90%	14.30%	3/5 (60%) growth
Nafeza	17.50%	15.98%	25.50%	7.60%	4/6 (66%) growth
CCM-Sofala	9.23%	13.49%	7.99%	6.59%	5/6 (83%) growth
EcoSida	7.69%	13.51%	10.30%	0%	2/4 (50%) growth
Kukumbi	5.49%	2.67%	2.89%	13.80%	5/6 (83%) growth
Average	10.99%	12.32%	5.64%	8.02%	Average Growth: 70%

Table 6, above, does not reveal any substantive insights or correlations between a change in POAP scores relative to SBCC scores, nor did further attempts to correlate change in a SBCC sub-category with a change in the relevant POAP area(s). However, the evaluation team's assessments of SBCC sub-categories with most growth and corresponding CAP inputs and TA does provide valuable insights regarding CAP's interventions and TA which assisted in increasing the technical capacity of each partner, as follows:

- Ophavela: Growth in Implementation: Staff capacity-building efforts (training and TA) to improve programmatic staff's capacity in monitoring and supervision and specifically to assess the quality of implementation grew substantially.
- NAFEZA: Growth in Implementation: Dedicated and intensive TA from CAP to increase the quality of activities, as well as the quality and use of data collected, significantly increased capacity to plan, undertake, and demonstrate achievements as a result.
- CCM-Sofala: Growth in Planning & Design: CAP TA helped increase capacity to successfully negotiate collaborative agreements with service providers and to incorporate new activities in existing projects, including new indicators and the data collection and reporting required.
- ECOSIDA: Growth in Planning & Design: CAP TA resulted in considerable growth in the organization's ability and capacity to apply SBCC theory to proposal design, alongside ensuring quality of implementation as well as monitoring of activities.
- KUKUMBI: Growth in M&E: CAP focused its efforts on improving Kukumbi M&E systems, notably the correct use of M&E collection and reporting tools, which led to increased

¹² Note: Scores for improved for two CSOs working in SBCC and OVCs.

accuracy in reporting. As Kukumbi reports directly to the government, accuracy is yet more critical to demonstrate both their capacity and proven outcomes, as well as for future efforts in resource mobilization.

Table 7. Total Score for OVC and by Three Sub-Components (% change)

OVC	1. Project Design			2. Program Standards			TOTAL SCORE		
	2013	2014	%	2013	2014	%	2013	2014	%
Grantee	2013	2014	%	2013	2014	%	2013	2014	%
HACI	22	23	4.5%	37	50	35%	59	73	24%
Niiwanane	17	18	5.9%	39	52	33%	56	70	25%
ANDA	3	15	400%	39	48	23%	42	63	50%
LDC	4	11	175%	9	35	289%	13	46	254%
Average	12	17	46%	31	46	49%	43	63	48%

As the evaluation team found that the results from comparative analysis between growth in OVC scores and in POAP technical areas also provided no further insight, POAP summary scores for partners are not included in Table 7, above. Despite an inability to triangulate OVC results against changes in POAP for the 12 partners included in this evaluation, an assessment of sub-categories per partner with most growth against CAP TA provided does add depth to these numbers, but again, these must be taken with caution, as CAP TA that was successfully tailored to address the gaps for one partner is not indicative of the strength of the intervention for all partners. That is, the CAP approach—and in keeping with global best practices in OD programs—is not a “one size fits all” package. This approach further supports the limitations in quantifying OD achievements alongside the qualitative and nuanced differences that are critical for success. In its evaluation, the team undertook a further review of CAP OD inputs and TA across the OVC Sub-Categories, and which helped to increase the technical capacity of that partner as a result; the findings are summarized below:

- **HACI: Growth in Technical Capacity (300%), a subset of Program Standards (35%):** Based on the results of technical assessments, HACI identified the need to improve the technical capacity of its sub-partners as a priority area in its ICBP. Specifically, partners lacked sufficient capacity to correctly apply the CSI and develop appropriate plans for provision of care as a result. To address this gap, training for both HACI and its partners was conducted, resulting in an impressive increase in score (1 to 4) for sub-partner support.
- **Niiwanane: Growth in Implementation (60%), a subset of Program Standards (25%):** TA in the correct application of CSI tools and to assist in establishing referral networks assisted Niiwanane to improve its relationship with service providers and integrate a large number of beneficiaries and households into its saving and loan groups.
- **ANDA: Growth in Project Design (400%):** TA in proposal development and annual planning resulted in a demonstrable increase in capacity to evaluate achievements annually, identify and resolve challenges as well as to integrate new activities in the coming year.
- **LDC: Growth in Implementation and M&E (400%), two subset of Program Standards (254%):** CAP provided both training and TA in data management and reporting alongside improved tools and methodology for supervision of field activities. These inputs significantly improved

LDC’s capacity to provide high-quality services to beneficiaries and accurately collect data for reporting purposes.

Across all SBCC and OVC assessments included here, technical areas with most growth across all partners and both assessments are summarized below:

- Implementation: 4 partners (2 SBCC, 2 OVCs)
- Planning & Project Design: 3 partners (2 SBCC & 1 OVC)
- M&E: 2 partners (1 SBCC, 1 OVC)
- Technical Capacity: 1 OVC partner

Key Findings from KIIs: The 15 partners interviewed provided the team with concrete examples of both positive results of the POAP, as well as constraints, challenges, and/or gaps across the six technical areas of the POAP. For the purposes of this evaluation, the six technical areas of the POAP were further grouped into four: technical capacity; planning and project design; implementation, and M&E (which includes POAP areas monitoring, analysis and evaluation). Table 8, below, summarizes the key technical findings from the KIIs. Quotes with positive and negative examples across technical sub-areas follow.

Table 8. Summary Positive and Negative KII Examples in Technical Areas

Totals per KIIs	Technical Capacity
Total # respondents	15
Total positive examples from	30
Total negative examples in KII	12

KIIs: Positive Examples of POAP Achievements in Technical Areas: Of the 15 partners interviewed, 30 examples of positive achievements were provided across the following areas of technical capacity: Analysis; Planning and Project Design; and M&E systems (see Annex VI for quotes).

Challenges and Gaps from KIIs: Of 15 partners interviewed, the team found 12 examples of technical challenges/gaps in analysis and M&E systems.

Key Successes and Challenges in Increasing the Technical Capacity of Partners

While CAP II and its partners achieved or exceeded most PEPFAR targets, as noted in the overarching section above, PEPFAR indicators do not measure expansion in the number or geographic coverage of programmatic activities, nor increased quality of services provided. Many partners working in prevention initiated referrals for HIV testing and counseling (HTC), resulting in 5,800 individuals who were tested as a result. CAP II’s OVC partners also expanded programmatic activities, increasing the number of services provided as well as the total number of beneficiaries and children reached either through referrals or direct service provision. Programmatic expansion required both prevention and OVC partners to establish and/or strengthen linkages with the MOH, other HIV projects, local authorities, and community

leaders, forging valuable relationships to capitalize on in future to improve service provision as well as resource mobilization.

One of the key outcomes resulting from a CSO's programmatic and technical expansion is the proven ability to both expand their scope and responsibilities as well as adapt their systems as needed and without jeopardizing efforts and results of existing activities. Successful expansion also improves their self-efficacy and reinforces both confidence in and ownership of internal systems. "Change management" or a CSO's ability to plan for and adapt to unforeseen and often sudden changes—i.e., in donor or priorities and/or government strategies, increased or decreased funding, collaboration and coordination with other partners, etc.—is widely considered to be a more challenging indicator of capacity but also a far stronger measure of potential sustainability of partners.¹³

Of CAP II's partners, CCM-Sofala, NAFEZA, ANDA, Niiwanane, and Kukumbi have demonstrated the greatest capacity in change management to date. For example:

- CCM-Sofala shifted its strategic model so that it could transport trained community workers to cover new target populations, in lieu of training a new cadre in each area. This decision was made after strategic analysis of the cost-benefits and efficiency of each option. As a result, CCM-Sofala succeeded in reaching a higher numbers of target populations faster and with lower investment (in human and financial resources).
- CCM-Sofala also successfully initiated treatment defaulter tracing activities and within the first two months, had identified 89 HIV-positive individuals who started treatment but then defaulted. Of the total 89, the program referred and successfully confirmed that 81 defaulters had returned to treatment (a success rate of over 90%).
- NAFEZA increased both the number of individuals reached through its interventions and the number of referrals for health services; in addition, they introduced GBV screening.
- As programmatic priorities shifted in Kukumbi's target communities, partners who had provided T&C services could no longer do so. In response, Kukumbi worked in collaboration with the DPS (Provincial Department of Health) to hire and train its own counselors to fill this gap and adequately respond to the demand created in target communities.
- ANDA and Niiwanane also introduced new intervention areas, including GBV screening, discussion groups on HIV and GBV prevention and household economic strengthening.

All these expansions presented challenges to partners, both in the learning curve required to plan, implement quality activities, and monitor, collect and report data alongside negotiating collaborative agreements. Additionally, the partners were at risk of poor grant performance for other donors, due to the increased strain and focus required for new initiatives. CAP II provided considerable training, intensive TA, support, and assistance and feels these partners' successes are—at least in part—the external manifestation of internal capacity building and OD strengthening that are a result of CAP OD assistance. In sum:

¹³ The sustainability study in Mozambique, USAID's NGO Tips for OD work, and a number of other assessments identify capacity in change management alongside diversification of donor base (as part of a CSO's resource mobilization efforts) as two factors which are critical to a CSO's sustainability in the longer term.

- Five Community-Based Care and Treatment/Prevention Partners have demonstrated an increased capacity to implement social and behavioral change communication interventions;
- All four OVC partners demonstrated increased capacity to provide quality care for OVCs and their families, with increased scores ranging from 24% to over 250%;
- Seven partners (assessed in late 2014) had improved Financial Health Scores; of note, areas with most growth included internal controls, budgets, and planning;
- A total of 8 (out of 12 possible) partners have successfully passed CAP's rigorous graduation assessment, indicating they have the capacity to manage direct funding from USAID.

Alongside significant OD and technical growth of partners, CAP and partners have faced many challenges. For example, for two partners, poor executive leadership posed a formidable constraint in the provision of effective OD interventions and impeded their ability to implement activities as planned in target communities. For one partner, ongoing disregard for conventional and critical policies and procedures resulted in CAP's early termination of its grant.

Conclusion: CAP II TA in technical areas included considerable emphasis on improving M&E systems, data verification, and data reporting and use, and as such, contributed significantly to the technical capacity of partners, both in increasing standards of quality and in the number and/or geographical coverage of services provided. Partners made significant contributions to HTC and other health service targets, and many of them successfully integrated gender norms and GBV interventions into their existing HIV interventions. The majority of OVC partners expanded the number of children reached with services or referrals, and increased the variety and quality of activities as well. This expansion is evident from both the external assessments and KII findings from partners. CAP II consistently achieved and often exceeded its service delivery targets throughout the LOP. However, PEPFAR indicators present significant challenges in measuring OD efforts to increase availability or quality of partner services, as geographical expansion, increased number or type of services, and improved quality of implementation or M&E is not captured in these. Annual shifts in priorities and indicators and their definitions and measurements posed a formidable challenge to CAP II and its partners and forced CAP to refocus its human and financial resources to assist partners to adjust accordingly, at the expense of other OD capacity-building areas and efforts. Pressure to produce service delivery results quickly are at odds with the longer term goals of capacity building and local ownership, and contrary to globally accepted best practices in OD. While achieving results is important to any donor, adequate time for capacity development is critical to ensure CSOs can achieve these.

QUESTION III: TO WHAT EXTENT HAS CAP II'S CAPACITY BUILDING EFFORTS WITH PARTNERS IN GBV INCREASED: (A) THEIR CAPACITY TO INTEGRATE GBV IN STRATEGIC AND PROGRAMMATIC PLANNING AND (B) RESULTED IN INCREASED KNOWLEDGE AND UPTAKE OF GBV SERVICES?

Defining Gender-Based Violence: GBV is the violence that is directed at an individual on the basis of his/her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes sexual, physical, and psychological abuse; threats;

coercion; arbitrary deprivation of liberty; and economic deprivation, whether in public or private life.¹⁴

Summary Overview of GBV Activities

The Gender Based Violence Initiative (GBVI), a joint effort between the U.S. government, the GOM, and civil society representatives, began in Mozambique in 2010. CAP II introduced GBV into its program with the goal of reaching three main objectives: expand and improve coordination and effectiveness of GBV prevention efforts; improve policy implementation in response to GBV; and improve the availability and quality of GBV services. The GBV activities were introduced in February 2012 with a three-day workshop that the Health Policy Project (HPP) conducted for seven CAP II partners working in HIV. The goal was to improve HIV prevention outcomes through strengthening, supporting and incorporating gender and GBV activities into their CAP-funded projects. The HPP work with partners comprised the following: a needs assessment, review of training manuals and tools, review of data collection tools, training and follow up with partners' staff, facilitators and activists. HPP also provided training to CAP II staff and contributed to three CAP Quarterly Partners Meetings with content on Gender and GBV.¹⁵ HPP has provided ongoing advice to CAP II to ensure the integration of Gender and GBV.¹⁶ Since 2012, CAP II introduced GBVI with eight other partners, totaling 15 partners over the LOP. The GBVI also engaged with OVC partners with direct assessments of and service provision to children.

Further, CAP II worked with HPP, HACI, and USAID to design approaches to ensure that activities could be measured and would contribute toward PEPFAR GBV targets. Between October 2012–March 2013, coaching training with a focus on GBV was offered to 11 (of 13) prevention partners. In 2013, the programmatic TA, which sought to prevent and respond to GBV continued, and two indicators were created to better report on intervention results. The first indicator addressed gender-based violence and coercion, and the second explicitly addressed male norms related to HIV/AIDS. In addition to the definition provided by USAID/PEPFAR for this indicator, CAP II created additional criteria to help partners clearly identify when individuals were reached with GBV messages.

The January 2014 semi-annual partners' meeting also included GBV prevention and response. Following this meeting, CAP II began to integrate GBV screening with counseling and testing into three prevention and OVC partners' programs, at the request of USAID. GBV screening was successfully integrated with HTC at the community level, and this created strong referral linkages between community and clinic-based services. The GBVI was extended from 2014, and CAP II benefitted from newly allocated GBV funds.¹⁷ As a result, it was also possible to continue to support several prevention and OVC partners. The GBV funding level has since then increased,¹⁸ guaranteeing the continuity of the GBV interventions.

¹⁴ "United States Strategy to Prevent and Respond to Gender-based Violence Globally."

¹⁵ "Integrating Gender and Gender-Based Violence into HIV Programs; Workshop Report," Maputo, Mozambique; March 2012.

¹⁶ "Preventing Gender-based Violence: A Training Manual," <http://www.healthpolicyproject.com/index.cfm?id=country-Mozambique>.

¹⁷ SAR 10: Total expenses, April 1–September 30, 2014: \$213,466.

¹⁸ SAR 12: Total expenses, October 1, 2014 –September 30, 2015: \$526,863.

Summary Results and Achievements

Of the program’s 35 indicators, five were intended to measure the response to GBV interventions. Of the five GBV indicators, the program achieved or exceeded four (the fifth lacked targets for two or more years sufficient to analyze). USAID chose two GBV indicators to be included in the final evaluation (Table 9).

Table 9. Key GBV Indicators (Two of 15 Key USAID Indicators)

Indicator		FY 13	FY 14	FY 15	LOP
# of people reached by an individual, small group, or community-level intervention or service that explicitly addresses GBV and coercion.	Target	13,913	17,590	9,950	41,453
	Result	30,299	30,445	15,559	76,303
	%	218%	173%	156%	184%
# of people reached by an individual, small-group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS.	Target	N/A	7,700	N/A	7,700
	Result	16,694	5,917	N/A	22,611
	%	N/A	77%	N/A	N/A

Key Results from the Midterm Evaluation and Endline Survey

The 2013 midterm evaluation report found that the incorporation of GBV required a significant effort by partners. All additional training and adaptation of prevention manuals were integrated into existing activities, and revisions to data collection forms and reporting templates were made. In the end, the partners adapted well to these changes and succeeded in incorporating gender components into the prevention program. According to the local leaders interviewed during the midterm evaluation, not only did GBV decrease, but high-risk sexual behavior decreased and gender equality improved. The same achievement was evidenced in the March 2015 HIV Prevention Endline Survey. A cross-sectional household survey conducted by external evaluators measured changes in comparison to the baseline study in HIV/AIDS knowledge, and assessed attitudes and practices among 1,500 individuals in Sofala, Manica, Zambézia, and Nampula Provinces. Key findings regarding GBV from this report include:

- Positive impacts on communication between sexual partners and among community members regarding GBV, gender and HIV were evident; increased HIV testing, condom use, faithfulness to one partner and changing perceptions of gender norms were apparent;
- Gender equality, HIV prevention and health programs improved; and,
- Increased awareness of GBV and reported behavioral changes in communities.

Key Results from Case Studies and Other Reports

In early 2015, capacity building that HPP conducted was assessed and successes, challenges and lessons learned were detailed in a report.¹⁹ Key informants included NGO staff from participating organizations, and community workers and community members in communities where the NGOs were based. In sum, it was concluded that the CAP II partners demonstrated

¹⁹ “Increasing Capacity in GBV Programming: From Program Implementation to Community Perceptions; A Case Study Assessment of the HPP Gender-Based Violence Program, Mozambique,” February 2015.

increased capacity to use new tools and a curriculum that integrated gender and GBV in training for community workers. This approach led to increased dialogue and behavioral change at the community level and contributed to increased knowledge. Partners and communities are now knowledgeable about different forms of violence: physical, psychological, and patrimonial, as stated in the Mozambican Law²⁰ against domestic violence. In addition, parents are now more aware of sexual harassment and the danger of sexual abuse to their daughters in schools.

The “Integrating Gender and GBV into HIV Prevention Programming in Mozambique; Wisdom from the Field” study reports positive results from the field. In addition to the impact on communities, CSOs themselves were positively affected, as women now assume leadership positions and involved organizations have been provided with gender equality assessment tools. Of the six participating CSOs, five have since produced or updated their internal codes of ethics and human resource procedures and policies to avoid gender discrimination. By mid-2015, the majority of CSOs had mainstreamed gender into their strategic plans.

A November 2015 case study titled “Ensuring Local Capacity to Adequately Address Gender-based Violence in HIV Programs,” documents the experience of CAP II and the six participating CSOs (of 22) it partnered with between 2009 and 2015. The study states that these partners successfully integrated gender and GBV prevention into their HIV prevention projects. The program documents notable changes in attitudes and norms and select behaviors linked to gender and GBV and HIV prevention.

Key factors identified for successful integration of HIV and gender/GBV²¹ include the following:

Identification of gender and GBV by communities: Gender and GBV were identified as constraints for HIV prevention by the CSOs and their target communities themselves—resulting in increased ownership over the program and in more open dialogue about sensitive topics during debate sessions.

Use of sound and relevant methodologies: CAP II’s support for formative research and behavior change communication enabled CSOs to further understand gender and GBV barriers and identify context-specific measures to address them.

Support for managerial, technical, and organizational capacity: CAP II linked capacity-building efforts in project management, SBCC/GBV technical capacity, and organizational development to create a holistic approach that led to the success of projects and greater sustainability within organizations and their communities.

Support at every stages of the project cycle: CAP II provided dedicated support and intensive follow up throughout the entire project cycle in order to assist CSOs with the challenges of applying a new program strategy.

Sufficient financial and technical resources: USAID/PEPFAR and CAP II mobilized resources to support this integration. The investment allowed CAP II to tailor capacity building, provide hands-on assistance throughout the life of each grant award, formative research and project design, and fund organizational systems crucial to solid implementation.

²⁰ Lei contra Violência Doméstica, No 29/2009, de 29 de Setembro.

²¹ Marty Galindo-Schmith, Hayley Bryant, Chiqui Arrequi, and Katinka C. van Cranenburgh, 2015, “Integrating Gender and GBV into HIV Prevention Programming in Mozambique; Wisdom from the Field,” December.

Promote ownership: The CAP II approach promoted CSO (and community) ownership over the process. While this requires additional time and resources, the investment proved worthwhile. CSOs were compelled to implement, while CAP II supported them by sharing information, creating space for peer exchanges, creating new tools, and coaching CSOs in their use of tools and systems.

Summary Achievements from KIIs

Ten positive examples of achievements were provided by seven partners interviewed, in three key areas: training, programmatic achievements, and community response (see Annex VI for KII quotes).

GBV as a new and important initiative: GBV was a relatively new approach combined with HIV prevention when introduced by CAP II partners/OD clients. GBV funding was received following consultations on need relevance in the communities.

Respect for and impact of GBV work in communities and districts: Several partners mentioned that significant improvements were visible in communities due to the incorporation of the GBV component into programming. For example, one prevention partner stated that prior to CAP no female district administrators were elected into office. In the three districts where their CAP project worked, two female district administrators were elected out of a possible of three, and the partner felt strongly that this was clear evidence of their work in advocacy and behavior change.

Ownership in the communities: Communities were involved in the awareness of GBV from the beginning, and leaders were both consulted and engaged as facilitators in the discussions.

Integration of gender and GBV into strategic plans: GBVI began with technical support including formative research and behavior change communication. Depending on the partners' strategic plan cycles, GBV was later integrated in their overall strategic plans. Five of six partners had succeeded in completing this activity, according to the "Wisdom from the Field" study. One partner elaborated and put into practice an entire gender policy, first in Sofala province, and then for the organization nationwide. Partners interviewed confirmed both integration of GBV into their strategic plans, and also provided concrete examples of how inclusion of gender in their strategic planning led to improved HR and other internal policies to better address issues of sexual harassment and gender equality within their HR policies. Many CAP II partners are women's organizations, and thus more inclined to recruit women for leading positions; however, KIIs with CAP's more male-dominated partners indicate that they have also made strides to improve the gender balance of their staff, as a result of gender and GBV initiatives.

Summary of Constraints and Challenges

As evidenced from the results for CAP's five GBV indicators, organizations involved in GBV activities performed well overall. However, not all partners received a full training package from the beginning, and in the KIIs, some stated that with more training, they could achieve better results, and some partners stated that, at times, they could not report on the results before they had completed the entire package using the new training manual. Only three partners out of seven made negative mention of GBV.

In the KIIs, some partners mentioned external challenges to these interventions related to the target population, attitudes, and practices. Some partners did not have time to implement new skills in GBV due to early termination of funding. Yet another constraint was the constant

change of indicators in GBV. Before year four, there were no GBV indicators. Several GBV indicators were introduced only during the last two program years, and some previous ones were omitted. Thus, the overall results are hard to measure as there was insufficient time for implementation.

Conclusions

In Mozambique gender inequalities and GBV are intertwined in social and cultural life and affect HIV prevention. Through CAP II and the GBVI, partners have leveraged community expertise to adapt international approaches and intervention models to local relevant standards. Respecting community wisdom and building on it by strengthening CSO capacity set valuable groundwork for more lasting attitudes and behavior change. The results observed during the midterm evaluation demonstrated significant gains. Since then, CAP II partners have succeeded in enabling more sustainable impact both within their institutions and in target communities. By involving community leaders and outreach workers working in communities, it is expected that additional ownership and sustainability will occur.

In line with global literature, a PEPFAR-funded study²² of successful integration of GBV and HIV across three countries, including Mozambique, found that “successful integration of gender and GBV prevention requires responding to locally identified needs with effective yet context-specific responses, using participatory methods, working at multiple levels to enable behavior change and providing strong technical assistance throughout the project cycle. It highlights that the success of transformative gender approaches in HIV prevention programs and performance rest on strong management capacities for quality design, planning, coordination, implementation, monitoring, and evaluation with adequate resources throughout the entire life of the program and building such capacities when they did not exist.” The study concluded that CAP II was successful in integrating all of these elements in a comprehensive capacity-building program, enabling CSOs to increase awareness and effect positive changes both within their organizations as well as in communities. CAP II partners have also showed significant progress gained in their own institutional capacity during the process. By mid-2015, five of six participating partners had integrated gender and GBV into their strategic plans, their HR policies and/or their code of ethics, demonstrating ownership and commitment to GBV in their entire approach. However, the process of transforming deeply engrained norms around gender and violence takes time, and it remains imperative that ongoing follow up and forward momentum continue.

QUESTION IV: TO WHAT EXTENT HAS SUSTAINABILITY (FINANCIALLY, TECHNICALLY AND INSTITUTIONALLY) OF CAP II PARTNERS INCREASED OVER TIME AND AS A RESULT OF CAP II SUPPORT?

Defining Sustainability: In terms of organizational development, “sustainability” is used in different contexts. USAID applies a CSO sustainability index²³ to measure the sustainability of each country’s CSO sector based on the following seven dimensions: legal environment; organizational capacity; financial viability; advocacy; service provision; infrastructure; and public image. The Development Evaluation Committee of the Organization of Economic Cooperation

²² C. Arregui, et al., 2015, “Ensuring Local Capacity to Adequately Address Gender-Based Violence in HIV Programs,” Nov.

²³ 2014 CSO Sustainability Index (CSOSI) for Sub-Saharan Africa, USAID.

and Development (OECD-DAC)²⁴ includes sustainability as one of its five evaluation criteria, the other four being relevance, effectiveness, efficiency, and impact. Sustainability is concerned with measuring the benefits of an activity and the likelihood of continuation after donor funding has been withdrawn. However, alternative theories for sustainability such as the Ecosystem Resilience Criteria for Sustainability²⁵ focus more on adaptability and responsiveness of the organization. This theory assesses the organization's internal factors in terms of flexibility, capacity to adjust to changing contexts and unanticipated negative impacts and side effects, the ability to address emergent needs within the realm of the organization's mission and priorities, and adaptation of the intervention to optimize benefits and minimize harm. Given the variations in defining sustainability, it may better address the myriad of external factors which often outweigh and are of greater risk to the long-term sustainability of any organization.

Key Results of the Midterm Evaluation: The 2013 midterm evaluation found that while CAP II training and TA were tailored to each partner's needs, CAP had also created a series of core OD areas based on similarity in needs and gaps in capacity that had been identified among partners. These areas included governance and leadership, and specifically the role of the fiscal council, improved internal control systems, standardized policies and procedures, and strong financial and project cycle management procedures. Both the midterm evaluation and CAP's semi-annual reports noted the importance of involving and engaging board members in trainings and TA, both to define and develop their roles and responsibilities in terms of project implementation and accountability, as well as to further enhance partner organization sustainability. Engagement with boards, fiscal councils and other governing bodies was innovative in Mozambique, and an area that other CB partners and stakeholders had not engaged in previously. The midterm evaluation also noted that as partners began to see the effects of their newly acquired skills and improved capacity, this realization provided added incentive to progress from the learning to the maintenance phase, to ensure continued success and ultimately sustainability of efforts and achievements.

Key Challenges and Risks to Sustainability: A number of external and internal factors affect any organization's sustainability. Key external factors posing the highest risk to sustainability identified in KILs with partners as well as CAP staff relate to shifts in priority regarding the government and donor strategies and policies. One key challenge was the decreased funding opportunities for CSOs, especially in rural areas and in the core HIV sectors where the CSOs operate. Shifts in epidemiology and in the legal environment (e.g., reaching MARPs and the prolonged CSO legalization and registration process) as well as changes in the political and social environment also present formidable challenges to the sustainability of the CSOs. Environmental factors and natural disasters may affect the implementation of activities for an unknown period of time, thus decreasing the ability to sustain activities, hinder grant performance, and ultimately CSO sustainability. Corruption is both an external and internal factor and one of the most challenging to manage, particularly external political pressure and corruption outside the CSO's control. Additional challenges in sustainability can be poor coordination of efforts between donors and programs, and weak collaboration or coordination with and from local authorities and communities, which leave a CSO at risk of duplicating efforts

²⁴ Michael Quinn Patton, 2010, *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use*, The Guilford Press, New York, London.

²⁵ Ibid.

or “competing” for time and attention in target areas, in addition to limiting resources and funding.

Key internal risk factors mentioned by many KII respondents included: poor diversification of funding sources; low capacity for resource mobilization in general; weak or nonexistent internal revenue-generating activities, and oftentimes as a consequence, high staff turnover, especially of key and executive staff. Improved external relations, collaboration, and networking among partners were indicated as means of overcoming some of these challenges, as the opportunity to share information, lessons learned, network, and learn about future funding possibilities. However, some partners also indicated that the scarcity of funds from CSOs might increase competition and pose further constraints to developing partnerships and local CSO networks. Other internal risk factors mentioned in KIIs with partners included the potential loss in institutional memory, and the maintenance of new systems and procedures and the technical skills and training received and required for these, that result from high staff turnover.

These findings correlate with the EUROSIS study on the sustainability of CSOs in Mozambique.²⁶ The study summarized the factors mentioned most often among interviewees regarding gaps and weaknesses in relation to sustainability in the following areas: a) people management and human resources; b) income generation and resource mobilization; c) good governance, transparency and accountability; d) institutional capacity development, and e) technical skills. Also according to a mapping study in Mozambique,²⁷ it is important to acknowledge that financial sustainability depends heavily on resource mobilization and that future efforts in this area must focus on strengthening fundraising capacity and the diversification of funds. Financial independence is best established through diversification of the donor base because as this reduces dependence on only one or a few donors, and reduces vulnerability created by mono-funding. CAP’s response to this particular challenge is noted below.

Summary of Activities and Key Factors in Increased Sustainability

With an eye on long-term sustainability, the evaluation team found that CAP II invested strategically in initiatives that were proven to be more effective and thus more likely to be sustained, based on evidence from research and experience of other OD programs globally.²⁸ As stated above, the evaluation team found substantial evidence of CAP’s investment in sustainability in its annual reports, technical assessments, case studies and briefs, as well as in the midterm evaluation and endline survey, and supported by the more than 200 concrete examples of positive change and/or institutionalization of best practices and systems resulting from OD assistance from CAP II. Based on the team’s analysis of these sources, the success factors that CAP II identified in global best practices and successfully implemented include:

- Long-term, systematic and holistic approach
- Consistent support and constant engagement
- Thorough formative research prior to project design

²⁶ Eurosis, 2015, “Relatório do Estudo sobre a Sustentabilidade das Organizações da Sociedade Civil,” Maio.

²⁷ Bente Topsøe-Jensen, Alice Pisco, Padil Salimo, João Lameiras, and Vasconcelos Muatcalene, 2016, “Mapping Study of Civil Society Organizations in Mozambique.”

²⁸ www.cpc.unc.edu/measure/our-work/organizational-development.

- Pre-award of grants, investment on strong governance, and recognition of the need to identify organizations accountable to themselves instead of to donors
- Adequate individualized training and TA on multiple levels
- Institutionalized use and ownership of financial, M&E and HR systems and policies
- Recruiting higher level staff to meet the needs of growing organizations
- Resource mobilization

All these factors indicate some progress and the first critical steps—institutionalization of best practices and ownership of systems—towards increased sustainability. Regarding technical sustainability, partners provided examples of growth across the four main technical areas. Nonetheless, and despite the long-term, dedicated and comprehensive training and TA that CAP II provided, in the KIIs, a number of partners felt they needed more training in project proposal writing skills and resource mobilization (which overlaps with and impacts financial sustainability as a result), as well as in strengthening of M&E systems to adapt to shifts in donor priorities and indicators as needed.

- In assessing financial sustainability of the partners—often deemed the most critical aspect—the evaluation team found that most of the partners interviewed had been successful in expanding their donor base, and/or had managed to increase their annual budget, after the initial drop in funds resulting from the end of their CAP grant. Out of 15 KIIs, nine partners indicated that their financial situation had improved post-CAP, whereas only three are in a relatively worse position financially (three respondents did not provide sufficient data or concrete evidence to assess this). In its last semi-annual report (Annex V), CAP presented results of recent resource mobilization for three partners:
- NAFEZA: 8 concept notes and/or proposals submitted to 6 donors between 2014–15; of these, 5 have been approved, two are still awaiting response, and one was declined;
- ANDA: 4 concept notes and/or proposals were submitted to 4 donors between 2012–15; of these, all 4 were approved (and 2 agreements already signed/underway);
- CCM-SOFALA: 5 presentations and/or proposals were submitted to 4 donors between 2014–15; all 5 were approved and the agreements are underway.

Key findings from KIIS: Quotes from KIIs with partners throughout this evaluation suggest varying sustainability levels across the three focal areas in question. (see Annexes VI and IX).

Conclusion

Findings from the extensive KIIs conducted by this team suggest that CAP II's capacity-building efforts across all OD areas (programmatic, institutional, and to a lesser extent, financial and resource mobilization) have led to increases in institutionalization of best practices, ownership of new systems and procedures, and improved the internal coordination of partners as well as their credibility in local communities and capacity in PR and external relations. These positive results are early indications of increased institutionalization and sustainability in the short- to medium-term, though it is too early to assess sustainability over the long term. While partners appreciated CAP II's efforts to improve capacity and sustainability of its partners, they are also aware of the many external and internal risks that affect long-term sustainability, and particular

external factors beyond the control of CAP or its partners. Key elements of sustainability include strong management, succession plans, and change management plans to mitigate risk. Although findings from KIIs and a recent report from CAP regarding increased funding and diversification of donors among a number of Partners, many Partners felt CAP II did not provide them with sufficient TA in resource mobilization and in order to develop strategic approaches and plans for resource mobilization including diversification of donor base. The results of external assessments, case studies and this team's KII findings are clear: CAP II made great strides in building capacity of its partners, leading to institutionalization of best practices, ownership, and increased self-efficacy and credibility in their communities. CAPs efforts also supported the emergence of a mid-range class of CSOs. However, programs such as CAP II come at a cost; with no follow-on program or short-term plan to provide TA to support this emerging class of CSOs, their future is very uncertain. Without assistance, many may not survive, which would be a great loss to Mozambican civil society as well as in the investments already made by CAP I & II to date.

RECOMMENDATIONS

USAID/Forward and the Implementation and Procurement Reform Initiative allow for USAID transition awards to be executed directly to local, qualified partners. The lessons from CAP II have the potential to provide a strong evidence base to inform future initiatives in Mozambique and globally through USAID/Forward. As such, the evaluation team provides the following recommendations, based on the data collected and analyzed and detailed above.

SHORT-TERM RECOMMENDATIONS FOR USAID

1. Conduct or outsource routine follow-up visits—with CAP II partners, graduates, partners who most recently completed awards, and with partners who have not had any TA or funding from CAP II since 2012–13—at first, and at minimum, on a six-month basis to assess their institutional, financial, and programmatic health based on a standardized tool that measures the systems and procedures as well as annual budget levels, expansion of the donor base, and outcomes and/or expansion in technical areas. This exercise will provide insight and show key aspects of the relative sustainability as well as gaps and threats that exist within different levels of civil society. Follow up will also provide further evidence and lessons learned regarding the long-term outcomes of large OD initiatives such as CAP II.
2. Conduct a further assessment to identify the relative outcomes of CAP II's POAP/capacity-building work with grantees versus non-grantee partners (referred to as OD Clients). Assessing the impact of OD work with non-grantees in the management of their ongoing programmatic activities, grants management/donor requirements, and general performance would provide critical insights for the design of future OD programs, and the coordination of efforts with partners and their donors, so that the two are not duplicating efforts and/or at conflict with each other.
3. Assess the newly established middle-class CSOs to determine their current capacity, and the level and type of TA and associated resources (financial and human) required to continue where CAP II left off. Depending on the outcome of this assessment, recommendations for future program design should be taken into account (see below). If OD efforts are to continue with this tier of CSOs, a donor(s) need first to agree that:
 - a. This process takes time and commitment of resources and some form of legislation or contractual clause is needed to protect CSOs from the government and donor-driven external factors (e.g., shifts in priorities and funding).
 - b. Investments should take into consideration the needs of the MOH and other government institutions and networks of CSOs that might also assist to increase the likelihood of the sustainability of investment.
 - c. Some of the investment might be lost but the lessons learned and hopefully gains in knowledge for future efforts make this a worthy risk.
 - d. The donors and program need to have a clear and well-defined exit strategy, both to ensure some funds are available for partners at EOP, and that some level of TA continues but gradually tapers off as they are better equipped to function independently.
4. Disseminate findings from CAP II—one of the longest, strongest, and most dedicated OD efforts to date with a level of investment that is worthy of further assessment, publication,

dissemination of results, and lessons learned. Lessons learned should be examined and disseminated for future efforts locally and internationally.

5. Based on graduation reports and ongoing TA needs, USAID should include a plan for services provision as a priority in the short to medium term. When USAID provides direct funding, the recommendations as defined in CAP II's graduation reports should be provided to local partners. When direct funding applications are received but not approved, USAID should provide more transparent feedback to CSOs as to why they were not selected.
6. Assist in forming a network of local CSOs to continue to share experiences, lessons learned, collaborate and support each other. Stronger organizations should be encouraged to mentor others as sub-grantees. As such, they can pass on some capacity-building knowledge and skills acquired through CAP II.
7. USAID should continue to play a leading role in advocacy and policy for local capacity building. At the national level, USAID plays a convening role between service delivery partners and the country headquarter staff to share needs, lessons, and data across service delivery projects and communication projects to identify gaps, needs, lessons, and opportunities for leveraging, synergy and collaboration.

FOR FUTURE INDICATOR MEASUREMENTS

1. The OCA and/or POAP should be weighted to better quantify and qualify the relative inputs and outputs of future OD efforts. Ideally, USAID/Mozambique and CAP II could identify the emerging middle class of partners, and target some portion of their future OD efforts on three things:
 - a. Monitoring their progress, growth and/or failures, public relations, resource development and diversification of funding sources in order to increase sustainability
 - b. Continued TA and assistance to maintain and nurture this middle class, and to sustain and build off gains from CAP II
 - c. In lieu of graduation—develop a set of criteria for annual certification—conducted by an external auditor or similar entity—that has criteria set by and technical working group (TWG)/donor-wide approved, as an annual accreditation and is reviewed annually.

FOR FUTURE OD EFFORTS, INITIATIVES, AND PROJECT DESIGN

1. The first step in designing future programs to work with and grow Mozambican civil society is to engage with the MOH and MGCAS. The MOH should have a clear role during the project design phase with USAID, with national health priorities and needs always in mind. The design should include a clear mandate with specific systems for collaborating with the MOH at all levels, from working groups at the national level to consultation and reporting relationships with the CHMTs. The design should include clear guidance about how the project should work at the community level, including collaboration and capacity building with local NGOs and integration of community health workers into project implementation. As a result, linkages between GOM and civil society will be sufficiently strengthened to ensure CSOs become indispensable, and over time are considered an extension of government services.
2. Closer coordination with service delivery projects should exist, particularly in sharing data to monitor the impact of demand creation, and identifying knowledge gaps and attitudes affecting health behaviors among facility clients and community members that could be addressed through SBCC programming.

3. Future project design should take into account trends in HIV programming, such as the Country Operational Plan guidance, in which reference is made to UNAIDS 90-90-90 concept.²⁹ This process may mean a change in the focus of the content of SBCC programming as well as a focus on districts with high HIV prevalence.
4. Careful consideration of the allocation of adequate financial resources to build the capacity of institutions that are able to sustain national capacity-building efforts. Capacity-building methods that do not require additional funds, or minimal funds, should be included, such as on-site mentoring, staff coaching on the job, or partnering with local groups to do “bench training” while implementing together. The cost-benefit of investing in groups at this level is unknown—and may be driven by the needs of the MOH, the communities, epidemiology, or the strategic needs of donors and programs in the medium term.
5. Establish a TWG for capacity building—Include key donors, local CSOs, universities/institutions, the MOH and MGCAS (at minimum), CNCS (National AIDS Council), to make a national strategy goal for support to and development of CSOs. TWG functions should include:
 - a. Establishing a process that begins with working only with OD clients and providing them with organizational development training and support
 - b. Setting strategies, determining OD needs and CB opportunities
 - c. Better supporting CSOs to assist with resource mobilization
 - d. Creating regional and national networks and umbrella groups, particularly to assist and support middle-class and emerging CSOs, as well as to share lessons learned, best practices, etc.
 - e. Incorporating CSOs into national strategic plans and policies
 - f. Setting annual budget minimum allowances from donors, for OD efforts (through International Non-Governmental Organizations or other mechanisms)
 - g. Developing an annual certification guide, assessment tools, criteria and standards to be tested and revised before adopted
 - h. For MOH, MGCAS, and CNCS, assisting in mapping and managing challenges related to duplication and overlap among CSOs in the field.
6. Future programming may be better served if target-based/performance-based programming is separated from OD efforts. OD clients should be selected based on their willingness to engage in OD and invest in themselves first and foremost. No monetary award should be tied to this investment. It is recommended that this programming be done as follows:
 - a. Begin with OD clients only and provide them with training and support in organizational development first. Once they prove that they have the will and technical and organizational capacity, then they can receive funding.
 - b. Where grants are provided, and/or elements of OD are also involved, in lieu of short grants that risk delays and gaps between funding periods, grants should be made with

²⁹ This policy aims to ensure that 90 percent of all people living with HIV know their HIV status; 90 percent of all people with diagnosed HIV infection receive sustained ARV therapy; and 90 percent of all people receiving ARVs have viral suppression.

incremental funding. This way, while the donor assesses both OD and technical outputs to determine if funding continues (for USAID, a cushion at a minimum of six months should be made, while with other donors, this could be done quarterly), cash flow for the partner is not a challenge.

TO INCREASE SUSTAINABILITY

1. Shift the focus of end results to OD first and to programmatic results to follow capacity building, but start with capacity as the end goal; programmatic measurements should prioritize OD over health and other outcomes.
2. Advocate for domestic sources of funding, e.g., from the private sector. Civil society is currently fully funded by USG and other external agencies, with very little private sector funding.
3. Take early action in transition periods and development of a change component (how a project will accommodate, manage, and maximize any changes, which involves revisions to the original strategy and anticipating unexpected events that might occur, such as funding cuts or changes in mandate).
4. Recognize that executive and top management roles are vital. Staff turnover is a key risk in the sustainability of local CSOs. Other programs have shifted focus to younger mid-level professionals, assisting to develop a broader base of both mid-managers and potential leaders for the future.
5. USAID should develop a mechanism to coordinate and more clearly direct funding streams to provide consistency and predictability over the LOP. If the mission deems the response to unpredictable requests over the LOP critical, then the AOR and technical team should define clear criteria for responding to requests, and a mechanism should be established to ensure sufficient funds without compromising the original work plan components.

ANNEX I. EVALUATION STATEMENT OF WORK

Assignment #: 163 [assigned by GH Pro]

Global Health Program Cycle Improvement Project -- GH Pro
Contract No. AID-OAA-C-14-00067

EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)

Date of Submission: 9/22/2015

Last update: 02-02-16

Refer to the USAID *How-To Note: Developing an Evaluation SOW* and the *SOW Good Practice Examples* when developing your SOW.

I. TITLE: Capable Partners Program (CAPII) Mozambique Performance Evaluation

II. Requester / Client

USAID Country or Regional Mission

Mission/Division: Mozambique / Integrated Health Office (IHO)

III. Funding Account Source(s): (Click on box(es) to indicate source of payment for this assignment)

3.1.1 HIV

3.1.2 TB

3.1.3 Malaria

3.1.4 PIOET

3.1.5 Other public health threats

3.1.6 MCH

3.1.7 FP/RH

3.1.8 WSSH

3.1.9 Nutrition

3.2.0 Other (specify):

IV. Cost Estimate: GH Pro will provide a cost estimate based on this SOW

V. Performance Period

Expected Start Date (on or about): February 2016

Anticipated End Date (on or about): August 2016

VI. Location(s) of Assignment: (Indicate where work will be performed)

Mozambique

VII. Type of Analytic Activity (Check the box to indicate the type of analytic activity)

EVALUATION:

Performance Evaluation (Check timing of data collection)

Midterm Endline Other (specify):

Performance evaluations focus on descriptive and normative questions: what a particular project or program has achieved (either at an intermediate point in execution or at the conclusion of an implementation period); how it is being implemented; how it is perceived and valued; whether expected results are occurring; and other questions that are pertinent to program design, management and operational decision making. Performance evaluations often incorporate before-after comparisons, but generally lack a rigorously defined counterfactual.

Impact Evaluation (Check timing(s) of data collection)

Baseline Midterm Endline Other (specify):

Impact evaluations measure the change in a development outcome that is attributable to a defined intervention; impact evaluations are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured.

OTHER ANALYTIC ACTIVITIES

Assessment

Assessments are designed to examine country and/or sector context to inform project design, or as an informal review of projects.

Costing and/or Economic Analysis

Costing and Economic Analysis can identify, measure, value and cost an intervention or program. It can be an assessment or evaluation, with or without a comparative intervention/program.

Other Analytic Activity (Specify)

PEPFAR EVALUATIONS (PEPFAR Evaluation Standards of Practice 2014)

Note: If PEPFAR funded, check the box for type of evaluation

Process Evaluation (Check timing of data collection)

Midterm Endline Other (specify):

Process Evaluation focuses on program or intervention implementation, including, but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, management practices. In addition, a process evaluation might provide an understanding of cultural, socio-political, legal, and economic context that affect implementation of the program or intervention. For example: Are activities delivered as intended, and are the right participants being reached? (PEPFAR Evaluation Standards of Practice 2014)

Outcome Evaluation

Outcome Evaluation determines if and by how much, intervention activities or services achieved their intended outcomes. It focuses on outputs and outcomes (including unintended effects) to judge program effectiveness, but may also assess program process to understand how outcomes are produced. It is possible to use statistical techniques in some instances when control or comparison groups are not available (e.g., for the evaluation of a national program). Example of question asked: To what extent are desired changes occurring due to the program, and who is benefiting? (PEPFAR Evaluation Standards of Practice 2014)

Impact Evaluation (Check timing(s) of data collection)

Baseline Midterm Endline Other (specify):

Impact evaluations measure the change in an outcome that is attributable to a defined intervention by comparing actual impact to what would have happened in the absence of the intervention (the counterfactual scenario). IEs are based on models of cause and effect and require a rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. There are a range of accepted approaches to applying a counterfactual analysis, though IEs in which comparisons are made between beneficiaries that are randomly assigned to either an intervention or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured to demonstrate impact.

Economic Evaluation (PEPFAR)

Economic Evaluations identifies, measures, values and compares the costs and outcomes of alternative interventions. Economic evaluation is a systematic and transparent framework for assessing efficiency focusing on the economic costs and outcomes of alternative programs or interventions. This framework is based on a comparative analysis of both the costs (resources consumed) and outcomes (health, clinical, economic) of programs or interventions. Main types of economic evaluation are cost-minimization analysis (CMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA) and cost-utility analysis (CUA). Example of question asked: What is the cost-effectiveness of this intervention in improving patient outcomes as compared to other treatment models?

VIII. BACKGROUND

If an evaluation, Project/Program being evaluated:

Program Title	CAP Mozambique
Leader with Associate Award Number	HFP-A-00-03-00020-00
Cooperative Agreement Number	656-A-00-09-00164-00
Award Dates	July 2009 to July 2016
Funding Amount	\$55,000,000 (ceiling)
Prime Implementing Partner	FHI 360
Sub-partners as of May 2015	Kukumbi, Ophavela, HACI, Niiwanane, ANDA, NAFEZA, Kubatsirana,
Past sub-partners worth including	ANEMO, N'weti, AMME, ECOSIDA, LDC, CCM-Sofala, IBFAN, Ophavela
AOR at USAID/Mozambique	Maria Branquinho
Alternate AOR at USAID/Mozambique	Marta Mabasso
AOR of Leader at USAID/Washington	Thomas Carter (AOR of CAP Leader award)

Background of project/program/intervention:

<p>CAP Mozambique (Capable Partners Program Mozambique) is a USAID/PEPFAR-funded activity with a period of performance from August 2009 to July 2016. The project is titled <i>Strengthening Leading Mozambican Organizations and Networks</i> and is implemented by FHI 360 and its sub-partners (grantees). The purpose is to scale up service delivery of HIV/AIDS treatment, care, and prevention activities by strengthening the technical capacity and institutional development of Mozambican non-government organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs), networks, and associations in the provinces of Maputo City, Maputo Province, Manica, Nampula, Sofala, and Zambezia.</p> <p>The CAP Mozambique development hypothesis asserts that quality service delivery of HIV/AIDS treatment, care, and prevention activities is dependent upon civil society organizations' technical and institutional capacity, and that the provision of grant financing to these organizations must be accompanied by appropriate training and technical assistance. In order to implement quality activities, organizations must have adequate technical capacity in the given programmatic area they are targeting, but the effectiveness of these interventions depends on the commitment and leadership of the organizations' governance structures, their financial and administrative capacity, and their relationships with stakeholders, and other elements that contribute to the organizations' overall institutional strength.</p> <p>CAP's approach is to provide training and technical assistance in multiple areas to support holistic organizational growth, thereby increasing the long term effectiveness of organizations and their ability to continue programmatic interventions. The CAP approach does not depend on training as the key mechanism for improving institutional capacity, but rather uses training as one of many tools to support organizations. Organizations that receive grants from CAP (referred to as sub-partners or CAP partners) are provided with tailored technical assistance specifically linked to project performance, as well as assistance to strengthen functioning of governing bodies and consistent application of proper financial, administrative and HR policies and procedures. With this dual approach of providing sub-grants and capacity-building, CAP</p>
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believes that it is strengthening the quality of CAP-funded interventions as well as contributing to the sustainability of each organization.

The CAP award was modified in November 2012 to include an objective of helping CAP partners graduate to more advanced levels of capacity, and ultimately to graduate to USAID direct funding. CAP has attempted to accomplish this through the organizational development component of its scope of work. It provides internal governance, leadership, and management training and TA as well as support on internal control, policies and procedures, HR systems, USAID compliance, resource mobilization, financial reporting, and grants financial management amongst others. Due to the fact that CAP is one of few projects with expertise in capacity development, USAID has also called upon CAP to build the capacity of “non-partners,” i.e. local organizations that do not receive sub-grants from CAP, designated Organizational Development Clients (OD Clients). Thus, CAP has provided capacity-building to both Embassy Small Grant recipients, and sub-partners of FHI 360 PCC.³⁰

The CAP results framework can be found in Appendix B. The table below highlights the key indicators for each result. CAP’s main interventions have been assessing and building the relevant capacities – both organizational and technical – of the sub-partners to reach these results. The sub-partners, with mentoring and technical assistance from CAP, designed and implemented projects in HIV prevention, orphans and vulnerable children services, HIV care, or a combination of these. PEPFAR funding adjustments in certain program areas resulted in CAP having to end many sub-grants in the past two years; from over 20 sub-partners to currently only six CAP partners. However, past sub-partners have been key participants in the project, in some cases for several years, and therefore should be included in this evaluation.

Strategic or Results Framework for the project/program/intervention (*paste framework below*)

- If project/program does not have a Strategic/Results Framework, describe the theory of change of the project/program/intervention.

Intermediate Results and Key indicators			
Result	Key Indicator	Interventions of CAP: sub-partners contributing	Geographic location
Increased capacity of Mozambican organizations to develop and manage effective programs that improve the quality and coverage of HIV/AIDS prevention, treatment and care services	Number of organizations demonstrating increased capacity in two or more areas	-Capacity assessments; integrated capacity building plans; implementation grants; technical assistance and coaching in organizational and technical areas prioritized in the capacity-building plan. -All CAP sub-partners and PCC subpartners receiving OD support.	Maputo, Zambezia, Sofala, Nampula, Manica
Expanded HIV/AIDS prevention behaviors among	Number of Key Populations reached with individual and/or small group level HIV preventive interventions that	-Technical assistance and coaching in social and behavior change communication; facilitation	Manica

³⁰ For information purposes, investment in PCC sub partners was greater than with the Embassy Small Grant recipients. CAP support to Embassy recipients for this activity ended in 2013.

most-at-risk groups	<p>are based on evidence and/or meet the minimum standards</p> <p>Number of individuals who received Counseling and Testing (C&T) services for HIV and received their test results</p> <p>Percentage of individuals reporting consistent use of condoms (condom use at last sex)</p>	<p>techniques; formative research and project design, etc.</p> <p>-ANDA</p>	
Increased numbers of youth, young adults, and adults in sexual relationships avoiding high-risk behaviors that make them vulnerable to HIV/AIDS infections	<p>Number of each priority population reached who completed a standardized HIV prevention intervention including the specified minimum components during the reporting period</p> <p>Number of individuals who received Counseling and Testing (C&T) services for HIV and received their test results</p> <p>Percentage of individuals reporting consistent use of condoms (condom use at last sex)</p> <p>Number of people completing an intervention pertaining to gender norms, that meets minimum criteria</p>	<p>-Technical assistance and coaching in social and behavior change communication; facilitation techniques; formative research and project design, recruitment and supervision processes, monitoring and evaluation, project management, community mobilization etc.</p> <p>-CCM-Sofala, NAFEZA, , Ophavela, Kukumbi, Nweti, AMME, ECOSIDA</p>	<p>Sofala, Zambezia, Nampula</p>
Increased numbers of orphans and vulnerable children (OVC) receiving quality, comprehensive care in their respective target areas	<p>Number of OVC receiving OVC services</p>	<p>-Technical assistance and coaching in OVC service areas; child status index; Savings groups, psychosocial support, monitoring and evaluation, recruitment and supervision, referrals, etc.</p> <p>-HACI, LDC, Kubatsirana, PPF, ANDA, ,Niiwanane, Kukumbi</p>	<p>Maputo, Manica, Zambezia, Nampula</p>
Increased quality and coverage of home based health care to people living with HIV/AIDS and their families	<p>Number of clients receiving home-based care services</p>	<p>-Technical assistance in care and support areas, adapting to new PEPFAR and national guidance</p> <p>Kubatsirana, IBFAN</p>	<p>Maputo, Manica</p>
Increased number of organizations that graduate from the first level to the advanced level of grants under CAP, and to direct USAID funding	<p>Number of organizations with strong enough systems to graduate from CAP to direct USAID funding</p>	<p>-Organizational and technical capacity building; graduation assessments</p> <p>-N'weti, ECOSIDA, CCM-Sofala, Kukumbi, ANDA, NAFEZA, Ophavela, AMME</p>	<p>Nampula, Sofala, Zambezia, Manica</p>

What is the geographic coverage and/or the target groups for the project or program that is the subject of analysis?

Mozambican non-government organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs), networks, and associations in the provinces of Maputo City, Maputo Province, Manica, Nampula, Sofala, and Zambezia

IX. SCOPE OF WORK

- A. **Purpose:** Why is this evaluation or analysis being conducted (purpose of analytic activity)? Provide the specific reason for this activity, linking it to future decisions to be made by USAID leadership, partner governments, and/or other key stakeholders.

The purpose of this external activity-level performance evaluation is to assess CAP Mozambique activities aiming to increase the organizational and technical capacity of CAP's partners (i.e. organizations that received sub-grants and capacity building from CAP). Organizational capacity will look at skills and systems in a holistic way considering the core areas of an organization namely: internal governance, administration, finance, human resources and program management. Technical capacity refers to these organizations' ability to carry out intended services which include HIV prevention, OVC services, and HIV care and support services and mostly to what extent they were able to deliver an increased volume of high quality services while exhibiting better reporting and incorporating of additional/new intervention areas. The evaluation will assess CAP's achievements and shortfalls, aiming to inform future activities and provide lessons learned. One particular area of interest is how the Capacity Development component and how it links to service delivery and sustainability. The evaluation will assess CAP Mozambique's performance and its contributions to the USAID/Mozambique Integrated Health Office's result framework, across all three focal areas (Appendix A).

- B. **Audience:** Who is the intended audience for this analysis? Who will use the results? If listing multiple audiences, indicate which are most important.

The main audience of the evaluation report will be the Integrated Health Office (IHO) of USAID/Mozambique, FHI360 and its partners, and the Government of Mozambique (GRM).

- C. **Applications and use:** How will the findings be used? What future decisions will be made based on these findings?

The executive summary, final report and recommendations will be provided to these stakeholders. Other USAID/Mozambique Offices, including both the Education, Democracy and Governance (EDG) office as well as the Program Office, who are working in Local Capacity Development, will also be in a good position to apply lessons learned and recommendations from this CAP II evaluation. Accordingly, USAID/Mozambique will utilize report recommendations to share lessons learned to date in CAP with other stakeholders as well as to guide the future design of similar programs. CAP and its partners will learn about their strengths and weaknesses as well as improvements that resulted from CAP II. The GRM will learn more about how to better benefit from implementing partner technical assistance (TA).

- D. **Evaluation Questions & Matrix:**

- a) Questions should be: a) aligned with the evaluation/analytic purpose and the expected use of findings; b) clearly defined to produce needed evidence and results; and c) answerable given the time and budget constraints. Include any disaggregation (e.g., sex, geographic locale, age, etc.), they must be incorporated into the evaluation/analytic questions. **USAID policy suggests 3 to 5 evaluation/analytic questions.**

- b) List the recommended methods that will be used to collect data to be used to answer each question.
- c) State the application or use of the data elements towards answering the evaluation questions; for example, i) ratings of quality of services, ii) magnitude of a problem, iii) number of events/occurrences, iv) gender differentiation, v) etc.

EVALUATION QUESTION	DATA SOURCES	DATA COLLECTION METHODS
<p>There are four main evaluation questions. All questions must be answered fully and completely, underscoring both positive and negative outcomes. In order to accomplish the above-identified evaluation objectives, the evaluation must answer the following questions</p>		
<p>1. To what extent has organizational capacity building, provided by the project, increased Mozambican NGOs, CBOs, and FBOs capacity to deliver an increase number of high quality services as set out in the project agreement, approved PMPs, and agreement amendments?</p>	<p>Existing and new data: Project Agreements, Approved PMPs, Agreement Amendments, CAP II reports, capacity assessments of partners as measured by POAP and other assessments, Prevention endline report, graduation reports, technical assistance and trip reports, Data Verification Visit reports; Integrated Capacity Building Plans</p>	<p>Documents review, interviews and group interviews with staff from CAP II programmatic staff, CAP sub-partners Mozambican NGOs, CBOs, with other key informants; direct observation</p>
<p>2. Based on categories presented in the Organizational Capacity Assessment (OCA) and Participatory Organizational Assessment Process (POAP) tool³¹, which areas, across partners have shown the most and least improvement and what are the factors related to the successes and failures.</p>	<p>Existing and new data: CAP II reports, capacity assessments of partners as measured by POAP and other assessments conducted by CAP (financial health check, grants management, report writing and technical assessments); other survey/method to solicit feedback; Mid-term evaluation report; other documentation produced by CAP</p>	<p>Documents review, interviews and group interviews with staff from CAP II management and programmatic staff, CAP sub-partners Mozambican NGOs, CBOs, with other key informants</p>
<p>3. To what extent support³² provided to organizations to implement gender based violence (GBV) activities had the capacity to (a) integrate GBV in their strategic and programmatic planning and (b) resulted in an increased knowledge of and uptake of gender based violence (GBV) services?</p>	<p>Existing data: SAPR and APR data, CAP II reports, sub-partner organization PMPs; Prevention Endline Report; other relevant documentation produced by CAP</p>	<p>Documents review, interviews and group interviews with staff from CAP sub-partners Mozambican NGOs, CBOs, key informant interviews with Mozambican CAP sub partners NGOs, CBOs, and FBOs management and programmatic staff</p>

³¹ Appendix C

³² Support being provided to CAP sub partners included technical assistance on acquiring technical expertise and integration of GBV in different programmatic areas, implementation of activities, supervision on activities implementation and data collection and support in the development M&E system with tools and capacity in place to collect GBV data and information.

EVALUATION QUESTION	DATA SOURCES	DATA COLLECTION METHODS
4. To what extent have local partners increased, over the time, their capacity to be more sustainable (financially, technically and in terms of systems) due do CAPII support?	CAP II reports, capacity assessments of partners as measured by POAP and other assessments graduation reports, SAPR and APR data	Existing data, group interviews with staff from Mozambican NGOs, CBOs, and FBOs, key informant interviews with CAP staff

Other Questions [OPTIONAL]

(**Note:** Use this space only if necessary. Too many questions leads to an ineffective evaluation or analysis.)

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- E. **Methods:** Check and describe the recommended methods for this analytic activity. Selection of methods should be aligned with the evaluation/analytic questions and fit within the time and resources allotted for this analytic activity. Also, include the sample or sampling frame in the description of each method selected.

The evaluation will, to the extent possible, use a mixed-methods approach, utilizing mostly qualitative data methods. The qualitative portion of this evaluation will attempt to identify logical links between the three programmatic features of CAP II to document its ability to generate an HIV/AIDS response and contribute to the prevention of new HIV/AIDS infections. The study acknowledges that changes in HIV/AIDS trends can be due to other external factors and will elucidate those in its interview guides.

This evaluation will not focus on evaluating quantitative outputs, but will be required to use USAID's and CAP's monitoring data for triangulation purposes.

- Quantitative evaluation will rely on program-level indicators reported to USAID, capacity-assessment data generated using the POAP tool, **Prevention Endline Report** and other available datasets combined with primary data collected through site visits and interviews with diverse stakeholders (e.g. health care workers, community members, local organization staff, district officials, provincial officials, national officials, and other donors) to answer evaluation questions. Semi-structured interview guides will be designed and provided for USAID.

Methodological Limitations

Relative limitations of methodologies are to be reviewed by the Evaluation Team. USAID expects that all threats to data quality, (e.g., validity and reliability) will be discussed and documented in the proposal stage and addressed in the evaluation planning stage, including what will be done to minimize them. The evaluation team will inform USAID about any threats to data quality throughout the evaluation and will discuss it in detail in the final report.

For **Portuguese and local languages**, evaluation team will provide translation. As a result of translation, however, some differences in language could enter the data collection process, and those differences may not capture the full intent or meaning of the original information. Therefore, whenever possible the data collection tools should be back translated to English from the Portuguese and local language translated version.

■ **Document and Data Review** *(list of documents and data recommended for review)*

This desk review will be used to provide background information on the CAP II project, and will also provide data for analysis for this evaluation. Documents and data to be reviewed include:

- FHI-360 generated POAP tool data
- CAP II PEPFAR semi-annual and annual report data submitted to USAID/Mozambique
- CAP II Semi-annual reports submitted to USAID/Mozambique project management staff
- POAP tool assessment data generated by FHI-360
- External capacity assessments ³³- SBCC Technical Capacity, OVC Service Delivery, Sub-grant Management, Financial and administrative Health, and Report Writing.
- CAP II Financial reports
- CAP II Program deliverables
- Community-level baseline PEPFAR Semi-Annual and Annual Performance Report (SAPR and APR) data from the 37 districts where CAP II works
- Site Visit and Technical Assistance visit reports
- Data Verification Visit reports
- Composite list of all TA/Training provided to grantees
- Graduation Reports
- Graduation Decision-Making Matrix
- CAP Midterm Evaluation Report
- Prevention Endline Report
- NGO, FBO, and CBO sub-partner agreements, performance management plans (PMPs), work plans, quarterly reports
- Integrated Capacity Building Plans per organization
- PEPFAR Evaluation Standards of Practice (September 2015) (<http://www.pepfar.gov/documents/organization/247074.pdf>)

Secondary analysis of existing data (*This is a re-analysis of existing data, beyond a review of data reports. List the data source and recommended analyses*)

Data Source (existing dataset)	Description of data	Recommended analysis

Key Informant Interviews (*list categories of key informants, and purpose of inquiry*)

In-person questionnaire to conduct key informant interviews and/or group interviews with the following groups of people:

- USAID/Mozambique health team, as well as OFM, AAO, PO, Embassy and PAO Small Grants, and DG as appropriate
- Officials of the Mozambican government in the Ministry of Health at national, provincial, and district levels
- CAP II/Mozambique staff, including FHI360 and partners/sub-contractors
- CAP II/Mozambique sub-partner staff
- Local organizations that received capacity-building but not grants from CAP (FHI PCC sub-partners, U.S. Embassy Small Grantees, etc.)
- Other capacity builder organizations familiar with CAP II/Mozambique
- Others

³³ External assessments are executed by CAP staff as a complements to the POAP.

It is anticipated that some interviews may be conducted in the presence of at least one or more outside observers, including CAP II program staff and USAID/Mozambique staff. Interview responses might therefore be affected by the presence of these observers.

Prior to starting data collection, the evaluation team will provide USAID with a list of interviewees and a schedule for conducting the interviews. The evaluation team will continue to share updated lists and schedules, as changes occur

Focus Group Discussions (*list categories of groups, and purpose of inquiry*)

Group Interviews (*list categories of groups, and purpose of inquiry*)

Optional: Some of the key informant interviews can be clustered, as long as there are no power differentials, and all respondents feel comfortable in voicing their opinions within the group. (See list and description above under KII.)

Client/Participant Satisfaction or Exit Interviews (*list who is to be interviewed, and purpose of inquiry*)

Facility or Service Assessment/Survey (*list type of facility or service of interest, and purpose of inquiry*)

Cost Analysis (*list costing factors of interest, and type of costing assessment, if known*)

Survey (*describe content of the survey and target responders, and purpose of inquiry*)

Observations (*list types of sites or activities to be observed, and purpose of inquiry*)

Direct observation of ongoing CAP II/Mozambique activities regarding core support elements in organization function, and implementation of a mini survey of participants of users of services.

Data Abstraction (*list and describe files or documents that contain information of interest, and purpose of inquiry*)

Case Study (*describe the case, and issue of interest to be explored*)

Verbal Autopsy (*list the type of mortality being investigated (i.e., maternal deaths), any cause of death and the target population*)

Rapid Appraisal Methods (ethnographic / participatory) (*list and describe methods, target participants, and purpose of inquiry*)

Other (list and describe other methods recommended for this evaluation/analytic, and purpose of inquiry)

--

If **impact evaluation** –

Is technical assistance needed to develop full protocol and/or IRB submission?

Yes No

List or describe case and counterfactual”

Case	Counterfactual

X. HUMAN SUBJECT PROTECTION

The Analytic Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the evaluation, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the evaluation at any time without consequences. Only adults can consent as part of this evaluation. Minors cannot be respondents to any interview or survey, and cannot participate in a focus group discussion without going through an IRB. The only time minors can be observed as part of this evaluation is as part of a large community-wide public event, when they are part of family and community attendance. During the process of this evaluation, if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information.

XI. ANALYTIC PLAN

Describe how the quantitative and qualitative data will be analyzed. Include method or type of analyses, statistical tests, and what data it to be triangulated (if appropriate). For example, a thematic analysis of qualitative interview data, or a descriptive analysis of quantitative survey data.

USAID/Mozambique expects the evaluation team to present strong quantitative and qualitative analysis, within data limitations, that clearly addresses key issues found in the evaluation questions. As a part of the proposal, the evaluation team will develop and present a data analysis plan that details how the approved data collection methods will be used to analyze qualitative and quantitative data to reach conclusions about CAP II’s performance. The data analysis should also explain how the evaluation will weigh and integrate qualitative data with quantitative data from indicators and CAP II program records and how available data will help inform the data that will be collected from primary sources. The proposal must also explain how data collection tools will take into account geographical disaggregation (district, province, rural/urban) and gender disaggregation and its value for the evaluation and learning purposes.

All analyses will be geared to answer the evaluation questions. Additionally, the evaluation will review both qualitative and quantitative data related to the project/program’s achievements against its objectives and/or targets.

Quantitative data will be analyzed primarily using descriptive statistics. Data will be stratified by demographic characteristics, such as sex, age, and location, whenever feasible. Available data will be reviewed to assess trends.

Thematic review of qualitative data will be performed, connecting the data to the evaluation questions, seeking relationships, context, interpretation, nuances and homogeneity and outliers to better explain what is happening and the perception of those involved. Qualitative data will be used to substantiate quantitative findings, provide more insights than quantitative data can provide, and answer questions where other data do not exist.

Use of multiple methods that are quantitative and qualitative, as well as existing data (e.g., project/program performance indicator data, DHS, MICS, HMIS data, etc.) will allow the Team to triangulate findings to produce more robust evaluation results.

The Evaluation Report will describe analytic methods and statistical tests employed in this evaluation.

XII. ACTIVITIES

List the expected activities, such as Team Planning Meeting (TPM), briefings, verification workshop with IPs and stakeholders, etc. Activities and Deliverables may overlap. Give as much detail as possible.

Background reading – Several documents are available for review for this analytic activity. These include CAP II proposal, annual work plans, M&E plans, quarterly progress reports, and routine reports of project performance indicator data, as well as survey data reports (i.e., DHS and MICS). This desk review will provide background information for the Evaluation Team, and will also be used as data input and evidence for the evaluation.

Team Planning Meeting (TPM) – A four-day team planning meeting (TPM) will be held at the initiation of this assignment and before the data collection begins. The TPM will:

- Review and clarify any questions on the evaluation SOW
- Clarify team members' roles and responsibilities
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion
- Review and finalize evaluation questions
- Review and finalize the assignment timeline
- Develop data collection methods, instruments, tools and guidelines
- Review and clarify any logistical and administrative procedures for the assignment
- Develop a data collection plan
- Draft the evaluation work plan for USAID's approval
- Develop a preliminary draft outline of the team's report
- Assign drafting/writing responsibilities for the final report

Briefing and Debriefing Meetings – Throughout the evaluation the Team Lead will provide briefings to USAID. The In-Brief and Debrief are likely to include the all Evaluation Team experts, but will be determined in consultation with the Mission. These briefings are:

- **Evaluation launch**, a call/meeting among the USAID, GH Pro and the Team Lead to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. GH Pro will introduce the Team Lead, and review the initial schedule and review other management issues.
- **In-brief with USAID**, as part of the TPM. This briefing may be broken into two meetings: a) at the beginning of the TPM, so the Evaluation Team and USAID can discuss expectations and intended plans; and b) at the end of the TPM when the Evaluation Team will present an outline and explanation of the design and tools of the evaluation. Also discussed at the in-brief will be the format and content of the

Evaluation report(s). The time and place for this in-brief will be determined between the Team Lead and USAID prior to the TPM.

- **In-brief with project** to review the evaluation plans and timeline, and for the project to give an overview of the project to the Evaluation Team.
- The Team Lead (TL) will brief the USAID **weekly** to discuss progress on the evaluation. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.
- **Midpoint briefing** with USAID to discuss early preliminary findings and potential recommendations, as well as to discuss progress and obstacles faced during the implementation of the evaluation.
- A **final debrief** between the Evaluation Team and USAID will be held at the end of the evaluation to present preliminary findings to USAID. During this meeting a summary of the data will be presented, along with high level findings and draft recommendations. For the debrief, the Evaluation Team will prepare a **PowerPoint Presentation** of the key findings, issues, and recommendations. The evaluation team shall incorporate comments received from USAID during the debrief in the evaluation report. (*Note: preliminary findings are not final and as more data sources are developed and analyzed these finding may change.*)
- **Stakeholders' debrief/workshop** will be held with the project staff and other stakeholders identified by USAID. This will occur following the final debrief with the Mission, and will not include any information that may be deemed sensitive by USAID.

Fieldwork, Site Visits and Data Collection – The evaluation team will conduct site visits to for data collection. Selection of sites to be visited will be finalized during TPM in consultation with USAID. The evaluation team will outline and schedule key meetings and site visits prior to departing to the field.

Evaluation Report – The Evaluation Report will be developed and shared with USAID in three steps:

- a) Preliminary draft report – This may be requested by USAID during the TPM or Midpoint Briefing. This is not a set requirement, and should be verified with USIAD if it is needed. This is an early draft of the evaluation report that is more than an outline, but demonstrates the organization of the report and provides content, where feasible.
- b) Draft Evaluation Report is a full report that is shared with GH Pro and USAID for comments, edits and feedback.
- c) Final Evaluation Report submitted to GH Pro and USAID that includes revisions based on USAID and GH Pro edits and comments.

The Evaluation/Analytic Team under the leadership of the Team Lead will develop a report with findings and recommendations (see Analytic Report below). Report writing and submission will include the following steps:

1. Team Lead will submit draft evaluation report to GH Pro for review and formatting
2. GH Pro will submit the draft report to USAID
3. USAID will review the draft report in a timely manner, and send their comments and edits back to GH Pro
4. GH Pro will share USAID's comments and edits with the Team Lead, who will then do final edits, as needed, and resubmit to GH Pro
5. GH Pro will review and reformat the final Evaluation/Analytic Report, as needed, and resubmit to USAID for approval.

6. Once Evaluation Report is approved, GH Pro will re-format it for 508 compliance and post it to the DEC.
 The Evaluation Report **excludes** any **procurement-sensitive** and other sensitive but unclassified (**SBU**) information. This information will be submitted in a memo to USIAD separate from the Evaluation Report.

XIII. DELIVERABLES AND PRODUCTS

Select all deliverables and products required on this analytic activity. For those not listed, add rows as needed or enter them under “Other” in the table below. Provide timelines and deliverable deadlines for each.

Deliverable / Product	Timelines & Deadlines (estimated)	Description
■ Launch briefing	February 10, 2016	Introduce Team Lead to USAID team; handover assignment from GH Pro to Team Lead
■ Workplan with timeline	February 29, 2016	Detailed work plan that includes activities and timeline
■ Evaluation protocol with data collection tools	February 29, 2016	<p>As part of the Workplan, this section includes:</p> <ul style="list-style-type: none"> • Final evaluation questions • evaluation methodologies, including limitations • protocols for data collection • sampling used for each data collection method <ul style="list-style-type: none"> – list of key informants – other (as needed) • data collection tools • Evaluation matrix • data analysis plan <p>If time permits, USAID may circulate the Evaluation Plan with country-level stakeholders before it is finalized.</p>
■ In-brief with Mission or organizing business unit	February 22-26, 2016	See <i>description above w/ Activities</i>
■ In-brief with target CAP II	February 29, 2016	Evaluation Team discusses the upcoming evaluation with CAP II; CAP II presents an overview of their project; and project ask questions of the Team.
■ Routine briefings	Weekly	The team leader will provide weekly status reports on evaluation implementation to USAID/Mozambique, either in-person or virtually. The evaluation team will also conduct at least two interim briefings with the Mission to review the progress and obstacles.

<input checked="" type="checkbox"/> Midpoint briefing with USAID	March 14, 2016	The Evaluation Team will present rough preliminary findings and potential recommendations to USAID halfway through data collection.
<input checked="" type="checkbox"/> Preliminary draft report [per USAID request]	April 4, 2016	Although data analyses and synthesis may not be complete, USAID reserves the option to request a preliminary draft report. This is to provide feedback on the organization of the report and its content.
<input checked="" type="checkbox"/> Out-brief with Mission with Power Point presentation	April 4, 2016	See <i>description above w/ Activities</i>
<input checked="" type="checkbox"/> Findings review workshop with IP and key stakeholders with Power Point presentation	April 5, 2016	The team will present the preliminary findings of the evaluation to USAID implementing partners (as appropriate and as defined by USAID) through a PowerPoint presentation prior to the team's departure from country. The team will consider partner comments when drafting report, as appropriate.
<input checked="" type="checkbox"/> Draft report	Submitted to GH PRO: April 20, 2016 GH Pro submits to USAID: April 26, 2016	Full draft of Evaluation Report
<input checked="" type="checkbox"/> Final report	Submitted to GH Pro: May 19, 2016 GH Pro submits to USAID: May 23, 2016	Fully formatted final version of the Evaluation Report
<input checked="" type="checkbox"/> Raw data	May 24, 2016	All quantitative data is submitted to GH Pro for posting on USAID DLL
<input type="checkbox"/> Dissemination activity		
<input checked="" type="checkbox"/> Report Posted to the DEC	June .30, 2016	508 compliant Evaluation Report is posted on USAID's DEC
<input type="checkbox"/> Other (specify):		

Estimated USAID review time

Average number of business days USAID will need to review deliverables requiring USAID review and/or approval? 10 Business days

XIV. TEAM COMPOSITION, SKILLS AND LEVEL OF EFFORT (LOE)

Evaluation/Analytic team: When planning this analytic activity, consider:

- Key staff should have methodological and/or technical expertise, regional or country experience, language skills, team lead experience and management skills, etc.
- Team leaders for evaluations/analytics must be an external expert with appropriate skills and experience.
- Additional team members can include research assistants, enumerators, translators, logisticians, etc.
- Teams should include a collective mix of appropriate methodological and subject matter expertise.

- Evaluations require an Evaluation Specialist, who should have evaluation methodological expertise needed for this activity. Similarly, other analytic activities should have a specialist with methodological expertise related to the
- Note that all team members will be required to provide a signed statement attesting that they have no conflict of interest, or describing the conflict of interest if applicable.

Team Qualifications: Please list technical areas of expertise required for this activities
List the key staff needed for this analytic activity and their roles. You may wish to list desired qualifications for the team as a whole, as well as for the individual team members.

The evaluation team will be composed of:

- Evaluation Specialist
- Organizational Development Technical Advisor
- Local Logistics/Administrative Specialist
- Local enumerators (1-2)
- Translator(s), as needed

The Team Lead will also fill a technical role of Evaluation Specialist or OD Technical Advisor, based on experience and leadership skills.

All attempts will be made for the evaluation team to be comprised of a representative number of male and female members.

USAID may propose representatives from USAID/Washington and USAID/Mozambique to participate in parts of the evaluation and/or travel with the evaluation team to site visits.

General qualifications of evaluation team members should include familiarity with the Mozambican public health context, and should have oral and written skills in English and Portuguese.

Team Lead: This person will be selected from among the key staff, and will meet the requirements of both this and the other position. The team lead should have significant experience conducting project evaluations/analytics.

Roles & Responsibilities: The team leader responsibilities include:

- Providing team leadership
- Managing the team's activities
- Finalizing and negotiating the evaluation work plan with USAID/Mozambique
- Establishing evaluation team roles, responsibilities, and tasks
- Facilitating team planning meeting (TPM)
- Ensure that logistics arrangements in the field are complete
- Manage team coordination meetings in-country and ensure that work is done on schedule
- Lead preparation and presentation of key evaluation findings and recommendations to USAID/Mozambique team prior to departing Mozambique
- Ensuring that all deliverables are met in a timely manner
- Coordinate the process of assembling individual input/findings for the evaluation report and finalizing the evaluation report
- Serving as a liaison between the USAID and the evaluation/analytic team
- Leading briefings and presentations

Qualifications:

- Minimum of 10 years of experience in public health, which included experience in implementation of health activities in developing countries, including HIV/AIDS, OVC, gender-based violence, and/or behavioral change
- Demonstrated experience leading health sector project/program evaluation/analytics, utilizing both quantitative and qualitative s methods
- Experience leading evaluation teams
- Excellent skills in planning, facilitation, and consensus building
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Excellent skills in project management
- Excellent organizational skills and ability to keep to a timeline
- Good writing skills, with extensive report writing experience
- Experience working in the region, and experience in Mozambique is desirable
- Familiarity with USAID
- Familiarity with USAID policies and practices
 - Evaluation policy
 - Results frameworks
 - Performance monitoring plans
- Proficient in Portuguese and English

Key Staff I Title: Evaluation Specialist

Roles & Responsibilities: Serve as a member of the evaluation team, providing quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management and data analysis. S/He will oversee the training of all engaged in data collection, insuring highest level of reliability and validity of data being collected. S/He is the lead analyst, responsible for all data analysis, and will coordinate the analysis of all data, assuring all quantitative and qualitative data analyses are done to meet the needs for this evaluation. S/He will participate in all aspects of the evaluation, from planning, data collection, data analysis to report writing.

Qualifications:

- Advanced degree in public health or an applicable social sciences field
- At least 8 years of experience in conducting mixed method (combining quantitative and qualitative) evaluations/assessments in Sub-Saharan Africa
- Familiar with USAID M&E procedures and implementation
- At least 5 years managing M&E, including evaluations
- Experience in design and implementation of evaluations
- Strong knowledge, skills, and experience in qualitative and quantitative evaluation tools
- Experience implementing and coordinating other to implements surveys, key informant interviews, focus groups, observations and other evaluation methods that assure reliability and validity of the data.
- Experience in data management
- Able to analyze quantitative, which will be primarily descriptive statistics
- Able to analyze qualitative data
- Experience using analytic software
- Demonstrated experience using qualitative evaluation methodologies, and triangulating with quantitative data

- Able to review, interpret and reanalyze as needed existing data pertinent to the evaluation
- Strong data interpretation and presentation skills
- An advanced degree in public health, evaluation or research or related field
- Proficient in English
- Good writing skills, including extensive report writing experience
- Familiarity with USAID health programs/projects, primary health care or health systems strengthening preferred
- Familiarity with USAID and PEPFAR M&E policies and practices
 - Evaluation policies
 - Results frameworks
 - Performance monitoring plans

Key Staff 2 Title: Capacity and Organizational Development Specialist.³⁴

Roles & Responsibilities: Serve as a member of the evaluation team, providing technical expertise to evaluate capacity and organizational strengthening activities. S/He will participate in all aspects of the evaluation, including planning, data collection, data analysis and report writing.

Qualifications:

- Background and at least 8 years' experience in organizational capacity development/strengthening, and building institutional capacity in Sub-Saharan Africa.
- A degree in organizational development, public health, health system strengthening, or an applicable social sciences field.
- Knowledgeable in capacity building assessment (e.g., OCATs) and evaluation methodologies
- Experience working in organizational capacity development/strengthening among governmental and non-governmental entities in developing country settings to strengthen health programs/activities
- Experience in implementing and/or evaluating HIV programs/projects
- Proficient in English and Portuguese
- Good writing skills, specifically technical and evaluation report writing experience
- Experience in conducting USAID evaluations of health programs/activities

Key Staff 3 Title: HIV/AIDS Prevention Advisor

Roles & Responsibilities: Serve as a member of the evaluation team, providing expertise in HIV, including preventions, MARPS, GBV, OVC, care and treatment, etc. S/He will participate in planning and briefing meetings, data collection, data analysis, development of evaluation presentations, and writing of the Evaluation Report.

Qualifications:

- At least 8 years' experience with HIV projects; USAID project implementation experience preferred
- Expertise in HIV prevention and services
- Experience working on gender issues is preferred
- Familiar with PEPFAR guidelines and policies, including
 - PEPFAR Next Generation Indicators Reference Guidance

³⁴ Cross check potential OD Advisor with list of OD experts (local and regionally) that have provided OD support to CAP program. Consult consolidated list with AOR to ensure no conflict of interest.

- PEPFAR Monitoring, Evaluation, and Reporting Indicator Reference Guide
- PEPFAR Evaluation Standards of Practice
- Capacity Building and Strengthening Framework
- Gender Strategy
- Country Operational Plans (COP)
- Site Improvement through Monitoring System (SIMS)
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Proficient in English and Portuguese
- Good writing skills, specifically technical and evaluation report writing experience
- Experience in conducting USAID evaluations of health programs/activities

Other Staff Titles with Roles & Responsibilities (include number of individuals needed):

Local Evaluator, based in Mozambique, s/h will assist the Evaluation Team with data collection, analysis and data interpretation. The Local Evaluator will join the Evaluation Team on site visits as determined by evaluation Team Lead. S/He should have basic familiarity with health topics, HIV is desirable, as well as experience conducting surveys interviews and focus group discussion, both facilitating and note taking. Furthermore, s/he will assist in translation of data collection tools, interviews and transcripts, as needed. S/He will also support the Logistics Assistant as needed. The Local Evaluator will have a good command of English and Portuguese. S/H will report to the Team Lead, assist the Team and the Logistics Coordinator, as needed, and do other duties as assigned.

Local **Evaluator/Logistics Assistant** will work as a Local Evaluator on the Team (see position description above), and support the Team arranging logistics and other support. To support logistic needs for this evaluations, s/he will have at least 4 - 6 years' experience coordinating events and travel, both international and within Mozambique. Based in Mozambique, s/he will manage all in-country travel, logistics, and other duties as assigned by the team leader and USAID/Mozambique. S/he will support the Evaluation Team with all logistics and administration to allow them to carry out this evaluation. This person will have a good command of English and Portuguese. S/He will have knowledge of key actors in the health sector and their locations including MOH, donors and other stakeholders. To support the Team, s/he will be able to efficiently liaise with hotel staff, arrange in-country transportation (ground and air), arrange meeting and workspace as needed, and insure business center support, e.g. copying, internet, and printing. S/he will work under the guidance of the Team Leader to make preparations, arrange meetings and appointments. S/he will conduct programmatic administrative and support tasks as assigned and ensure the processes moves forward smoothly. S/He may also be asked to assist in translation of data collection tools and transcripts, if needed, as well as perform other duties as assigned.

Will USAID participate as an active team member or designate other key stakeholders to as an active team member? This will require full time commitment during the evaluation or analytic activity.

- Yes – If yes, specify who:
 Significant involvement – If yes, specify who:
 No

Staffing Level of Effort (LOE) Matrix (Optional):

This optional LOE Matrix will help you estimate the LOE needed to implement this analytic activity. If you are unsure, GH Pro can assist you to complete this table.

- For each column, replace the label "Position Title" with the actual position title of staff needed for this analytic activity.
- Immediately below each staff title enter the anticipated number of people for each titled position.
- Enter Row labels for each activity, task and deliverable needed to implement this analytic activity.
- Then enter the LOE (estimated number of days) for each activity/task/deliverable corresponding to each titled position.
- At the bottom of the table total the LOE days for each consultant title in the 'Sub-Total' cell, then multiply the subtotals in each column by the number of individuals that will hold this title.

Level of Effort in **days** for each Evaluation/Analytic Team member

Activity / Deliverable		Evaluation/Analytic Team				
		Team Lead/ HIV Specialist	Evaluation Specialist	OD Specialist	Logistics/ Local Eval	Local Evaluator
1	Launch Briefing	1				
2	Desk review	5	5	5		
3	Preparation for Team convening in-country	1			2	
4	Travel to country	1	1	2		
5	Team Planning Meeting	4	4	4	4	4
6	In-brief with Mission with prep	1	1	1	1	1
7	In-brief with project with prep	1	1	1	1	1
8	Data Collection DQA Workshop (protocol orientation for all involved in data collection)	2	2	2	2	2
9	Prep / Logistics for Site Visits	1	1	1	2	1
10	Data collection / Site Visits (w/ travel to sites)	20	20	20	20	20
11	Data analysis	5	5	5	5	5
12	Preliminary Draft Report (if requested)	1	1	1		
13	Debrief with Mission with prep	1	1	1	1	1
14	Stakeholder debrief workshop with prep	1	1	1	1	1
15	Depart country	1	1	2		
16	Draft report(s)	6	5	5	1	1
17	GH Pro Report QC Review & Formatting					
18	Submission of draft report(s) to Mission					

Activity / Deliverable		Evaluation/Analytic Team				
		Team Lead/ HIV Specialist	Evaluation Specialist	OD Specialist	Logistics/ Local Eval	Local Evaluator
19	USAID Report Review					
20	Revise report(s) per USAID comments					
21	Finalize and submit report to USAID	3	2	2		
22	508 Compliance Review					
23	Upload Eval Report(s) to the DEC					
Revised Total LOE		55	51	53	40	37

If overseas, is a 6-day workweek permitted Yes No

Travel anticipated: List international and local travel anticipated by what team members.

The team will work in 2 to 3 provinces, with 6-9 districts visited.

XV. LOGISTICS

Note: Most Evaluation/Analytic Teams arrange their own work space, often in their hotels. However, if Facility Access is preferred GH Pro can request it. GH Pro does not provide Security Clearances. Our consultants can obtain **Facility Access** only.

Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH Pro workspace and travel (other than to and from post).

USAID Facility Access

Specify who will require Facility Access:

Electronic County Clearance (ECC) (International travelers only)

GH Pro workspace

Specify who will require workspace at GH Pro:

Travel -other than posting (specify): Int'l consultants to Mozambique, and in-country travel to 6-9 districts in 2-3 provinces for all team members

Other (specify):

XVI. GH PRO ROLES AND RESPONSIBILITIES

GH Pro will coordinate and manage the evaluation/analytic team and provide quality assurance oversight, including:

- Review SOW and recommend revisions as needed
- Provide technical assistance on methodology, as needed
- Develop budget for analytic activity
- Recruit and hire the evaluation/analytic team, with USAID POC approval
- Arrange international travel and lodging for international consultants
- Request for country clearance and/or facility access (if needed)
- Review methods, workplan, analytic instruments, reports and other deliverables as part of the quality assurance oversight
- Report production - If the report is public, then coordination of draft and finalization steps, editing/formatting, 508ing required in addition to and submission to the DEC and posting on GH Pro website. If the report is internal, then copy editing/formatting for internal distribution.

XVII. USAID ROLES AND RESPONSIBILITIES

Below is the standard list of USAID's roles and responsibilities. Add other roles and responsibilities as appropriate.

USAID Roles and Responsibilities
<p>USAID will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:</p>
<p>Before Field Work</p> <ul style="list-style-type: none">• <u>SOW</u>.<ul style="list-style-type: none">○ Develop SOW.○ Peer Review SOW○ Respond to queries about the SOW and/or the assignment at large.• <u>Consultant Conflict of Interest (COI)</u>. To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the CV's for proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.• <u>Documents</u>. Identify and prioritize background materials for the consultants and provide them to GH Pro, preferably in electronic form, at least one week prior to the inception of the assignment.• <u>Local Consultants</u>. Assist with identification of potential local consultants, including contact information.• <u>Site Visit Preparations</u>. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.• <u>Lodgings and Travel</u>. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).
<p>During Field Work</p> <ul style="list-style-type: none">• <u>Mission Point of Contact</u>. Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team's work.• <u>Meeting Space</u>. Provide guidance on the team's selection of a meeting space for interviews and/or focus group discussions (i.e. USAID space if available, or other known office/hotel meeting space).• <u>Meeting Arrangements</u>. Assist the team in arranging and coordinating meetings with stakeholders.• <u>Facilitate Contact with Implementing Partners</u>. Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team's arrival and/or anticipated meetings.
<p>After Field Work</p> <ul style="list-style-type: none">• <u>Timely Reviews</u>. Provide timely review of draft/final reports and approval of deliverables.

XVIII. ANALYTIC REPORT

Provide any desired guidance or specifications for Final Report. (See How-To Note: Preparing Evaluation Reports)

<p>The Evaluation Report will be developed and shared with USAID in three steps, with the approved final version being edited for 508 compliance:</p> <ol style="list-style-type: none">a) <u>Preliminary draft report</u> – This <i>may</i> be requested by USAID during the TPM or Midpoint Briefing. This is not a set requirement, and should be verified with USIAD/Mozambique if it is needed. This is an early draft of the evaluation report that is more than an outline, but demonstrates the organization of the report and provides content, where feasible.b) <u>Draft Evaluation Report</u> is a full report that is shared with GH Pro and USAID for comments, edits and feedback.c) <u>Final Evaluation Report</u> submitted to GH Pro and USAID that includes revisions based on USAID and GH Pro edits and comments.d) Final Evaluation Report <u>508</u> edited

The **Evaluation Final Report** must follow USAID's Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the [USAID Evaluation Policy](#)). USAID/Mozambique will determine if the criteria are met. This evaluation will not conclude until USAID/Mozambique has confirmed, in writing, that the report has met all quality criteria.

- a. The report will be approximately 30 pages (excluding executive summary, table of contents, acronym list and annexes).
- b. The structure of the report should follow the Evaluation Report template, including branding found [here](#) or [here](#).
- c. Draft reports must be provided electronically, in English, to GH Pro who will then submit it to USAID.
- d. The report format should be restricted to Microsoft products, and 12-point type font should be used throughout the body of the report, with page margins of 1 inch top/bottom and left/right.
- e. For additional Guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found [here](#).

Reporting Guidelines: The draft report should be a comprehensive analytical evidence-based evaluation/analytic report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding procedures. ***The report will be edited/formatted and made 508 compliant as required by USAID for public reports and will be posted to the USAID/DEC.***

The evaluation report format will be as follows:

1. **Executive Summary:** summarize program purpose and background, key evaluation questions, methods, findings, and recommendations (2-3 pages)
2. **Table of Contents** (1 page)
3. **Acronyms** (1 page or less)
4. **Introduction:** describe purpose, audience, and synopsis of evaluation work, including the evaluation questions (1-2 page)
5. **Background:** provide brief overview of CAP II program in Mozambique, USAID/Mozambique program strategy and activities implemented in response to the problem, brief description of implementing partners, and purpose of the evaluation (2-3 pages)
6. **Methodology:** describe evaluation methods, including constraints and gaps, and how the evaluation addressed limitations and data quality assurance (1-2 page)
7. **Findings/Conclusions/Recommendations** (17-20 pages)
 - a. **Findings:** organized by evaluation question, and cites evidence of findings
 - b. **Conclusions and Recommendations:** linked to the findings, primary conclusions that lead to recommendations; recommendations should be organized according to whether follow-up action items are short-term, medium-term, or long-term
8. **Issues:** provide a list of key technical and/or administrative issues, if any (1-2 pages)
9. **Future Directions:** provide suggestions to inform the way forward for CAP II/Mozambique during the remainder of the program (2-3 pages) and to inform future capacity building initiatives
10. **References:** include bibliographical documentation, meetings, interviews, and group interviews
11. **Annexes**
 - Annex I: Evaluation/Analytic Statement of Work
 - Annex II: Evaluation/Analytic Methods and Limitations

- Annex III: Data Collection Instruments 0.0
- Annex IV: Sources of Information
 - o List of Persons Interviews
 - o List of field visits conducted
 - o Bibliography of Documents Reviewed
 - o Databases
 - o [etc]
- Annex V: List of evaluation consultant team members and disclosure of say conflicts of interest (consultant COIs)
- Annex VI: Statement of Differences (if applicable)

The evaluation methodology and report will be compliant with the USAID Evaluation Policy and Checklist for Assessing USAID Evaluation Reports

The final version of the **evaluation report will be submitted to USAID/Mozambique** in hard copy as well as electronically. The evaluation team leader shall incorporate USAID/Mozambique’s comments and submit the final report to USAID/Mozambique in electronic format (Microsoft Word), as well as printed and bound copies (five copies in English) no later than 10 working days after receiving comments.

The Evaluation Report should **exclude** any **potentially procurement-sensitive information**. As needed, any procurement sensitive information or other sensitive but unclassified (SBU) information will be submitted in a memo to USIAD separate from the Evaluation Report.

All data instruments, data sets (if appropriate), presentations, meeting notes and report for this evaluation/analysis will be provided to GH Pro and presented to USAID electronically to the Program Manager. All data will be in an unlocked, editable format.

Note: USAID and stakeholders will provide written and oral comments to the final report.

XIX.USAID CONTACTS

	Primary Contact	Alternate Contact 1	Alternate Contact 2
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List other contacts who will be supporting the Requesting Team with technical support, such as reviewing SOW and Report (such as USAID/W GH Pro management team staff)

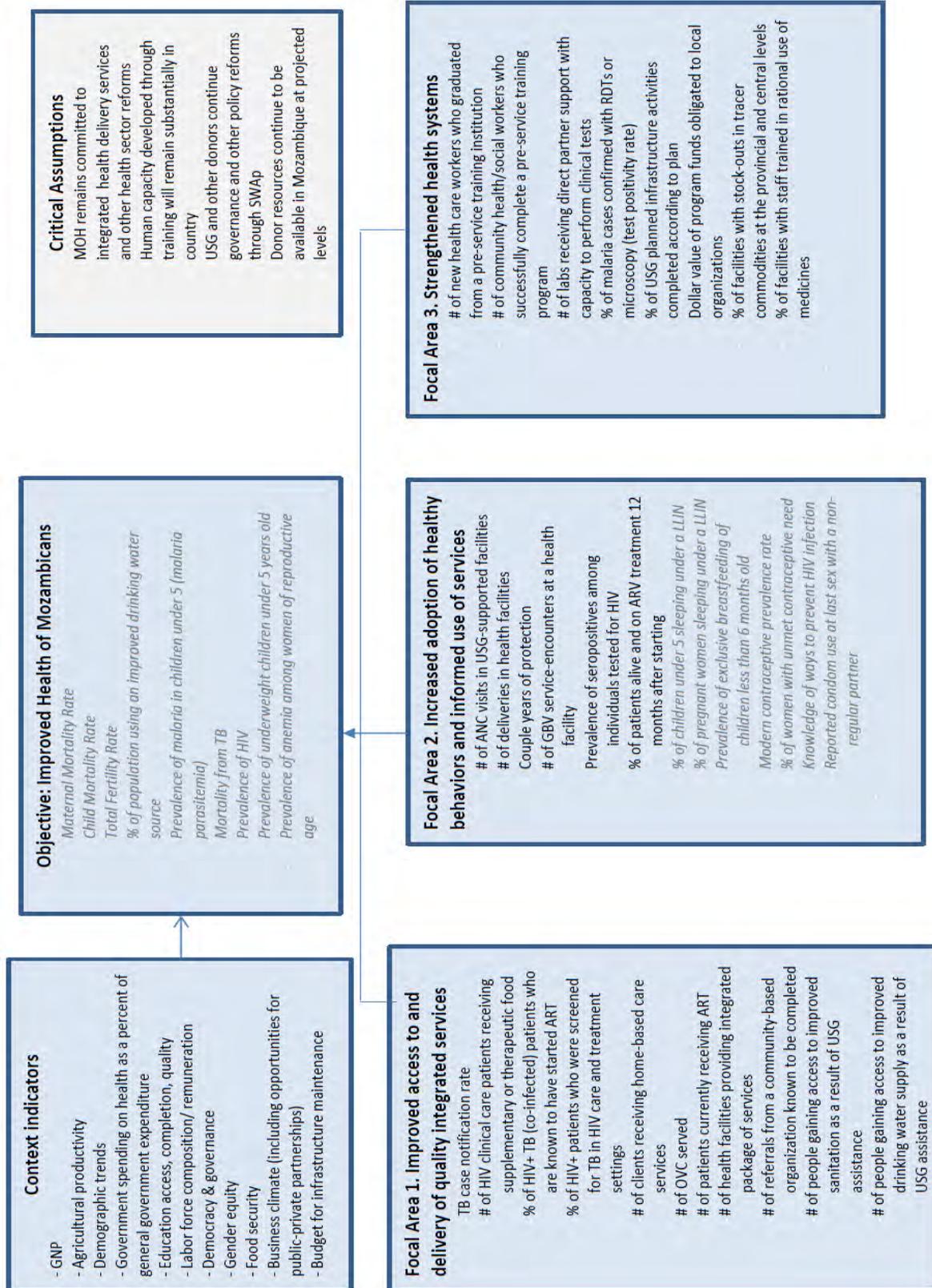
	Technical Support Contact 1	Technical Support Contact 2
Name:	Diana Harper	Lily Asrat
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USAID Office/Mission	Office of Policy, Planning and Programs, USAID Bureau for Global Health	USAID, Office of HIV/AIDS
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XX. REFERENCE MATERIALS

Documents and materials needed and/or useful for consultant assignment, that are not listed above

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APPENDIX A: IHO RESULTS FRAMEWORK



Result 1.1 Increased access to and delivery of integrated services to women and partners

- # of pregnant women receiving the integrated package of services
- % of women with known HIV status in PMTCT settings
- # of partners of pregnant women who are HIV tested in a PMTCT setting
- # of persons provided with post-exposure prophylaxis
- # of contraceptives purchased (disaggregated by type)
- #/% of health centers with maternity waiting houses

Result 1.2 Increased access to and delivery of integrated services for children and adolescents

- # of children less than 12 months of age who received DPT-HepB-Hib3
- # of children under 5 years who received micronutrient supplementation
- # of HIV exposed infants tested within 12 months of birth
- % of new ART patients who are 0 – 14 years of age
- % of HIV infected women who received ARV prophylaxis to reduce MTCT
- % of HIV-exposed infants receiving ARV prophylaxis for PMTCT

Result 1.3 Improved prevention and treatment of infectious and other diseases

- TB case detection rate
- TB treatment success rate
- # of LLINs purchased
- # of ACTs purchased
- # of patients newly enrolled in ART
- % of eligible HIV+ patients receiving CTX prophylaxis
- # of houses sprayed with Indoor Residual Spraying
- # of basic care packages distributed
- # safe water treatment packages distributed

Result 1.4 Increased involvement of communities in health interventions

- # of people referred to health services by community-based organizations
- # of ART patients participating in community-based adherence groups

Result 2.1. Improved knowledge of healthy behaviors

- Number of people exposed to mass media spots
- # of people reached through community health activities (HIV/AIDS MARP, HIV/AIDS gen. pop., Malaria, MCH/FP, Nutrition, GBV)

Result 2.2 Increased motivation to adopt and maintain healthy behaviors

- # of people living with HIV/AIDS reached with a minimum package of Prevention with Positives
- Percent of patients who are lost to follow up within 12 months of initiating ART

Result 2.3 Improved attitudes to enable healthy behavior and use of health services

- % of people with attitudes of acceptance toward people living with HIV and AIDS

Result 2.4 Increased demand for services

- # of people who were counseled and tested and received test results
- # of contraceptives distributed (disaggregated by type)
- # of males circumcised as part of the minimum package of MC in HIV prevention services

Result 3.1 Achieved adequate supply of skilled and motivated health workers

- # of individuals trained in child health and nutrition with USG funds
- # of individuals trained in DOTS with USG funds
- # of individuals trained in malaria treatment or prevention with USG funds
- # of individuals trained in IPS with USG funds
- # of provinces and districts with information in a national HRIS system in the last reporting period

Result 3.2 Improved generation, use and dissemination of health data

- # of indicators assessed by a data quality audit
- # of completed behavioral surveillance surveys for key populations (MARP)

Result 3.3 Strengthened management of commodities sector

- #/% of facilities submitting timely and complete data elements to the central level
- # of product categories with coordinated plan
- #/% of people trained at provincial and central levels who are still responsible for performing the supply chain functions for which they were trained
- Inventory accuracy for inventoried products at the central level
- # of pharmaceutical product safety issues detected through active surveillance

Result 3.4 Improved mobilization, allocation and utilization of financial resources

- % planned commodity funds executed annually in line with procurement plan
- % of audits at provincial and district level without significant negative findings

Result 3.5 Improved health policy, planning, and execution in an accountable and collaborative manner

- # of districts with a community-based accountability tool to monitor health system performance
- Number of local organizations with increased capacity in two or more areas of organizational development

APPENDIX B: CAP RESULTS FRAMEWORK

Strengthening Leading Mozambican NGOs and Networks (CAP Mozambique) Results Framework

Critical Assumptions

- Mozambican organizations have sufficient systems to manage USAID-financed projects.

AO: Scale up service delivery of HIV/AIDS treatment, care, and prevention activities by strengthening the technical capacity and institutional development of Mozambican non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), networks, and associations.

IR1: Increased capacity of Mozambican CBOs, FBOs, NGOs, networks, and associations increase capacity to develop and manage effective programs that improve the quality and coverage of HIV/AIDS prevention, treatment, and care services.

- Number of Civil Society Organizations using USG assistance to improve internal organizational capacity
- Number of Mozambican civil society organizations using USG assistance to contribute to the health system
- Dollar value of program funds obligated to local organizations
- Number of individuals trained in institutional capacity building
- Number of organizations demonstrating increased capacity in 2 or more areas
- Number of meetings facilitated to share experiences and lessons learned with CBOs/FBOs/NGOs
- Number of indicators assessed by a data quality audit

IR2: Expanded HIV/AIDS prevention behaviors among most-at-risk groups through NGOs and partners programs.

- Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards
- Number of community health and para-social workers who successfully completed a pre-service training program
- Number of individuals trained in institutional capacity building
- Number of targeted condom service outlets
- Number of mass media spots delivered
- Increased number of individuals who have sought counseling and testing
- Percentage of individuals reporting increased dialogue about high-risk behaviors
- Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission
- Increased number of individuals reporting consistent use of condoms

IR3: Increased numbers of youth, young adults, and adults in sexual relationships avoiding high-risk behaviors that make them vulnerable to HIV/AIDS infections.

- Number of intended target population reached with individual and/or small group level interventions that based on evidence and/or meet the minimum standards
- Number of intended target population reached with individual- and/or small group- level interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards
- Number of community health and para-social workers who successfully completed a pre-service training program
- Number of people referred to health services by community-based organizations
- Number of individuals trained in institutional capacity building
- Increased number of individuals reporting reduction of engagement risk behaviors associated with HIV
- Increased number of individuals who have sought counseling and testing
- Percentage of young women and men aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission
- Percentage of individuals reporting increased dialogue about high-risk behaviors
- Percentage of individuals reporting increased dialogue about social norms that influence high-risk behaviors

IR4: Increased numbers of orphans and vulnerable children (OVC) receiving quality, comprehensive care in their respective target areas

- Number of OVC receiving OVC services
- Number of community health and para-social workers who successfully completed a pre-service training program
- Number of individuals trained in institutional capacity building
- Number of people referred to health services by community-based organizations
- Number of referrals from a community-based organization known to be completed

IR5: Increased quality and coverage of home-based health care (HBC) to people living with AIDS (PLWHA) and their families.

- Number of clients receiving home-based care services
- Number of community health and para-social workers who successfully completed a pre-service training program

IR6: Increased number of organizations that graduate from the first level to the advanced level of grants under CAP, and to direct USAID funding.

- Increased number of organizations with strong enough systems to graduate from the first level of CAP grants to the advanced level.
- Increased number of organizations with strong enough systems to graduate from CAP to direct USAID funding.

Additional Indicators

- Increased male involvement in seeking health services
- Number of individuals reached through USG-funded community health activities
- Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion (GBV)
- Number of people reached by an individual, small-group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS.

APPENDIX C: TOOL

PARTE I: SER

DIMENSÃO SER	Estágios de crescimento de uma organização			
	1	2	3	4
I. Estatuto Legal da organização	Tem estatutos escritos e aprovados pelos membros.	Os estatutos foram submetidos para o reconhecimento oficial	A organização recebeu o despacho de reconhecimento oficial pela autoridade administrativa competente para o efeito. A organização submeteu os estatutos para a sua publicação no Boletim da República.	A organização tem a publicação dos seus estatutos no Boletim da República. A organização tem uma certidão de registo definitivo passada pela Conservatória do Registo das Entidades Legais. Todos os titulares dos órgãos Sociais têm o domínio dos estatutos da organização.
Pontuação				
I.2. Visão	A organização não tem a declaração formal da sua Visão.	A organização tem uma declaração formal da sua visão, a qual é extensa e pouco clara.	A declaração da visão da organização é razoavelmente perceptível. Os titulares dos órgãos sociais e o executivo sénior têm um conhecimento básico sobre a visão.	A visão da organização é clara, perceptível, enfocada e articulada pelos titulares dos órgãos sociais e pela equipa de gestão. Os titulares dos órgãos sociais e o executivo sénior têm um conhecimento sólido sobre a visão da organização. A declaração da visão consta dos documentos oficiais da organização e está fixada nos locais de maior visibilidade dentro do escritório
Pontuação				
I.3. Missão	A organização não tem a declaração formal da sua missão.	A organização tem uma declaração da missão, a qual é imprecisa, ampla e não oferece uma orientação clara para o seu trabalho.	A missão é específica e articulada pela equipa de gestão e pelos titulares dos órgãos sociais, permitindo assim uma orientação razoável ao trabalho da organização.	A missão é enfocada, específica e articulada pela equipa de gestão e titulares dos órgãos sociais, orientando de forma efectiva o trabalho da organização, sendo amplamente reconhecida pelo público e revisada periodicamente. O pessoal-chave e os titulares dos órgãos sociais têm o conhecimento

DIMENSÃO SER	Estágios de crescimento de uma organização					
	1		2		3	4
					O pessoal-chave e os titulares dos órgãos sociais têm o conhecimento razoável da Missão da organização.	profundo da Missão da organização. A declaração da missão consta dos documentos oficiais da organização e está fixada nos locais de maior visibilidade dentro do escritório
Pontuação						
I.4. Valores	A organização ainda não tem a declaração formal de valores.		Existe uma lista dos valores, mas sem explicação do seu significado na óptica da organização.		A organização tem declaração formal dos seus valores, com explicação do seu significado. Os valores da organização são conhecidos pela maioria dos titulares dos órgãos sociais e alguns membros sénior do executivo.	Os valores estão explicados de forma clara e concisa. Os valores da organização são conhecidos por todos os titulares dos órgãos sociais e pela equipa de gestão. A declaração dos valores da organização está fixada nos locais de maior visibilidade dentro do escritório.
Pontuação						
I.5. Liderança	A organização não distingue claramente as funções do Executivo e dos órgãos sociais.		Existe a descrição de funções e responsabilidades para cada órgão social, incluindo os respectivos titulares, mas não são cumpridas/seguidas.		Existe uma razoável separação de funções e responsabilidades entre os titulares dos órgãos sociais e o executivo. Os titulares dos órgãos sociais contribuem ocasionalmente com tempo, trabalho e recursos próprios para orientar o funcionamento da organização.	Existe uma efectiva separação de funções e responsabilidades entre os titulares dos órgãos sociais e o executivo. Os titulares dos órgãos sociais contribuem de forma efectiva com tempo, trabalho e recursos próprios para orientar o funcionamento da organização. Os titulares dos órgãos sociais participam activamente na tomada de decisões e na deliberação para orientar o executivo.

DIMENSÃO SER	Estágios de crescimento de uma organização			
	1	2	3	4
Pontuação				
I.6. Governação	Os titulares dos órgãos sociais não se reúnem, não verificam a conformidade do trabalho da organização com os estatutos e regulamento interno, plano estratégico.	Alguns titulares dos órgãos sociais, reúnem-se ocasionalmente, contribuem com o seu tempo e recursos e fazem cumprir de forma parcial os Estatutos, Regulamento Interno e Plano Estratégico.	Os órgãos sociais reúnem-se frequentemente, analisam o funcionamento da organização à luz dos documentos normativos e deliberam para o melhor funcionamento. A maioria dos titulares dos órgãos sociais assume suas responsabilidades, fornecendo orientações e supervisão geral do funcionamento da organização.	Os Órgãos Sociais têm planos de actividades e cumprem as suas funções e responsabilidades à luz dos documentos normativos, contribuindo para o bom funcionamento da organização. Os órgãos sociais cumprem e fazem cumprir efectivamente os comandos definidos nos Estatutos da Organização. Existe uma clara rotatividade nos cargos dos órgãos sociais.
Pontuação				
I.7. Transparência e prestação de contas	A organização não tem cultura de prestação de contas interna muito menos externamente e com os seus provedores de recurso e partes interessadas (stakeholders).	A organização adoptou mecanismos de prestação de contas somente para responder as demandas dos seus provedores de recursos/doadores.	A organização frequentemente, presta contas interna e externamente. Internamente: (i) Executivo ao conselho de direcção; (ii) Conselho Fiscal e Conselho de Direcção à Assembleia Geral O Director executivo/coordenador participa frequentemente nos encontros do Conselho de Direcção para prestação de contas. Externamente: A organização presta conta aos	A organização sempre presta contas interna e externamente. Internamente: (i) Executivo ao conselho de direcção; (ii) Conselho Fiscal e Conselho de Direcção à Assembleia Geral. O Director executivo/coordenador é sempre convidado a participar nos encontros ordinários do Conselho de Direcção e/ou tem encontros com o respectivo presidente do CD. Externamente: A organização tem um plano de prestação de contas aos doadores, governo e beneficiários e aplica-o de forma consistente.

DIMENSÃO SER		Estágios de crescimento de uma organização					
		1		2		3	4
						doadores, governo e beneficiários.	
Pontuação							
1.8 Gestão de recursos humanos e financeiro	1.8.1 Membros	A organização não tem um mecanismo formal de angariação de membros.		A organização tem um mecanismo formal de angariação de membros, mas este não é usado consistentemente.		A Maioria dos membros conhece e aplica o mecanismo de angariação e orientação de novos membros e há evidências de angariação de novos membros. Há evidência do cumprimento de deveres e obrigações dos membros incluindo o pagamento de joias e quotas regularmente	O mecanismo de angariação de novos membros é usado por todos os membros e há evidências de angariação de novos membros. O processo de recrutamento de membros é sempre precedido por indução/orientação, capacitação/orientação e desenvolvimento de actividades para reforço da Visão, Missão, Valores e sentido de pertença da organização. Os titulares dos órgãos sociais são recrutados e selecionados em função da sua experiência comprovada no trabalho com as organizações da sociedade civil e de acordo com o perfil requerido.
Pontuação							
	1.8.2 Recursos Humanos	O recrutamento dos Recursos Humanos para organização é feito de forma arbitrária e sem discricção de tarefas.		A organização tende a observar a Lei laboral nos processos de recrutamento da mão-de-obra, mas de forma inconsistente.		A organização observa frequentemente a Lei laboral e o Manual de Políticas e procedimentos Internos nos processos de recrutamento da mão-de-obra, mas de forma inconsistente Frequentemente, os cargos são formulados com base nas necessidades da organização e a maioria dos trabalhadores	A organização observa sempre a Lei laboral nos processos de recrutamento da mão-de-obra. Os cargos são sempre formulados com base nas necessidades da organização e a maioria dos trabalhadores possui descrição de tarefas e os respectivos contratos de trabalho. No processo de recrutamento da mão-de-obra a organização orienta-se com base no Manual de Gestão dos Recursos Humanos.

DIMENSÃO SER		Estágios de crescimento de uma organização						
		1		2		3		4
						possui descrição de tarefas e os respectivos contratos de trabalho, devidamente assinados pelas partes.		
Pontuação								
	1.8.3 Sistema de Arquivo	A organização não possui um sistema de arquivo.	A organização tem algumas pastas de arquivo de documentos relevantes, mas as mesmas não estão devidamente organizadas, nem tem uma codificação nas suas lombadas.	A organização tem um sistema de arquivo Físico e electrónico. Algumas pastas estão devidamente codificadas nas suas lombadas. O sistema permite fazer cópias de segurança (backup) das informações vitais da organização mas ainda não é usada de forma consistente. A organização tem um lugar razoavelmente seguro para arquivar documentos importantes e confidenciais.	A organização tem um sistema de arquivo físico e electrónico. Todas as pastas de arquivo estão devidamente arrumadas e codificadas nas suas lombadas. O sistema permite fazer cópias de segurança (backup) das informações vitais da organização e é usado de forma efectiva. A organização tem um lugar devidamente seguro e limpo para arquivar documentos importantes e confidenciais. Os dispositivos das cópias de segurança [backup] são sempre guardados fora do escritório da organização.			
Pontuação								
	1.8.4 Capacitação da equipa técnica	A organização não tem um plano de capacitação do seu pessoal técnico.	A organização tem um plano de capacitação, mas este não é baseado num processo de levantamento das necessidades de capacitação do pessoal técnico.	A organização tem um plano de capacitação, resultante do processo de levantamento das necessidades de capacitação do pessoal técnico. Alguns elementos da equipa técnica têm participado em acções de capacitação em	A organização tem um plano de capacitação, resultante do processo de levantamento das necessidades de capacitação do pessoal técnico. Todo o pessoal técnico tem participado de sempre em acções de capacitação nas áreas de interesse da organização. A organização obtém de forma efectiva fundos para levar adiante sua estratégia de capacitação contínua da			

DIMENSÃO SER		Estágios de crescimento de uma organização					
		1		2		3	
						<p>áreas de interesse da organização.</p> <p>Frequentemente, a organização obtém fundos para levar adiante sua estratégia de capacitação contínua da equipa técnica de acordo com as necessidades estratégicas da organização.</p>	<p>equipa técnica de acordo com as necessidades estratégicas da organização.</p> <p>A organização tem fundos próprios destinados à capacitação contínua do pessoal técnico e dos titulares dos órgãos sociais, como forma de elevar suas habilidades.</p>
Pontuação							
	1.8.5 Avaliação do Desempenho	<p>A organização não tem nenhum sistema de Avaliação de Desempenho.</p> <p>A organização não avalia o desempenho dos seus colaboradores.</p>	<p>Os gestores supervisionam e avaliam esporadicamente o desempenho do seu pessoal técnico.</p>	<p>A organização tem uma ferramenta específica de avaliação de desempenho, mas não a usa de forma consistente.</p> <p>Há um cruzamento entre os resultados da avaliação de desempenho, promoção e o incremento salarial, mas inconsistente.</p>	<p>Há consistência no uso da ferramenta de avaliação do desempenho do pessoal trabalhador.</p> <p>A informação resultante de avaliação de desempenho é usada para a promoção, incremento salarial, retroalimentar o plano de capacitação de acordo com as necessidades da organização.</p> <p>A avaliação de desempenho baseia-se nos acordos e metas de desempenho estabelecido entre o supervisor e colaborador.</p>		
Pontuação							
	1.8.6 Planificação Financeira	<p>A organização não tem competências técnicas para orçamentar suas necessidades para o seu funcionamento a curto e a médio prazo. A organização não sabe</p>	<p>A organização tem algumas habilidades de orçamentar suas necessidades para o seu funcionamento a curto e a médio prazo. A organização tem uma ideia base de quanto custa manter os serviços mínimos sem</p>	<p>Alguns elementos do pessoal chave têm habilidades básicas para orçamentar as necessidades da organização, a curto e a médio prazo.</p> <p>O pessoal-chave da organização é frequentemente envolvido no processo de</p>	<p>O pessoal chave da organização tem habilidades requeridas para a orçamentação das necessidades da organização, a curto e a médio e longo prazo.</p> <p>O pessoal-chave da organização é sempre envolvido no processo de planificação orçamental.</p> <p>A organização tem clareza dos destinos dos fundos próprios (ex. provenientes</p>		

DIMENSÃO SER		Estágios de crescimento de uma organização						
		1		2		3		4
		quanto custa manter os serviços mínimos sem contar com apoio externo.		contar com apoio externo		planificação orçamental		de jóia e quotas) para responder as necessidades da organização de acordo com os regulamentos específicos para o efeito.
Pontuação								
	I.8.7 Políticas e Procedimentos Internos	A organização não tem Políticas e Procedimentos Administrativos, Financeiros e de Recursos Humanos próprios.		A organização tem manuais de Políticas, procedimentos Administrativos, Financeiros e de Recursos Humanos, mas não são aplicados na tomada de decisão.		Os manuais de Políticas e Procedimentos Administrativos, Financeiros e de Recursos Humanos, são usados frequentemente na tomada de decisões. Os Manuais de Políticas e procedimentos não são revistos regularmente para reflectir mudanças que ocorrem no ambiente interno e externo.		Existem Manuais de políticas e procedimentos padronizados para toda a organização, que são utilizados para consulta na tomada de decisões. Os Manuais de políticas e procedimentos são sobejamente conhecidos e amplamente utilizados e referenciados. A equipa técnica está familiarizada com os Manuais e sabe como usá-los. Os Manuais de Políticas e procedimentos são revistos regularmente para reflectir mudanças que ocorrem no ambiente interno e externo. A organização tem um Código de ética e de conduta profissional que é conhecido e respeitado.
Pontuação								
	I.8.8 Relatórios	A organização não tem competências técnicas para redigir relatórios programáticos e		Alguns elementos do pessoal chave da organização têm competências para elaborar relatórios programáticos e financeiros, mas não fazem o		Os relatórios programáticos e financeiros são elaborados e entregues dentro dos prazos estabelecidos nos acordos de cooperação, cuja		O pessoal chave da organização tem elevadas habilidades de redação de relatórios financeiro e programático, que são sempre preparados e entregues às partes interessadas (stakeholders) dentro prazos previamente acordados e sem erros.

DIMENSÃO SER		Estágios de crescimento de uma organização					
		1	2	3	4		
		financeiros de qualidade.	cruzamento dos mesmos.	qualidade é razoável. Frequentemente os relatórios financeiros e programáticos são enviados atempadamente com poucos erros.	A organização faz um cruzamento efectivo dos relatórios programático e financeiro. A organização tem documentado de forma efectiva as lições aprendidas e histórias de sucesso vivenciados na implementação dos seus programas As boas práticas são partilhadas às partes interessadas (stakeholders).		
Pontuação							
	1.8.9 Auditorias	A organização não faz auditoria internas nem externas das suas contas.	A organização realiza auditorias externas a pedido dos seus doadores. O Conselho Fiscal não cumpre a sua tarefa de fiscalização dos activos administrativos da organização.	Frequentemente, as auditorias são conduzidas por iniciativa da própria organização. Os Conselhos de Direcção e Fiscal emitem frequentemente comentários sobre os relatórios de auditorias externas. O Conselho fiscal faz auditorias internas.	As auditorias são regulares e sempre conduzidas por iniciativa da própria organização. Os Conselhos de Direcção e Fiscal emitem sempre comentários sobre os relatórios de auditorias externas. Todas as recomendações das auditorias interna e externas são analisados pelos órgãos competentes e implementadas de forma efectiva.		
Pontuação							
	1.8.10 Património Institucional	A organização não tem património próprio. O património existente é ainda pertencente aos doadores, mas não está registado.	O património existente pertence aos doadores e foi adquirido no âmbito dos projectos em curso ou terminados. O registo de inventário é incompleto e não	Parte do património existente pertence a organização e a outra ainda se encontra registada em nome dos seus doadores. O inventário do património existente na organização está devidamente inventariado, mas	A maior parte do património existente na organização é da sua pertença, o qual está devidamente inventariado, com etiqueta e periodicamente são actualizados. A organização tem uma política e procedimento de uso particular dos bens da organização. A organização aplica de forma consistente as política de uso de bens. (existe um registo de entrada		

DIMENSÃO SER		Estágios de crescimento de uma organização					
		1	2	3	4		
			corresponde ao físico.	não está etiquetado. A organização possui uma política sobre amortização e abate de património e do uso da receita correspondente (mas não é conhecida, nem é devidamente aplicada). A organização tem uma política sobre o uso particular dos bens da organização, porém a qual não é aplicada de forma consistente. A organização possui instalações próprias. (ou arrendadas com contrato válido para mais que um ano)	e saída de bens e equipamentos). A organização possui e aplica efectivamente a política e procedimentos de amortização e abate de património renovável e do uso da receita correspondente. A organização possui instalações próprias. (ou arrendadas com contrato válido para mais que um ano).		
Pontuação							
	1.8.11 Tecnologias de Informação e Comunicação - TIC	A organização tem um domínio fraco das TIC. Um número reduzido de membros da organização já ouviu falar de TIC.	A organização tem um domínio básico das TIC, tem uma política e procedimento de uso das TICs, mas não é conhecida nem é aplicada.	Frequentemente, o pessoal-chave da organização cumpre e faz cumprir a política e procedimentos de uso de Tecnologias de Informação. A organização garante manutenção regular dos equipamentos com pessoal próprio ou tem um contrato com uma empresa ou técnico de informática (IT)	O pessoal-chave da organização cumpre e faz cumprir efectivamente a política de uso de Tecnologias de Informação. Existe uma rotina de manutenção de equipamentos que é seguida. A comunicação entre os diferentes departamentos é feita em rede, existe um servidor central e um sistema de arquivo por departamento devidamente organizado. Os recursos humanos estão capacitados para uso adequado das tecnologias informáticas e usam-nas para		

DIMENSÃO SER		Estágios de crescimento de uma organização					
		1		2		3	
						<p>para dar assistência.</p> <p>A organização faz a cópia de segurança (backup) da informação vital, mas ainda de forma inconsistente.</p> <p>Os códigos de segurança (password) são frequentemente actualizados.</p>	<p>melhorar a qualidade do seu trabalho.</p> <p>A informação vital da organização (banco de dados, projectos, finanças, património, parcerias, memória institucional entre outra) está informatizada e existem cópias de segurança.</p> <p>A organização faz a actualização permanente de antivírus para proteger a informação os seus arquivos electrónicos.</p> <p>Os códigos de segurança são rigorosamente actualizados em cada 3 meses.</p>
Pontuação							
ESTÁGIO GERAL EM SER:							

PARTE II: FAZERS

DIMENSÃO FAZER		Estágios de crescimento de uma organização			
		1	2	3	4
2. Execução de projectos/ programas	2.1 Competências técnicas	O pessoal técnico não possui competências técnicas necessárias para realizar o trabalho da organização (áreas temáticas de intervenção).	Menor parte do pessoal técnico tem competências técnicas necessárias para o seu trabalho (áreas temáticas de intervenção). Menor parte do pessoal técnico tem recebido ocasionalmente capacitações nas áreas relevantes da actuação da organização	A maioria do pessoal técnico possui competências técnicas necessárias para realizar seu trabalho (áreas temáticas de intervenção). A maioria do pessoal técnico tem recebido frequentemente capacitações nas áreas relevantes da actuação da organização.	Há evidências de existência de técnicos e especialistas nas áreas relevantes de actuação da organização, em quantidade e qualidade necessárias. A equipa técnica tem recebido de forma contínua capacitações nas áreas relevantes da actuação da organização, por conseguinte demonstra alto nível de habilidades (saber fazer) e competências técnicas.
	Pontuação				

DIMENSÃO FAZER		Estágios de crescimento de uma organização			
		1	2	3	4
2.2 Levanta mento das Necessi dades e Análise	<p>A organização não tem habilidades para realizar o levantamento das necessidades da comunidade beneficiária antes de planificação e desenho de projectos.</p> <p>A organização não faz o levantamento das necessidades da comunidade beneficiária antes de planificação e desenho de projectos.</p>	<p>Menor parte do pessoal da organização tem habilidades mínimas necessárias para o levantamento das necessidades das comunidades beneficiárias.</p> <p>A organização raramente faz o levantamento de necessidades.</p>	<p>A maioria do pessoal técnico da organização tem habilidades para o levantamento das necessidades, análise e processamento de dados recolhidos junto da comunidade antes de planificação e desenho de projectos.</p> <p>A organização faz o levantamento das necessidades da comunidade, as quais são confirmadas através das fontes secundárias, mas de forma inconsistente.</p>	<p>A organização faz de forma consistente o levantamento das necessidades da comunidade seguido de análise e processamento de dados antes de planificação e desenho de projectos.</p> <p>Para confirmar as necessidades/problemas da comunidade sistematicamente a organização recorre às fontes secundárias.</p> <p>A organização faz o retorno junto da comunidade para a validação dos dados recolhidos antes de planificação e desenho definitivo do projecto.</p>	
	Pontuaç ão				

DIMENSÃO FAZER		Estágios de crescimento de uma organização			
		1	2	3	4
2.3	Planificação e Desenho de Projectos	O pessoal técnico não possui habilidades para a planificação e desenho de projectos.	Na organização apenas um técnico possui habilidades mínimas para a planificação e desenho de projectos.	Na organização existem dois/três técnicos com habilidades necessárias para a planificação e desenho projectos, com envolvimento da comunidade beneficiária, mas de forma inconsistente. Frequentemente, os projectos elaborados pela organização são alinhados ao seu plano estratégico.	Todo pessoal-chave da organização tem habilidades suficientes para a planificação e desenho de projectos, recorrendo às fontes primárias e secundárias. Os projectos/programas da organização são sempre elaborados de acordo com o plano estratégico. No desenho de Projectos/programas a organização toma sempre em consideração a análise das partes interessadas (stakeholders), aspectos transversais, benefícios e prejuízos inerentes.
Pontuação					

DIMENSÃO FAZER		Estágios de crescimento de uma organização			
		1	2	3	4
2.4 Implementação de projectos e/ Programas	A organização demonstra fraca qualidade de implementação de projectos em termos de cumprimento do plano de actividades, alcance dos resultados e objectivos do (s) projeto (s)	A organização demonstra inconsistência na implementação de projecto em termos de cumprimento do plano de actividades, alcance dos resultados e objectivos do (s) projeto (s)	Frequentemente, os projectos em curso demonstram uma qualidade razoável, em termos de cumprimento do plano de actividades, alcance dos resultados e objectivos do (s) projeto (s)	Frequentemente, os projectos em curso demonstram uma qualidade razoável, em termos de cumprimento do plano de actividades, alcance dos resultados e objectivos do (s) projeto (s)	Frequentemente, os projectos em curso demonstram uma qualidade razoável, em termos de cumprimento do plano de actividades, alcance dos resultados e objectivos do (s) projeto (s)
			Frequentemente, os beneficiários tomam parte nas decisões do processo de implementação de projectos.	Os beneficiários sempre tomam parte activa nas decisões do processo de implementação de projectos.	Os beneficiários sempre tomam parte activa nas decisões do processo de implementação de projectos.
				A organização constitui uma referência de boas práticas na implementação de projectos ou programas na sua área de actuação. Há evidências de solicitações de visitas de troca de experiências emanadas por organizações congéneres.	
Pontuação					

DIMENSÃO FAZER		Estágios de crescimento de uma organização			
		1	2	3	4
2.5 Monitoria de projectos	<p>O pessoal técnico da organização não tem competências técnicas necessárias para monitorar seus projectos.</p>	<p>O pessoal técnico da organização tem competências básicas para fazer a monitoria dos seus projectos. Todavia a monitoria ainda é feita de forma inconsistente.</p> <p>A Organização tem um Plano de M&A, mas usa-o de forma inconsistente.</p>	<p>O pessoal técnico da organização tem competências técnicas razoáveis para fazer a monitoria dos seus projectos. Existe um técnico responsável pela M&A dos projectos da organização.</p> <p>Geralmente, a monitoria dos projectos da organização é baseada num Plano de M&A.</p> <p>Frequentemente, a organização documenta as lições aprendidas e histórias de sucesso nos seus relatórios de progresso, as quais são partilhadas com doadores, instituições do governo e partes interessadas (stakeholders).</p>	<p>A organização dispõe de um sector de M&A de programas, dirigido por um especialista da área.</p> <p>Há evidência da existência de um plano de M&A dos projectos/programas da organização, o qual é seguido de forma consistente.</p> <p>A organização sempre documenta de forma efectiva as lições aprendidas e histórias de sucesso nos seus relatórios de progresso, as quais são partilhadas com doadores, instituições do governo e partes interessadas (stakeholders)</p>	
Pontuação					

DIMENSÃO FAZER		Estágios de crescimento de uma organização			
		1	2	3	4
2.6	<p>O pessoal técnico da organização não tem competências necessárias para avaliar os seus projectos.</p> <p>A organização não tem experiência de avaliar projectos</p>	<p>O pessoal técnico da organização tem competências básicas para produzir ferramentas, planificar e conduzir o processo de avaliação de projectos.</p>	<p>Frequentemente, o pessoal técnico da organização desenvolve ferramentas, planifica e conduz o processo de avaliação de projectos.</p> <p>Os resultados da avaliação são divulgados e integrados na planificação, ajuste e desenho de novos projectos, mas de forma inconsistente.</p> <p>Geralmente, a organização considera os aspectos de género na avaliação dos seus programas/projectos, cujos resultados são considerados na tomada de decisões.</p>	<p>O pessoal técnico da organização é capaz de planificar e conduzir o processo de avaliação de projectos em todas as etapas do seu ciclo de vida.</p> <p>Os resultados de avaliação de programas / projectos são disseminados e usados de forma sistemática para tomada de decisões (ajuste, planificação e desenho de novos projectos).</p> <p>A organização considera os aspectos de género na avaliação dos seus programas/projectos, cujos resultados são sistematicamente considerados na tomada de decisões.</p>	
Pontuação					
Estágio geral em Fazer					

PARTE III: RELACIONAR

3. DIMENSÃO RELACIONAR	Estágios de Crescimento da Organização					
	I		2		3	4
3.1 Parcerias com Governo e Organizações da Sociedade Civil (OSC)	A organização não tem parcerias com as instituições do governo que tutelam a sua área temática de actuação, nem com as organizações congéneres.		A organização tem parcerias informais com as instituições do governo que tutelam a área de actuação e com algumas organizações da sociedade civil. Os fundos usados na implementação de seus projectos são provenientes de uma única fonte de financiamento.		A organização tem um relacionamento formal com algumas instituições do governo que tutelam a área de actuação, e com certas organizações da sociedade civil que implementam projectos comuns. Os fundos usados na implementação de projectos são provenientes de duas a três fontes diferentes. A organização tem uma estratégia formal de mobilização de recursos, mas não usa de forma consistente.	A organização tem um relacionamento formal e saudável com todas as instituições do governo que tutelam a área de actuação e com número razoável de organizações da sociedade civil. A organização instalou um banco de dados (contactos) dos seus potenciais parceiros estratégicos e usa de forma efectiva. A organização tem uma estratégia formal de mobilização de recursos, assegurando financiamento variado, com múltiplos provedores.
Pontuação						
3.2 Beneficiários dos bens e serviços da organização	A organização ainda não desenvolveu mecanismos de relacionamento com os seus beneficiários.		A organização desenvolveu alguns mecanismos de relacionamento com os seus beneficiários, mas usa-os de forma inconsistente. O relacionamento entre a organização e os beneficiários é relativamente satisfatório.		A organização desenvolveu e aplica frequentemente os mecanismos de relacionamento com os seus beneficiários. O relacionamento entre a organização e os beneficiários é aceitável. A organização é reconhecida por alguns beneficiários na sua área de actuação.	O relacionamento entre a organização e os beneficiários é saudável e tem havido encontros regulares de reflexão sobre as realizações da mesma. Os beneficiários identificam-se com a missão da organização. Por conseguinte os beneficiários participam activamente nas actividades programadas pela organização.

Pontuação						
3.3 Relações Públicas	A organização não tem estratégia formal de comunicação externa. Todavia, usa momentos ocasionais para fazer-se conhecer publicamente.	A organização tem uma estratégia formal de comunicação externa, mas não a usa consistentemente.	A organização tem uma estratégia formal de comunicação interna e aplica-a frequentemente para estabelecer parcerias.	A organização tem uma estratégia formal de comunicação e aplica-a de forma efectiva para estabelecer parcerias com o Governo, sector privado, agências de cooperação, outras OSC. A organização é bem conhecida pelos beneficiários, instituições do governo, líderes comunitários, e outras organizações da sociedade civil.		
Pontuação						
4. ORGANIZAÇÃO DE TIPO REDE						
4.1 Objectivos Partilhados	Os objectivos e princípios da Rede não são partilhados entre os seus membros.	Somente alguns membros partilham os objectivos e princípios da Rede. Só alguns membros da Rede adoptam os princípios de equidade de género.	A maioria dos membros partilha os objectivos e princípios da Rede. A maioria dos membros da Rede adopta os princípios de equidade de género.	Todos os membros da Rede partilham os mesmos objectivos e valores na realização da sua missão institucional. Todos os membros da Rede adoptam e aplicam os princípios de equidade de género.		
Pontuação						
4.2 Papéis da Rede	Os membros ainda não estão claros sobre o papel da Rede. Por conseguinte, o secretariado executivo se confunde com a Rede.	Os membros têm uma noção básica sobre o papel da Rede. Portanto, o secretariado executivo de Rede tende a cumprir o seu papel de coordenação.	Existe alguma separação de papéis e responsabilidades entre os órgãos sociais, os membros e o secretariado executivo de Rede. A Rede tem pautado pela cooperação, democracia na tomada de decisões e respeito pela autonomia de cada membro. O secretariado executivo tem frequentemente promovido encontros de reflexão sobre	Todos os membros da Rede conhecem claramente os seus papéis e responsabilidades, e desempenham-nos de forma efectiva. A Rede realiza entre outras, as seguintes acções: <ul style="list-style-type: none"> • Aprendizagem através de reflexão conjunta; • Providencia serviços de formação, comunicação; documentação e informação; 		

				os assuntos de interesse comum, troca de experiências e capacitação dos membros.	<ul style="list-style-type: none"> • Advocacia e • Capacitação dos associados. 	
Pontuação						
4.3 Estrutura da Rede	Os membros ainda não têm um entendimento comum sobre a estrutura da Rede.		Alguns membros da rede têm um entendimento básico sobre a estrutura da Rede. Por conseguinte, o funcionamento da Rede é baseado numa estrutura hierárquica (idêntica à de uma associação simples).	A maioria dos membros conhece a estrutura tipo de uma organização em Rede (horizontal). Frequentemente, a tomada de decisão da Rede, obedece critérios democráticos.	Os membros conhecem claramente a estrutura de funcionamento de uma organização em Rede (horizontal). A tomada de decisão é precedida por uma ampla consulta aos membros da Rede.	
Pontuação						
4.4 Prestação de contas dos membros de Rede	Não existe a cultura de prestação de contas a todos os níveis.		Alguns membros prestam contas à Rede, mas de forma inconsistente.	A maioria dos membros presta conta, em cumprimento das políticas, procedimentos e regulamentos internos da Rede.	Os membros prestam contas em cumprimento das políticas, procedimentos e regulamentos internos da Rede. Os Conselhos de Direcção e Fiscal, prestam contas anualmente aos membros por via da Assembleia Geral	
Pontuação						
5. ORGANIZAÇÕES DE COBERTURA						
5.1 Habilidades e conhecimentos de capacitar seus Subparceiros	A organização não dispõe de pessoal técnico qualificado para capacitar seus subparceiros.		A organização tem um número limitado pessoal técnico qualificado para capacitar os seus subparceiros. A organização tem um plano de capacitação resultante do levantamento das necessidades de capacitação dos seus subparceiros, mas não é seguido.	A organização tem algum pessoal técnico qualificado para capacitar os seus subparceiros. O plano de capacitação dos subparceiros é implementado de forma não consistente.	A organização tem pessoal técnico qualificado para capacitar os seus subparceiros. O plano de capacitação dos subparceiros está sendo implementado de forma consistente. Por conseguinte, nota-se uma melhoria contínua da qualidade dos serviços prestados pelos subparceiros da organização.	

Pontuação					
5.2 Acesso a recursos para capacitar os subparceiros	A organização não dispõe de recursos financeiros para capacitar os subparceiros.	A organização tem acesso limitado a recursos para capacitar os seus subparceiros.	A organização dispõe de recursos financeiros para capacitar a maioria dos seus subparceiros. Frequentemente, a organização apoia os seus subparceiros na elaboração de propostas de projectos, para diversificar as fontes de recursos.	A organização dispõe de recursos financeiros para capacitar os seus subparceiros, e por vezes contrata consultores externos. A organização apoia sempre os seus subparceiros na elaboração de propostas de projectos, para diversificar as fontes de recursos.	
Pontuação					
5.3 Avaliação dos projectos de subparceiros	A organização não tem competências técnicas para avaliar os projectos dos seus subparceiros. Por conseguinte, não avalia os projectos dos seus subparceiros.	Menor parte do pessoal da organização tem competências técnicas para avaliar os projectos dos seus subparceiros.	Um número considerável do pessoal da organização tem competências técnicas para planificar e conduzir o processo de avaliação dos projectos dos seus subparceiros. A organização desenvolve ferramentas de recolha e análise de dados aplicáveis ao processo de avaliação dos projectos dos seus subparceiros, mas usa-as ocasionalmente.	A maior parte do pessoal da organização tem competências técnicas para planificar e conduzir efectivamente um processo de avaliação dos projectos dos seus subparceiros. A organização desenvolve ferramentas de recolha e análise de dados aplicáveis ao processo de avaliação dos projectos dos seus subparceiros e usa-as de forma efectiva. Todos os projectos dos seus subparceiros são avaliados de forma consistente e os seus resultados são partilhados com o Governo, doadores, subparceiros e outras OSC.	
Pontuação					
ESTÁGIO GERAL EM RELACIONAR					

ANNEX II. CAP II RESULTS FRAMEWORK

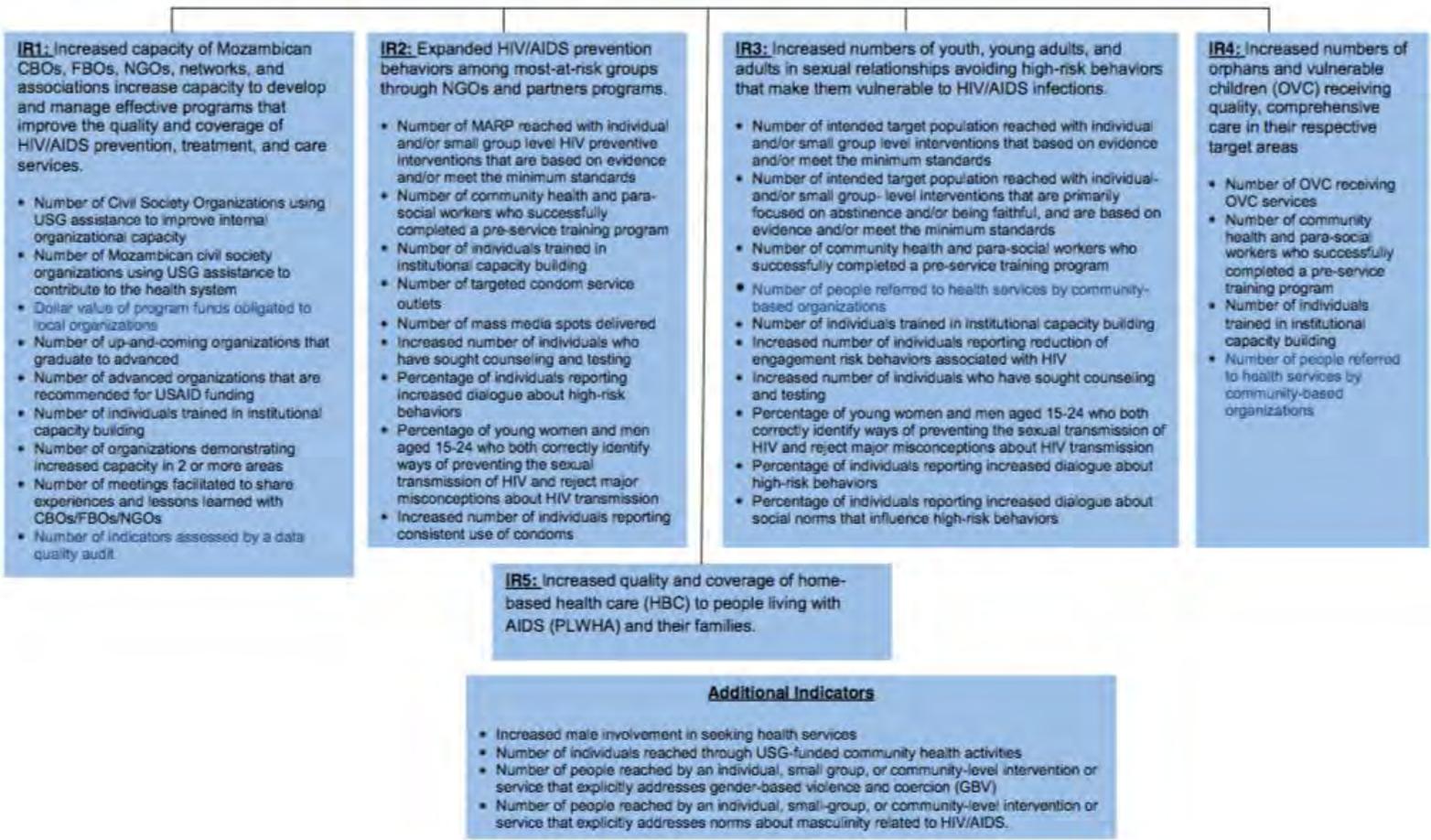
Result	Key Indicator	CAP Interventions
1. Increased capacity of Mozambican organizations to develop and manage effective programs to improve quality and coverage of HIV/AIDS prevention, treatment and care services	# of organizations demonstrating increased capacity in two or more areas	Capacity assessments; integrated capacity building plans; implementation grants; technical assistance and coaching in priority organizational and technical areas identified through the POAP; CAP and PCC sub-partners receiving OD support.
2. Expanded HIV/AIDS prevention behaviors among most-at-risk groups	# of MARPs reached with HIV preventive interventions based on evidence and/or meet minimum standards; # of individuals who received HIV Counseling and Testing (C&T) services and their test results; % individuals reporting consistent use of condoms (use at last sex)	Technical assistance and coaching in social and behavior change communication; facilitation techniques; formative research and project design, external assessments and other program reports and data.
3. Increased numbers of sexually active youth, young adults, who report increased HIV preventive behaviors/decreased high-risk behaviors to reduce their risk of HIV infections	# of each priority population reached who completed a standardized basic package of HIV prevention components; # of individuals who received Counseling and Testing (C&T) services and their test results; % of individuals reporting consistent use of condoms (condom use at last sex); # of people who completed the minimum package of services for a GBV intervention.	Technical assistance and coaching in social and behavior change communication; facilitation techniques; formative research and project design, recruitment and supervision processes, monitoring and evaluation, project management, community mobilization etc.
4. Increased numbers of orphans and vulnerable children (OVC) receiving quality, comprehensive care in their respective target areas	# of OVC receiving OVC services.	Technical assistance & coaching in OVC service areas; child status index; Savings groups, psychosocial support, monitoring and evaluation, recruitment and supervision, referrals, etc.
5. Increased quality and coverage of home based health care to people living with HIV/AIDS and their families	# of clients receiving home-based care (HBC) services.	Technical assistance in care and support areas, adapting to new PEPFAR and national guidance
6. Increased number of partners who “graduate” from CAP to direct USAID funding	# of organizations with strong enough systems to graduate from CAP to direct USAID funding	Organizational and technical capacity building; graduation assessments

Strengthening Leading Mozambican NGOs and Networks (CAP Mozambique) Results Framework

AQ: Scale up service delivery of HIV/AIDS treatment, care, and prevention activities by strengthening the technical capacity and institutional development of Mozambican non-governmental organizations (NGOs), community-based organizations (CBOs), faith-based organizations (FBOs), networks, and associations.

Critical Assumptions

- Mozambican organizations have sufficient systems to manage USAID-financed projects.
- Mozambican organizations have a commitment to organizational growth.

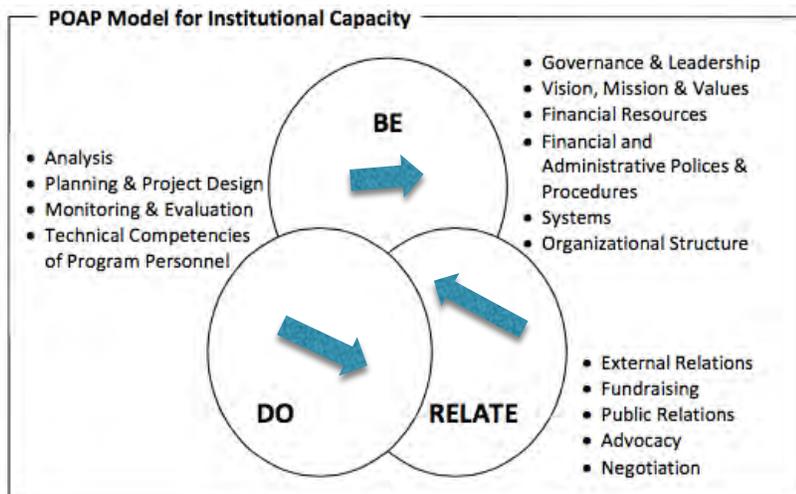


CAP II'S INSTITUTIONAL CAPACITY BUILDING & OD INITIATIVES

Background: CAP II's strategic design models and builds all institutional strengthening support and TA for its partners from the results of a participatory self-assessment conducted by CAP II and partners, to encourage partners' ownership of the assessment process as well as their internal responsibility for setting CB priorities, implementing their CB plan and consequently, their resulting growth. CAP II used a multi-level approach to its OD efforts in engaging both CSO staff and its board members in both their assessments and the learning process. CAP II employs a bottom-up approach to further emphasize the strength in learning through hands-on engagement with its partners. CAP II's CB approach extended beyond formal training. Key interventions included: CAP II facilitated partner meetings and workshops, individualized training and TA, a leadership and mentoring initiative, professional development exchange trainings for capacity builders, and dissemination of tools and best practices. Common topics for training and TA included: governance, leadership and management, financial management, HR and administrative policies and procedures, external relations and resource mobilization.

CAP II's POAP was the program's guiding tool and the foundation for all future OD work. Within this framework CAP II has developed a capacity-building model to address the key relationships—BE, DO and RELATE. Per the diagram below, CAP II's POAP includes three primary "circles" of activities and is measured across 27 subcategories. CAP II provided capacity-building training, tools, funds and other technical support based on the key areas of weakness identified through the POAP, which were also included as focal points in each partners' capacity-building plan. OD activities in two of the POAP circles (BE and RELATE) are cross-cutting OD initiatives which aim to improve institutional capacity.

For the purposes of this evaluation, the team has divided the subcategories of the "BE" circles into four main areas: Governance and Leadership; Administrative Systems; Human Resource Policies and Procedures; and Financial Policies and Procedures.



Main Thematic Areas: The team categorized its findings into five main thematic areas—the four areas of BE and one for External Relations.

The third circle of the POAP (DO) relates to technical service delivery and the strengthening of the programmatic areas such as M&E and planning. Key findings for these areas are included in Question Two, below.

ANNEX II. TABLE I: SUMMARY TIMELINE OF CAP II MODIFICATIONS, & Shifts in donor priority, INDICATORS & FUNDING

YEAR	CONTRACT MOD/CHANGE	SUMMARY OUTCOME/RESULT
2009	Award granted to AED	<ul style="list-style-type: none"> • \$55,000,000 for Capacity Building of CSOs; Funded by PEPFAR, one of whose priority areas was HSS
2011	Award shifted to FHI 360	<ul style="list-style-type: none"> • Considerable delays in programming, notably in awarding new grants to CAP's partners which affected CAP's ability to hit PEPFAR targets • CAP II's grantees from CAP who were "fast-tracked" due to prior approval, were able to reach targets. At the same time, they invested heavily in intensive efforts to build capacity in program design & proposal development for new partners, to facilitate the grant-making process as soon as they were given green light to advance with the program.
2012	USAID adds 3 GBV indicators: "# people reached with GBV intervention"	<ul style="list-style-type: none"> • In the absence of clear definition/parameters, CAP worked with each partners and in order to aggregate data consistently and across the variety of individual methodologies of each partner.
2012	USAID adds one OD indicator: "Graduation" of grantees to USAID direct funding; <ul style="list-style-type: none"> • > of 2 or more POAP areas removed • USAID asks CAP to provide capacity building to "non-partners" – no indicator added 	<ul style="list-style-type: none"> • The CAP award was modified in November 2012 to include an objective of helping CAP partners graduate to more advanced levels of capacity, and ultimately to graduate to USAID direct funding. • While USAID dropped the POAP indicator, CA kept this, recognizing its importance as one of few OD measures. • As CAP is one of few projects with expertise in capacity development, USAID asked them to build capacity of "non-partners," or organizations not receiving grants, called "Organizational Development Clients." CAP worked with more than 200 of these (some Embassy Small Grant recipients, and sub-partners of FHI 360 Programa Cuidado Comunitário).
2012	<ul style="list-style-type: none"> • USAID drafts new guidance re: quality of services for OVC • Shifting focus affects indicators definitions & criteria • New requirements added as per new priorities within MMAS 	<ul style="list-style-type: none"> • CAP provided extensive TA to partners to re-orient them in meantime and while awaiting approval of new indicators, changes in definitions, and so on. • Result: delays in implementation, increased investment with partners to continue to refine these as changes and clarifications were ongoing • Complexities in adapting to shifts and new forms, reporting, and so on were challenging and resulting in under reporting or poor quality reporting, requiring yet more TA from CAP.
2013	<ul style="list-style-type: none"> • USAID modifies criteria for "graduation" with intent to provide direct TA to local grantees 	<ul style="list-style-type: none"> • CAP criteria for graduation is reduced so that more "advanced" partners can be recommended, give USAID commitment to provide TA.
2013–2014	<ul style="list-style-type: none"> • PEPFAR budget cuts & priority shift: no monies for prevention (CAP budget drops: US\$7 million) 	<ul style="list-style-type: none"> • Initial CAP II budget ceiling was US\$55 million; reduced by \$7 million over two years, resulting in cuts in CAP staff, and challenges in maintaining high level of support to partners and OD clients, as well as in assisting with roll out and M&E adjustments to adhere with new and shifting indicators. • Funding drop forced CAP to end 14 sub-grants in 2 years; from more than 20 sub-partners to 6 partners at EOP.
2014	<ul style="list-style-type: none"> • Increased funds for GBV; addition of 2 new indicators • GBV screening & ARV LFT 	<ul style="list-style-type: none"> • CAP partners continue to struggle in collection and accurate reporting for these, as they are dependent on the willingness/ability to provide accurate data from local health clinics; • ARV LFT particularly challenging, as it required

YEAR	CONTRACT MOD/CHANGE	SUMMARY OUTCOME/RESULT
2015	<p>PEPFAR indicator shifts including:</p> <ul style="list-style-type: none"> • <u>Prevention</u>: 2 revisions; one eliminated; one added & one pending/to be added; • <u>GBV</u>: one added & 2 eliminated; • <u>Defaulter Tracing</u>: 3 new indicators: CAP added one to link total # referrals of partners with total # of those returned for treatment. 	<ul style="list-style-type: none"> • Many indicator changes from 2013–15 resulted in an increased emphasis on M&E and TA to partners to both orient them on these and ensure systems, forms, data verification and reporting was sufficient to verify and report on time/with quality, as well as to reach targets in the same period. This change was at the expense of other aspects of OD work planned for in response to POAPs and areas for improvement across all partners. • For both GBV screening and defaulter tracing, CAP chose to add an indicator for each, to link partners outreach work to those receiving services.

ANNEX III. DETAILED SUMMARY OF EVALUATION METHODOLOGY, TOOLS, AND CONSTRAINTS & LIMITATIONS

EVALUATION QUESTIONS & MATRIX

Evaluation Question	Data Sources	Data Collection Methods
<p>1. Which categories in II's Participatory Organizational Assessment Process (POAP) tool (the program's version of the OCA) were most and least effective in improving capacity of CAP II partners? What were the key factors for successes and failures?</p>	<ul style="list-style-type: none"> - Programmatic Reports - POAP, External assessment, Graduation and other Technical Briefs & Case Studies - Midterm Evaluation Report - End line Survey - Global literature review on OCA/Organizational Development (OD) 	<ul style="list-style-type: none"> - Reports review - KIIs with USAID key staff - KIIs/group KIIs with partners in all categories and OD clients - KIIs & Follow-up with CAP II staff - KIIs, other key stakeholders
<p>2. To what extent have CAP II's technical capacity building initiatives improved grantee partners' capacity to increase the number and/or quality of the services they provide?</p>	<ul style="list-style-type: none"> - CAP II Proposal, Performance Monitoring Plan (PMPs), Work plans & Reports - PEPFAR indicators results - CAP II POAPS, Graduation reports, TA reports, - External Assessments (Prevention & OVC reports) - Case Studies and Technical Reports - Midterm Evaluation Report - End line Survey 	<ul style="list-style-type: none"> - Document & data review - KIIs with USAID key staff - KIIs/group KIIs with partners in all categories and OD clients - KIIs with CAP II staff - KIIs, other key stakeholders
<p>3. To what extent has CAP II's capacity building efforts with partners in GBV increased (a) their capacity to integrate GBV in strategic and programmatic planning and (b) resulted in increased knowledge and uptake of GBV services?</p>	<ul style="list-style-type: none"> - Graduation reports - Partner organizations' tools and work plans - PEPFAR Success Stories: Reports, Case Studies, Technical Brief - Midterm Evaluation Report - End line Survey 	<ul style="list-style-type: none"> - Document & data review - KIIs with USAID key staff - KIIs/group KIIs with partners in all categories and OD clients - KIIs with CAP II staff - KIIs, other key stakeholders
<p>4. To what extent has sustainability (financially, technically and institutionally) of CAP II partners increased over time and as a result of CAP II support?</p>	<ul style="list-style-type: none"> - Graduation reports - POAPs, and other External Assessments - Midterm Evaluation Report - End line Survey - PEPFAR Success Stories - Sustainability Study 	<ul style="list-style-type: none"> - Document & data review - KIIs with USAID key staff - KIIs/group KIIs with partners in all categories and OD clients - KIIs with CAP II staff - KIIs, other key stakeholders

DATA COLLECTION TOOLS

KIIs with CAP partners & OD recipients

Note: This standardized tool was developed to ensure the team addresses the four evaluation questions and the six result areas of the CAP II program. The tool will be adapted/modified as needed and per partner/site visit, depending on the capacity building assistance they received as well as the programmatic areas in which they work.

My name is/teammates are _____, we are independent consultants with GH Pro. USAID has asked GH Pro to evaluate the CAP II project. We would like your input and thoughts on the strengths and shortcomings of this program. Your participation is voluntary and you may refuse to take part or opt not to answer any of the questions below. The information you provide us is confidential and your name and other identifying information will not be disclosed when we report key findings using data collected from all those we interview. However, we may list you as a key informant in the annex of our report, but what you say will not be linked specifically to you. Do we have your consent to begin?

1. Could you provide us with an overview of your experience with CAP – what technical assistance did you receive and in what areas? Did you receive a grant? Over what time period did you receive this technical and/or financial input?
2. To what extent has the CAP II project increased your/local organizational capacity to:
 - a. Develop and effectively manage programs that increase access to quality HIV prevention, care and treatment services?
 - b. Expand HIV preventive behaviors amongst most at-risk populations? Amongst youth?
 - c. Increase the reach/coverage of quality care for OVCs? For PLWHAs?
3. To what extent has support provided by CAP II assisted your/local capacity in assisting to address gender and GBV including:
 - a. To integrate this into strategic and programmatic planning as well as on-going activities?
4. To what extent has the CAP II project increased your/local organizational capacity to “function” better, across the various POAP/OCA areas? Probe for successes/key factors as well as constraints/challenges per areas as needed:
 - a. Improved board and organizational structures, operational manuals, and other operational and HR tools?
 - b. Improved financial management?

- c. Improved M&E and reporting systems?
 - d. Coordination & planning – between partners, with donors, and the MOH?
5. How sustainable are the achievements and progress to date? (Probe for financial, organizational, health outcomes, etc)
- a. What is needed in future capacity building efforts for local partners?
 - b. What role will they play in HIV and other key areas for the MOH?
 - c. What role should donors, the government and other key stakeholders play?
6. What haven't we asked you that we should have? What else would you like to add?

NAME OF INTERVIEWEE: POSITION/ORGANIZATION:

PROVINCE/LOCATION:DATE:

DATA COLLECTION TOOL: KIIS WITH CAP STAFF

My name is/teammates are _____, we are independent consultants with GH Pro. USAID has asked GH Pro to evaluate the CAP II project. We would like your input and thoughts on the strengths and shortcomings of this program. Your participation is voluntary and you may refuse to take part or opt not to answer any of the questions below. The information you provide us is confidential and your name and other identifying information will not be disclosed when we report key findings using data collected from all those we interview. However, we may list you as a key informant in the annex of our report, but what you say will not be linked specifically to you. Do we have your consent to begin?

1. Could you provide us with a summary overview of your role and responsibilities in this program? For how long have you worked for CAP?

2. Across the six categories of CAP's capacity building process:
 - a. What progress was achieved and what elements do you feel was key to these successes? Explain.

 - b. What challenges and constraints did you face and which elements were less successful? Explain/give examples.

 - c. What would you have done differently, and why?

 - d. What other or additional support do you feel is required at this time and in future? Would that apply to all partners?

3. To what extent has CAP support provided to partners to address gender and GBV within their activities in their programs been effective? What challenges or constraints have you faced? Explain.
 - a. Have partners acquired ownership on this issue? Which, how and why?

 - b. Do you think that after CAP support end they will continue?

4. To what extent are CAP's capacity building efforts sustainable? Explain/examples where possible.
 - a. From an organizational standpoint? What about financial sustainability?
 - b. From a service delivery standpoint? Sustained links with MOH and other key stakeholders?
 - c. What challenges do local partners face in sustaining their organizations, activities, health outcomes or otherwise going forward?

5. What haven't we asked you that we should have? What else would you like to add?

NAME OF INTERVIEWEE: POSITION/ORGANIZATION:

PROVINCE/LOCATION:DATE:

DATA COLLECTION TOOL: KIIS AT CENTRAL LEVEL (DONORS, MOH & OTHER STAKEHOLDERS)

My name is/teammates are _____, we are independent consultants with GH Pro. USAID has asked GH Pro to evaluate the CAP II project. We would like your input and thoughts on the strengths and shortcomings of this program. Your participation is voluntary and you may refuse to take part or opt not to answer any of the questions below. The information you provide us is confidential and your name and other identifying information will not be disclosed when we report key findings using data collected from all those we interview. However, we may list you as a key informant in the annex of our report, but what you say will not be linked specifically to you. Do we have your consent to begin?

1. Could you provide us with a summary overview of your knowledge and interaction (if any) with CAP II?

2. To what extent has the CAP II project increased local capacity to:
 - a. Improve their internal organizational systems, processes and functionality?
Explain/examples.

 - a. Develop and effectively manage programs that increase access to quality services including:
 - i. HIV prevention, care and treatment services? Explain/examples.

 - ii. HIV preventive behaviors amongst most at-risk populations? Amongst youth? Explain/examples.

Increase the reach/coverage of quality care for OVCs? For PLWHAs?
Explain/examples.

What challenges were faced and what could the program have done differently or better? Why?

To what extent has CAP support provided to partners to address gender and include GBV within their activities in their programs been effective? What challenges or constraints were faced? Explain/examples.

Have partners acquired ownership on this issue? Which, how and why?

Do you think that after CAP support end these activities will continue?

How sustainable are the achievements and progress to date? (Probe for financial, organizational, health outcomes, etc)

What is needed in future capacity building efforts for local partners?

What role will they play in HIV and other key areas for the MOH?

What role should donors, the government and other key stakeholders play?

What haven't we asked you that we should have? What else would you like to add?

NAME OF INTERVIEWEE: POSITION/ORGANIZATION:

PROVINCE/LOCATION:

SUMMARY OF KIIS WITH CAP II PARTNERS (GRANTEES & OD CLIENTS) BY PROVINCE, TYPE, # OF KIIS AND TOTAL PERSONS MET:

Total Cap II Grantees Interviewed: 15/37 (41%)

MAPUTO: Six grantees:

- N'Weti, HACL, EcoSida, IBFAN, AMIMO, ANEMO

ZAMBEZIA: Three grantees:

- AMME, Nafeza, Kukumbi

NAMPULA: Two grantees:

- Ophavela, Niiwanane

SOFALA: Two grantees:

- CCM-Sofala, MONASO

MANICA: Two grantees:

- ANDA, Kubatsirana

TOTAL OF 17 KIIS CONDUCTED WITH 15 GRANTEES:

TOTAL PERSONS INTERVIEWED IN PARTNER KIIS: 46

TOTAL CAP II OD CLIENTS INTERVIEWED: 5

SOFALA: Three OD Clients:

- Kugarissica, Cumusannas, ASF

MANICA: Two OD Clients:

- OMES, Shinguirirai.

TOTAL OF 6 KIIS CONDUCTED WITH 5 OD CLIENTS:

TOTAL PERSONS MET: 18

CONSTRAINTS & LIMITATIONS TO THE EVALUATION

1. PEPFAR Progress against Indicators: SHDHS
2. Assessment and comparison of POAPs: across all partners and/or a subset –
3. Limitations to KIIs: AVAILABLE, STILL FROM CAP, ARYING ANSWERS
Limitations in quantifying OD measures, triangulating or comparing programmatic and other OD results across partners, over time, between grantees and over LOP:

Desk and Document Review: As indicated in the SOW and provided by USAID and the CAP II program, the team reviewed an extensive range of documentation including:

- CAP II Documentation: Including the project proposal, PMPs and contract amendments, work plans and semi-annual reports, midterm evaluation and endline survey, training manuals, graduation reports, external assessments, integrated capacity-building plans, case studies, technical briefs, and other reports as provided;
- Preliminary results of CAP's final EOP reports with in-depth analyses of results from POAPs and other external assessments across a subset of partners: CAP has shared the preliminary results of a number of comparative analyses across partners for whom they have data for two or more POAPs as well as two or more external assessments. Preliminary findings presented here—though illustrative and draft as the work is in progress at the time of this evaluation—nonetheless provide a far more robust summary and analysis of increases across POAP areas and other OD assessments, alongside examples of partners whose scores did not improve, and the rationale or reason for this.
- Global and local OD literature review, USAID & PEPFAR Guidelines: Specific reports reviewed with results and findings used to triangulate CAP reports include: the EUROSIS sustainability study and UNAIDS study alongside a CSO mapping survey in particular. USAID and PEPFAR guidelines helped orient the team throughout, and it was deemed critical to

broaden the literature reviewed to include global best practices and lessons learned in other OD programs. (See Annex V for a list of documents reviewed.)

Qualitative Data Collection: The evaluation team collected qualitative data through a total of 45 individual or group KIIs conducted at the national level (with USAID, CAP staff, other donors and key stakeholders) as well as with 15 of CAP II’s 37 grantee partners, and an additional 5 OD client partners. KII data aimed to identify key findings across the 27 areas of the POAP (grouped into six main categories for aggregation and reporting purposes of this evaluation) and where possible, make logical links and correlations between the various OD inputs from CAP II and trends in successes and accomplishments, versus challenges and constraints in the program’s ability to improve institutional and technical capacity of partners to increase their contribution to HIV/AIDS prevention and treatment in project areas and ultimately their sustainability beyond the LOP.

Site and Partner Selection: USAID provided the team with a pre-selected list of suggested partners to interview across the five provinces where CAP partners were located. The team succeeded in arranging KIIs for 14/15, and arranged to interview another grantee to reach the target of 15/37 partners, as suggested. In addition, the team arranged KIIs or observational sessions with 5 OD clients to add further depth to findings and assist in identifying, substantiating, or refuting other results and findings from CAP and partner reports. (See Annex III for the data collection tools developed for the different stakeholder KIIs.)

Annex III. Table I: KIIs by Key Stakeholder Type

Key Stakeholders	KIIs
USAID Health, M&E & Others	7
CAP II (Implementing Agency)	8
CAP II Partners/Grantees (15 total)	18
CAP II OD Clients (5 total)	6
Government (MOH, MGCAS, CNCS)	3
Other Key Stakeholders (donors, programs)	3
TOTAL KIIs, All Stakeholders	45

Quantitative Analysis: The evaluation relied on CAP Summary Results Against Targets over LOP and data sets for indicators that PEPFAR provided to analyze programmatic results achieved over the LOP. The team has relied on the aggregate summary CAP results tables to analyze achievements over the LOP as well as the 15 key indicators that USAID identified for inclusion in this evaluation. (See Annex IV for USAID/PEPFAR key indicator list and Annex VII for CAP II Progress Against Targets for all indicators over LOP.) The program’s results framework includes six focal areas, four of which measure HIV/AIDS prevention and care and GBV outcomes, while two seek to measure OD improvements and growth in capacity of partners.

I. HIV/AIDS & GBV & OVC Outcomes per PEPFAR Targets: The team reviewed an aggregated annual summary from CAP II of all USAID/PEPFAR results by indicators (Annex VII); the team was also asked to focus on 15 key indicators as identified by USAID, 11 of which measured

HIV/GBV outcomes; where possible and useful, the team reviewed and compared programmatic results against key findings in the endline survey alongside cumulative service statistics provided by CAP.

2. Capacity-Building Outcomes per Programmatic Targets: The team analyzed programmatic results for USAID capacity-building measures using CAP II data, alongside results of the four key indicators identified by USAID for this evaluation. As programmatic indicators for capacity building included graduation and increased scores across POAP areas, conducting a comparative analysis of programmatic results with the results of graduation assessments (see below) and reports, reports on POAPs in semi-annual reports and ICBPs, alongside a range of external assessments allowed the team to triangulate and compare results, alongside key findings from the extensive KIIs conducted during the evaluation. CAP also provided the team with the draft, preliminary findings from analyses of OD efforts and scores across a range of partners, to be finalized and included in their EOP reports.

DQA & DATA ANALYSIS PLANS

During the evaluation, the team recorded in detail the data collected through KIIs and across a subset of POAP areas as well as overarching and crosscutting themes (e.g., sustainability). The team conducted an exhaustive set of interviews with partners to capture as many concrete examples of accomplishments and constraints across the 27 areas of the POAP and CAP OD interventions, as well as to probe for key successes and challenges both to confirm those reported by CAP and to identify new or different areas of accomplishments or weaknesses as yet unknown or unreported through the program. Findings from KIIs with partners whose grants and interaction ended in the two to three years prior to the evaluation were of particular use in assessing the institutionalizing of best practices, systems, and procedures introduced by CAP, and where possible, to assess the CSO's technical and financial capacity as early indicators of the potential sustainability of partners over the short to medium term. The team also conducted a frequency analysis of key findings across POAP areas, for each evaluation question and by cross-cutting theme in the final review and in the summary of KIIs notes for inclusion in this report and its annexes.

LIMITATIONS AND CONSTRAINTS TO METHODOLOGY

PEPFAR Progress against Indicators: CAP's results against PEPFAR indicators are a summary of the aggregate result/indicator for all partners whose grants includes that indicator; and as grants include varying numbers of indicators over varying lengths of time, aggregate results cannot be used to measure increased quality or coverage/type of service delivery by partner. After numerous discussions with both USAID/PEPFAR and CAP staff, it was clear that even if disaggregated by partner, PEPFAR results were still limited in their ability to provide any assessment of growth/success. For example, the targets set in a number of partners' grants did not increase or increased very little over the life of their grant (the length of grants provided ranged from less than 6 months to over 4 years), as both USAID and CAP II recognized the need to maintain a balance between improving technical capacity and quality of services provided alongside setting PEPFAR targets that could reasonably be achieved and the data reported accurately and on time. In other cases, partners increased the numbers and types of initiatives offered, alongside an increase in indicators within their grant, but had limited or no increases in the targets per indicator. This was due, again, to focus on increased quality and availability of services, rather than losing sight of OD objectives. In the last two program years (2014–15),

USAID first asked CAP to reduce the suggested targets as outlined in their work plan, again, in preference of long-term OD goals over short-term and fairly limited PEPFAR results to come from the relatively small number of grantees and grants in place.

In the past year, USAID required that CAP reduce its targets and provided the project with the reductions to be included in its work plan. As such, a lack of increased service use, either at aggregate or disaggregated by partner level, is again an inaccurate and poor means of measuring increased service delivery or quality. Another program constraint was that the mission never asked CAP to report on POAP results and dropped the indicator altogether. However, CAP continued to gather the data and was able to prepare the final EOP report with in-depth analyses of results from POAPs and other external assessments across a subset of partners.

Aggregation, comparison, or analysis of POAP areas with most/least improvement:

As there were no aggregate summaries of POAP scores by partner or across partners/time included in any CAP reports, the team requested POAP scores and reports for the 12 partners suggested for inclusion in the team's KIIIs during field visits. CAP noted that this request included a significant amount of documents and data and that summarizing these and then aggregating results across many partners would also require a substantial investment of time from the team. As a result, CAP sent one complete set for one partner only, which was a series of analyses across 27 areas of the POAP over time; for this partner alone tables and documents and reports were in excess of 40–50 pages. After discussing this request further with CAP, the team learned that:

- a. In attempts to correlate CAP OD efforts with other donors and activities, the project had adjusted many of the ratings down to reflect an attribution of success across a range of sources and not from CAP alone.
- b. The first set of POAP scores is usually higher than the second and at times, the third, as it is a self-assessment done before CAP and before the organization as a whole has a chance to reassess its internal capacity.
- c. Partners who begin with low scores (i.e., 1–2) may more easily and quickly increase in those areas, whereas mid- or high-level partners (i.e., with scores starting at 2–3) will appear to make less progress. This is not the case, however, as the increase from 2–3 is exponentially harder to achieve than from 1–2. Similarly, Partners who had longer-term investments in time and life of grants from CAP, were also pre-positioned to achieve higher scores over a longer period.
- d. As such, reviewing partner POAPs for increases was a useful indication of where capacity was low, and the interventions and time needed to improve. Comparisons across POAPs and between partners was less meaningful and quantification of data across POAP areas that cannot accurately be compared given the nuances in timeframe, input, initial score, priority areas, time spent with CAP, length of grant, and so on, was likely to result in more confusion with little if any added value to the evaluation.

Comparative analysis of aggregate results from quantitative OD assessments is complex, and the scores, increases and/or static/decrease derived from these are the result of a number of variables and factors unique to each partner. As a result, and without any further qualitative input or narrative, such analyses are limited as to the outcomes and conclusions one can reasonably make.

After reviewing both POAP and other assessments alongside CAP, the team agreed that an in-depth analysis of all data sets would serve as an audit or DQA rather than adding value to a final performance evaluation. Aggregation and analysis of POAP increases across areas and partners/over time would also require a statistician to do proper analysis and this skill set was not in the SOW. The team would also need access to CAP II's entire database, and per above, far more time than was included or outlined in the SOW. The POAP analysis would also have duplicated the ongoing efforts by CAP (which understands the data far better and thus also better positioned to analyze, adjust, weight, discount and attribute all results than an external team could achieve). The SOW specifically states that the team should use existing and available quantitative data, not assess its veracity or validity.

As USAID did not require CAP to report aggregated POAP results per partner or across all partners and for each of the 27 areas of the POAP, there are limited POAP data in the program SARs and annexes, the team has used the data available in those for the 12 partners included in KIs to triangulate key findings from qualitative research against scores reported for these Partners. (See Annex III for more information.)

The team has included preliminary and draft findings from the EOP in this report, with two caveats:

- a. First, these are preliminary draft EOP findings and as such, illustrative and subject to change as CAP's EOP assessments are ongoing at the time of this evaluation.
- b. Second, the results and findings indicating the POAP areas where the partners assessed have improved the most, is neither a measure of the relative importance or weighting for that area across all partners, nor an equal measure of growth across all organizations or comparative growth in scores from baseline to endline (and/or more POAPs) aggregated there.

In summary, the team would like to caution against oversimplifying or reading too much into any quantification of OD measures, as they are the result of inherently qualitative and nuanced processes with tailored TA at varying levels of time and financial investments and shifts in the focus of TA, investment in capacity-building provision of grants or just OD, affect the outcomes for each.

3. Constraints in conducting KIs included delays in finalizing the list of partners to include in KIs. Initially, meetings were scheduled with only the Executive Director and/or another senior staff member, and as a result, these individuals could not respond to all aspects of the POAP and CAP OD efforts (for example, work with the board and fiscal council, or technical capacity building of community workers). As a result, the subsequent KIs were scheduled with all available staff who had worked with the CSO since the time CAP support was provided and some partner KIs took an entire day or more. In other cases, only a handful of staff remained, or was available on the day of the interviews. As a result, findings aggregate summaries of positive or negative findings in key areas of the POAP across partners and are useful but cannot be taken as representative of the most or least important or effective POAP areas or CAP investments made (rather, they are representative of the staff available and their role in the organization). That said, many times respondents provided information on other aspects of the POAP (for example, the program staff was happy that HR and admin policies included travel logs better planning for logistics, as now they are sure a vehicle is available when needed). As such, partner KIs added further depth and nuance to the quantitative data presented here, but as

above, should not be viewed as representative for all partners, of CAP inputs, significance by area, and so on.

4. Delays at the evaluation start: A number of delays occurred at the very start of this work and constrained or challenged evaluation efforts as a result. Of note: The third consultant and OR expert intended to take part in the evaluation withdrew from the team two days before the team was set to arrive in country, and a second consultant (who had previously worked with the TL), left for personal reasons after only two weeks. GH Pro and the team leader invested considerable time in identifying, interviewing, and hiring an additional three consultants, which left no time for team planning meetings, a review of the SOW and roles, responsibilities, division of labor, and so on. In addition, while USAID provided the team with a link to a large variety of documents and reports related to the evaluation, a number of key documents and or data sets were not accessible, and CAP was not aware of what the team had or had not received. The team didn't know to ask for reports or studies beyond those listed in the SOW. Subsequently, CAP's reluctance to suggest or provide the team with data or reports (lest this be viewed as CAP attempting to "lead" the evaluation), led to further delays; of note, the summary aggregate result against indicators for CAP was only received midway through the evaluation; usually, this is one of the first data sets/documents provided to a team.

5. Restrictions in field research: Strict policies regarding field research prevented the team from interviewing any community members to assess both the quality and number of services provided by partners, or to gauge whether communities noted any increase in capacity, reputation, credibility or impact of partner activities. In addition, the political situation and outbreaks of violence restricted the team from traveling outside of provincial capitals, so KII findings are for urban-based partners only. Delays and cancellations in flights, alongside shifts in deadlines for deliverables resulted in the team cancelling and rescheduling KIIs in two provinces, as well as splitting up the team in order to complete these. This process required more time invested per consultant, and of note, the lead consultant conducting the KIIs was only able to complete KIIs in the final week in country. The lead time to debrief and submit the draft report put yet more pressure on her to review, summarize, and categorize all findings as required, and less time to review, verify and validate the findings, never mind the time for the team to digest and suggest best use of findings in the report.

BACKGROUND

HIV/AIDS in Mozambique

Approximately 1.5 million people in Mozambique are living with HIV, and the country's HIV prevalence rate is estimated at 10.6%, the eighth highest in the world.³⁵ The epidemic poses significant development challenges to Mozambique as a low-income country. Poverty, estimated at 55% in rural areas,³⁶ exacerbates the impact of the epidemic—vulnerable families lack access to health care, nutritious food, education, and economic opportunities. Cultural norms and gender inequalities increase the vulnerability of women and children to HIV and GBV. HIV prevalence is currently 7.1% among women aged 15-19, and 14.5% among women aged 20-24—more than twice the prevalence of men in the same age brackets.³⁷ Cultural and social norms

³⁵ http://www.unaids.org/en/resources/presscentre/featurestories/2015/december/20151208_Mozambique.

³⁶ <http://data.worldbank.org/country/mozambique>.

³⁷ Ministerio da Saude (MISAU) 2011.

perpetuate stigma and discrimination against people living with HIV, making it difficult for youth, in particular, to seek HIV testing and access care. For decades, the overburdened national health system has struggled to respond to the HIV/AIDS crisis and maintain all of the clinical services required of a national health system. Limited resources have been stretched to meet increasing clinical demands, and the Ministry of Health (MOH) has yet more challenges in reaching deep rural communities with basic services; provision of HIV prevention, treatment and care services is even more difficult. The Ministry of Gender, Children and Social Action (MGCAS) is yet more under-resourced and equally challenged in responding to the burgeoning number of women, orphans, and children made vulnerable by HIV and other chronic illnesses.

Civil Society in Mozambique

Nongovernmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs), and networks are relatively new in Mozambique's history. Many organizations evolved at the end of the civil war, during the nationwide floods in 2000, or in response to the sudden availability of HIV/AIDS funding in the mid-2000s. The inexperience and low capacity of Mozambican civil society has made it more challenging for them to assume the critical role in the fight against HIV/AIDS that civil society organizations (CSOs) in other countries in the region are demonstrating, namely the provision of innovative HIV prevention and care services complementary to those offered by the government, and as a result, an increased effectiveness in fighting the epidemic. As donor funding in Mozambique shifted from a relief-focus to longer-term development support, and with increasing funds in the HIV/AIDS sector, funding to local CSOs continued, though they still lacked the systems and structures required to manage grants, account for funds, or ensure good governance via adequate policies, systems, and procedures, as well as the technical capacity to plan, implement, and report accurately on the activities and outcomes that resulted. While a handful of international NGOs (INGOs) were providing capacity building (CB) to selected CBOs, relatively few strong CSOs with HIV experience existed in Mozambique when USAID and the President's Emergency Fund for AIDS Reduction (PEPFAR) funding and CAP I & II programs began, resulting in a gap of models and mentors to help shape the sector as a whole, and insufficient support to civil society in general to build local capacity that was required to fulfill the role expected of them. Seeking to harness the potential of civil society, USAID and other donors have allocated millions of dollars to fund the fight against HIV/AIDS.

ANNEX IV. USAID/PEPFAR KEY PRIORITY INDICATOR LIST

Prevention		FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	LOP
1. # of MARP reached with interventions based on evidence and/or meet minimum standards	Target	618	1,017	0	435	N/A	N/A	2,070
	Result	8,175	1,613	155	1,694	N/A	N/A	11,637
	%	1323%	159%	N/A	389%	N/A	N/A	562%*
2. # of target population reached with HIV prevention interventions based on evidence and/or meet minimum standards	Target	28,473	32,744	3,426	2,987	4,600	3,150	75,380
	Result	34,484	24,150	3,605	12,348	7,416	7,499	89,502
	%	121%	74%	105%	413%	161%	238%	119%

GBV		FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	LOP
3. # of people reached by intervention or service that explicitly address gender-based violence and coercion (GBV)	Target	N/A	N/A	N/A	13,913	17,590	9,950	41,453
	Result	N/A	N/A	N/A	30,299	30,445	15,559	76,303
	%	N/A	N/A	N/A	218%	173%	156%	184%
4. # of people reached by an intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS	Target	N/A	N/A	N/A	N/A	7,700	N/A	7,700
	Result	N/A	N/A	N/A	16,694	5,917	N/A	22,611
	%	N/A	N/A	N/A	N/A	77%	N/A	N/A

OVCs		FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	LOP
5. # of OVCs receiving OVC services	Target	1,520	1,474	1,200	4,050	5,470	6,990	20,704
	Result	229	410	131	6,285	7,650	10,189	24,894
	%	15%	28%	11%	155%	140%	146%	120%
6. # of OVCs benefiting from caregiver participation in savings and loan groups	Target	N/A	N/A	N/A	N/A	N/A	380	380
	Result	N/A	N/A	N/A	N/A	N/A	1,990	1990
	%	N/A	N/A	N/A	N/A	N/A	524%	524%

Counseling & Testing		FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	LOP
7. # of individuals who received C&T services and their test results	Target	N/A	N/A	N/A	N/A	2,178	1,600	3,778
	Result	N/A	N/A	N/A	3,624	3,989	6,269	13,882
	%	N/A	N/A	N/A	N/A	103%	392%	272%*

Referrals & Counter-Referrals		FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	LOP
8. # of people referred to health services by CBOs	Target	N/A	N/A	N/A	N/A	3,759	9,600	13,359
	Result	N/A	N/A	N/A	2,740	29,200	29,716	61,656
	%	N/A	N/A	N/A	N/A	777%	310%	441%*
9. # of referrals from CBOs known to be completed	Target	N/A	N/A	N/A	N/A	2,751	1,850	4,601
	Result	N/A	N/A	N/A	2,305	2,820	5,819	10,944
	%	N/A	N/A	N/A	N/A	103%	315%	188%*
10. # of defaulters or lost to follow-up actively sought during reporting time	Target	N/A	N/A	N/A	N/A	0	1,340	1,340
	Result	N/A	N/A	N/A	N/A	189	2,821	3,010
	%	N/A	N/A	N/A	N/A	N/A	211%	211%*
11. # of defaulters or lost to follow-up found during reporting time	Target	N/A	N/A	N/A	N/A	0	890	890
	Result	N/A	N/A	N/A	N/A	152	1,811	1,963
	%	N/A	N/A	N/A	N/A	N/A	203%	203%*

Capacity Building		FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	LOP
12. # of CSOs with strong enough systems to graduate from 1 st to CAP advanced level	Target	N/A	N/A	N/A	2	1	N/A	3
	Result	N/A	N/A	N/A	2	3	N/A	5
	%	N/A	N/A	N/A	100%	300%	N/A	167%
13. Increased # of CSOs strong enough to graduate to direct USAID funding	Target	N/A	N/A	1	1	2	1	5
	Result	N/A	N/A	1	3	3	1	8
	%	N/A	N/A	100%	300%	150%	100%	160%
14. # of CSOs demonstrating increased capacity in 2 or more areas	Target	N/A	N/A	N/A	8	8	7	23
	Result	N/A	N/A	N/A	10	11	9	30
	%	N/A	N/A	N/A	125%	138%	129%	130%
15. # of CSOs using USG assistance to improve internal organizational capacity	Target	69	76	86	91	29	30	381
	Result	88	88	103	119	57	58	513
	%	128%	116%	120%	131%	197%	193%	135%

* LOP % Achieved adjusted to include results only where targets were also set/available

ANNEX V. LIST OF DOCUMENTS REVIEWED

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ANNEX VI. LIST OF KEY INFORMANTS INTERVIEWED

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type of Meeting	Type of Organization
MAPUTO						
USAID	Maria Branquinho	Local Capacity Development Advisor	February 25, 2016	Luis Rodrigues, Jennifer Peters, Dercio Parker	Meeting	Donor
	Jordan McOwen	Monitoring and Evaluation Specialist				
	Salman Jaffer	Learning, Monitoring and Evaluation Coordinator				
USAID	Maria Branquinho	Local Capacity Development Advisor	February 26, 2016	Luis Rodrigues, Jennifer Peters, Dercio Parker	Meeting	Donor
CAP	Hayley Bryant	Chief of Party	February 29, 2016	Luis Rodrigues, Jennifer Peters	Meeting	Implementing Agency
CAP	Hayley Bryant	Chief of Party	March 1, 2016	Luis Rodrigues, Jennifer Peters, Lily Bunker	Meeting	Implementing Agency
USAID	Maria Branquinho	Local Capacity Development Advisor	March 3, 2016	Luis Rodrigues, Jennifer Peters, Lily Bunker	Meeting	Donor
	Jordan McOwen	Monitoring and Evaluation Specialist				
	Salman Jaffer	Learning, Monitoring and Evaluation Coordinator				
Eurosis	Abdul Sacoor	Director	March 5, 2016	Luis Rodruigues, Jennifer Peters	Meeting	Capacity-building USAID contractor
USAID	Gastão Mendes	Head, Contracts Office	March 7 or 8	Luis Rodrigues, Jennifer Peters, Lily Bunker	Meeting	Donor
CAP	Omar Mangeira	Organizational Development Technical Manger	March 8, 2016	Luis Rodrigues, Jennifer Peters, Lily Bunker	Meeting	Implementing Agency
	Edith Morch-Binnem	Deputy Chief of Party— Programs				
	Virgina	Senior Technical Officer				

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type of Meeting	Type of Organization
AMIMO	Moises Uamusse Ernesto Quive	Secretary General President	March 10, 2016	Luis Rodrigues, Ritva Parviainen, Lily Bunker	KII	Partner
HACI	Celso Mabunda	Executive Director	March 8, 2016	Luis Rodrigues, Jennifer Peters, Lily Bunker	KII	Partner
N'weti	Gildo Nhapuala, Lionel Jan	Social Mobilization Coordinator (directly managed CAP project) Financial Officer	March 9, 2016	Luis Rodrigues, Jennifer Peters, Ritva Parviainen, Lily Bunker	KII	Partner
EcoSIDA	Cornelio Balane Dionisio Fumu Serbana Abdul	Executive Director Assistant Contracts and Communication Officer Financial Officer	March 10, 2016	Luis Rodruigues, Jennifer Peters, Lily Bunker, Ritva Parviainen	KII	Partner
USAID	Salman Jaffer	Learning, Monitoring and Evaluation Coordinator	March 10, 2016	Jennifer Peters	Meeting	Donor
Diakonia	Dr. Irae Baptista Lundin,	Mozambique Country Director	March 14, 2016	Ritva Parviainen	KII	Donor, Intermediate organization (part of AGIR program)
HODI	Elias Manhiça Macário Natú	Manager Financial Officer	March 14, 2016	Ritva Parviainen	KII	Artists association with education messages ON HIV/AIDS prevention, gender AND vulnerable children
OXFAM—AGIR	Antoinette VanVugt	Director	March 15, 2016	Ritva Parviainen	KII	Donor (part of AGIR program)
Kugarissica	Manuel Siteo Guerra, Salvador Lulube	Coordinator, financial officer	23-Mar-16	Ritva Parviainen	KII	OD Client
ANEMO	Jose Antonio Davuca	Coordinator	29-Mar-16	Ritva Parviainen	KII	partner
CNCS	Lourena Manembe	M&E Program Officer	March 17, 2016	Ritva Parviainen	KII	Government Stakeholder
IBFAN	Cristina Chibindje	Coordinator	March 15, 2016	Ritva Parviainen	KII	Partner
	Rita Macuacua	Project Officer				
	Bento Siteo	Accountant Assistant				

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type of Meeting	Type of Organization
	Olinda Mugabe	President (also founder of Reencontro)				
CAP	Edith Morch-Binnema Omar Mangeira	Deputy Chief of Party— Programs Organizational Development Technical Manger	March 29, 2016	Lily Bunker	Meeting	Implementing Agency
QUELIMANE						
AMME	Maria Isabel Ligonha Yara Ignacio Cosme Carlos Sulemane	Executive Director Program Officer, managed CAP project since 2009 Program Assistant	March 12, 2016	Jennifer Peters, Lily Bunker	KII	Partner
AMME	Inacia Cueza Almoço		March 15, 2016	Lily Bunker	KII	Partner
KUKUMBI	Angelo Amaro Claudile Couto Suraya Bile Peter Mendes	Executive Director Program Manager Administrative Assistant Community/Field Assistant	March 16, 2016	Lily Bunker	KII	Partner
NAFEZA	Dino Afonso Paiva Isabel Catela	M&E Officer Program Officer	March 15, 2016	Jennifer Peters, Lily Bunker	KII	Partner
NAMPULA						
Direcção Provincial do Género, Criança e Acção Social	Egídio Sousa	Education Programs and Civil Society	March 17, 2016	Jennifer Peters, Lily Bunker	KII	Government Stakeholder
Associação Niiwanane Wamphula	Regio Domingos Augusto José João Borga	Executive Director Administrative and Financial Manager	March 17, 2016	Jennifer Peters, Lily Bunker	KII	Partner
Associação Niiwanane Wamphula	Dionisio Inocência	OVC Technical Officer OVC Technical Officer	March 17, 2016	Jennifer Peters, Lily Bunker	KII	Partner
Ophavela	Anibal Alicidio Afere	Executive Director Program Director	March 18, 2016	Lily Bunker	KII	Partner

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type of Meeting	Type of Organization
	Cecilia Lemos Mamal Samil Genita	HIV/AIDS Retention Officer Officer Administration				
Unidade de Coordenação de Desenvolvimento Integrado de Nampula (UCODIN)	Elsa Moises	Technical Officer	March 18, 2016	Lily Bunker	KII	Government Stakeholder
BEIRA						
CCM	Eduardo Tivane Miguel	Delegate Program Assistant	March 21, 2016	Lily Bunker	KII	Partner
CAP	Hayley Bryant	Chief of Party	March 21, 2016	Lily Bunker	Meeting	Implementing Agency
Comusannas	Amilcar Caidona Virgilio	Programs and Administration M&E	March 22, 2016	Lily Bunker	KII	OD Client
CCM	Jacobe Jenhuro	President of the Board of Directors	March 22, 2016	Lily Bunker	KII	Partner
Auxílios Sem Fronteiras	OBSERVATION of POAP - names not recorded	VARIOUS: Program Director, coordinators and various key staff -names not recorded as this was not a KII but direct observation of a POAP	March 22, 2016	Lily Bunker	Other (Observation of POAP process)	OD Client
MONASO	Delsa Gerbilo	Program Director	March 22, 2016	Lily Bunker	KII	Partner
CAP	Hayley Bryant Alexandre Penicela	Chief of Party Former CAP staff, now CAP consultant	March 22, 2016	Lily Bunker	Meetings	Implementing Agency
MANICA PROVINCE						
ANDA	Tiago Jaime Xavier Razao Peremo Simoes Raul	Executive Director President of the Fiscal Council President of the Board of Directors	March 30, 2016	Lily Bunker	KII	Partner

Institution	Name of Interviewee(s)	Title(s)	Interview Date	Name of Interviewer(s)	Type of Meeting	Type of Organization
	Virginia Patricio Albertino Alpanazio	Field Officer (KAB Project) Project Manager, OVCs with CAP				
Kubatsirana	Ernesto Tuia Felix Francisco Graça	Executive Director Coordinator--Manica Coordinator--Barue Officer--Economic Strengthening	March 30, 2016	Lily Bunker	KII	Partner
Kubatsirana	Vladimir Nomier Angelo Manual Aros Mario Zeca Fernando	Vice-Chair of the Board of Directors Representative of Churches Representative of Funders	March 31, 2016	Lily Bunker	KII	Partner
OMES	Beatriz Cintura	President of the Board of Directors	March 31, 2016	Lily Bunker	KII	OD Client
Shinguirirai	Rosa Marage Ezequial Gomes Petros Nyakumo	Coordinator Program Manager M&E	April 1, 2016	Lily Bunker	KII	OD Client
Shinguirirai	Marta Vlajitimo Aida Aberto	President of the Board of Directors First Volgar of the Fiscal Council	April 1, 2016	Lily Bunker	KII	OD Client

KIIs & Key Informants Interviewed and Statements from KIIs

Administrative Systems: Of the 15 partners/OD clients interviewed, 27 positive examples emerged in the following areas of administrative systems: administrative policies and procedures; procurement; archival systems; information technology (IT); and travel policies. Examples include:

- “CAP helped us with internal control systems.” —OD Client
- “We looked at procurement policies as well and were trained in being careful not to buy items from vendors who were connected to terrorist activities.” —Partner

HR Policies and Procedures: Of the 17 partners/OD clients interviewed, 31 positive examples emerged in the following key areas of HR policies and procedures: HR policies and procedures (general); salary scales; employee performance evaluations; division of roles and job descriptions; timesheets; and code of conduct and sexual harassment policy. Examples include:

- “CAP followed us through the trimestral reports and also went to the field to see how the volunteers were working. They [CAP] evaluated in practice. Now each and every one knows his/her own activity area.” —Partner

- “We understood during the POAP that we had weaknesses in the code of conduct. The team here made a proposal of how the code of conduct should be.” —Partner

Of the 17 partners interviewed, six examples of challenges/gaps were given in one key area of HR policies and procedures. Examples include:

- “Most of the volunteers have now stopped working as there is no funds for incentives.” —Partner
- “Also retaining staff is always difficult, especially senior staff who are qualified. Many times, staff would find a position with a higher salary and would leave because of that. Staff turnover was also an issue during the project. We had a total of four project managers, the fourth now is still with us.” —Partner

Financial Policies and Procedures: Of the 18 partners/OD clients interviewed, 56 positive examples emerged in the following key areas of financial policies and procedures: financial management systems; resource mobilization; external and internal audits; financial reports; and financial planning and coordination. Examples include:

- “The report writing activity was incorporated into the mobilization of resources component” —Partner
- “CAP also helped us and our increased capacity influenced other donors to fund us. We use our own templates and tools now with donors. Before CAP, donors came with their own templates. In negotiation now, we avoid having different systems and templates. All donors accept this, only some ask for small modifications to the templates. For example, sometimes we modify our timesheet slightly. This saves us a lot of time.” —Partner

From the 18 partners interviewed, 13 examples of challenging situations/gaps were given in three key areas of financial policies and procedures. Examples include:

- “For our sustainability, we need to look at the diversification of funding. For a future plan of [partner’s name], we have to look at donors.” —Partner
- “In the CAP program what we missed is resource mobilization. We never received this part of the program.” —Partner

EXAMPLES OF POSITIVE & NEGATIVE QUOTES FROM KIIS

Governance and Leadership: Of the 18 partners/OD clients interviewed, 62 examples of positive achievements were given in key areas of governance and leadership including: board of directors and executive-level roles and responsibilities; vision, mission, and values; strategic plans and integrated capacity-building plans (ICBP), institutional and technical; transparency; and legal registration and adherence to constitution. Examples include:

- “Our vision and mission were not very defined before CAP. The POAP helped us with that.”
- “When we compare the first POAP to the third we see that we have changed a lot in the areas of governance and leadership... We will continue this POAP as an organization. The POAP helped us with the division of labor, especially with the board.” —Partner

Only two examples of challenges/gaps were recorded in two key areas of governance and leadership, from the 18 partners interviewed. Examples include:

- “Our structure before CAP was limited. We did not have a Board before CAP. The Board only existed in Maputo but communication was difficult and we never received feedback on our work.” —Partner
- “We still have not be able to get our license [for operations] until today (it is very slow in the provinces).” —OD Client

KII Quotes: Positive Examples of POAP Achievements in Technical Areas: Of the 15 partners interviewed, 30 examples of positive achievements were provided across the following areas of technical capacity: Analysis; Planning and Project Design; and M&E systems. Examples include:

- “Our current system of formative research was introduced under CAP; data collection and analysis was something our organization had never done since its foundation.”
- “We had fractured monitoring systems prior to CAP’s involvement. In the past, we had to follow donor systems and the various policies of each, as we had no internal system of our own. With CAP’s TA and support, we now have our own systems and policies and do not have to adhere to each donor policy presented to us. We still use these systems today, and our systems are even stronger, so we are able to follow a more robust set of M&E requirements (e.g., PEPFAR minimum standards) and even track key populations now as a result.”

Challenges and Gaps, Quotes from KIIS: Of 15 partners interviewed, the team found 12 examples of technical challenges/gaps in analysis and M&E systems. Examples include:

- “With CAP we were not also responsible or allowed to manage our M&E as CAP wanted to conduct this in a certain way. Instead, CAP staff did this for us during routine TA visits. We had regular follow-up with CAP but were not officially in charge of our M&E. What we saw and learned about M&E from CAP was useful and they provided a lot of TA alongside orientation notes and feedback. While this helped us with new activities and issues, in the end we went back to our old way of M&E before CAP.”
- “A challenge we face is with patients who abandon treatment (defaulters), as they do so for a wide variety of reasons including poverty, hunger, etc. We are required to not only identify but refer patients back for treatment, but to succeed requires negotiating a broader range of constraints than those recognized in the health sector. It’s further challenging due to the lack of coordination between partners, entities and access and type of services available. This is a key area in which USAID or [others] could provide more assistance.”

GBV as a new and important initiative: GBV was a relatively new approach combined with HIV prevention when introduced by CAP II partners/OD clients. GBV funding was received following consultations on need relevance in the communities. Select KIIs quotes are listed below:

- “In the past we didn’t have people trained in gender issues but now we have trainings in the gender, GBV, etc. Under CAP as well, we had support and trainings in the areas of gender and gender based violence. The GBV component was one intervention which brought us the most value.”—Partner
- “In 2013, we began to implement GBV projects. We then began to see the importance of finding the connection between what is happening in the community and GBV programming. People began to change their way of thinking, especially pre-adolescents and adolescents. In 2014 we introduced new themes one of which was tracking of gender based violence.”—Partner

Ownership in the communities: Communities were involved in the awareness of GBV from the beginning, and leaders were both consulted and engaged as facilitators in the discussions. The following KII quote evidences this:

- “In the technical area we worked with adolescents and youth in general. We also worked with community leaders and did discussions on the topics of sexual and reproductive health. We used facilitators and leaders to lead these discussions. We worked in the area of family planning and touched on some areas of GBV.”—Partner

Integration of gender and GBV into strategic plans: As one partner noted in a KII, “We were already working in GBV issues, CAP supported us in our ongoing work. Over 50 percent of our staff are female.” KII quotes:

- “An entire gender policy was drafted and is used today for us nationwide. We had talked about gender components before CAP but it never existed in writing. CAP promoted us and assisted us to put this into a concrete policy.”—Partner
- “Our current system of formative research was introduced under CAP and not done from our founding. This was also a sustainable benefit of the project. We also have a strategic plan in place (now the plan is from 2013–2017). We also learned how to use success stories, which are stories of community transformation. We use these for donors, for our newsletter/‘newspaper’ and for other partners.”—Partner

CAP II also supported other organizations’ planning in GBV:

- “The CNCS Strategic Plan IV has a very important part about GBV with clear interventions. CAP and some more partners helped to elaborate that Plan.”—Government representative

Only three partners out of seven made negative mention of GBV; two are noted, below:

- “Prevention and Mitigation of GBV was in our program to be carried out in end of 2013–early 2014, but it wasn’t done completely. That training was about the different types of violence, and it didn’t give much. The idea was to have at least five days first to the staff and supervisors and then follow with the training for volunteers. The reason for not carrying this out was that CAP delayed in searching for a good facilitator...CAP was in this matter dependent on external consultants and had actually considered even N’weti to give the training but nothing happened. Consequently, nothing was done in the field.” Partner
- “It would be necessary to get some updating in this issue (GBV). Last year, in November 2015, MOH gave the trainers some ‘refresher training’...but GBV is in our agenda always.”—Partner

Some partners did not have time to implement new skills in GBV due to early termination of funding, as one partner noted in a KII: “We discussed possible funds for GBV, but we did not receive funds, and there was no intervention.” Yet another constraint was the constant change of indicators in GBV. Before year four, there were no GBV indicators. Several GBV indicators were introduced only during the last two program years, and some previous ones were omitted. Thus, the overall results are hard to measure as there was insufficient time for implementation. In a KII, a partner mentioned difficulties with indicators, stating that “The indicators for GBV were not always clear.”

In the KIIs, some partners mentioned external challenges to these interventions related to the target population, attitudes, and practices. As one partner stated: “There were challenges in terms of gender. We work in communities that are religious—Muslims. We had conversations/debates about issues related to gender. Women are not always allowed to make decisions. Violence occurs with words, it is not always just physical.”

ANNEX VI. TABLE XIII: Financial KII Quotes, Positive Examples

✓ Systems & Training	“We received a lot of financial training; including how to manage USG funds.”
✓ Resource Mobilization	“Our donor could see how much our capacity grew with CAP II so they increased our grants from 1 to 3. We are clearly stronger: We have learned how to mobilize resources in ways that still help today. We are in the habit of giving our ‘elevator pitch’ to donors to showcase our work and have learned the importance of visibility.”
✓ Proposal Writing Skills	“We have capacity to elaborate proposals and have at present two different proposals waiting for approval...We consider ourselves as sustainable. We have all the technical capacity.”

ANNEX VI. TABLE XIV: Financial KII Quotes, Challenges/Gaps Examples

✓ Systems & Training	“We would need some kind of refreshment/boost training about USAID financing system as USAID really demands a lot.”
✓ Resource Mobilization	“We also wish to be graduated by CAP...And we would like to have direct funding from USAID as we think we have the capacity.”
✓ Proposal Writing Skills	“We need more staff for future plans, yet our funding is for a very short period; short projects with limited administrative budgets are a problem.”

T ANNEX VI. TABLE XV: Technical KII Quotes, Positive Examples

✓ M&E & Technical Expertise	“M&E improved significantly under CAP; prevention programs include strong SBCC & dissemination of gender policies for GBV are all sustainable. Increased organizational capacity is for the long term.”
✓ Project Cycle & Design	“The second project built on the first, with similar components but we had improved manuals and made several improvements to programming as needed. This allowed us to continually find ways to improve throughout the program.”

ANNEX VI. TABLE XVI: Technical KII Quotes, Challenges/Gaps

<ul style="list-style-type: none"> ✓ Risk Mitigation & Change Management ✓ Project Cycle & Design 	<p>“CAP assisted us to formulate a capacity plan for the entire organization using results of the POAP. Still, there were many changes in the project: Indicators changed, objectives changed. Even actual scope of the project changed...We looked at our work and felt that something was missing.”</p> <p>“Following the priorities of a donor is always a problem. The agenda of a donor does not always translate into current needs or reality.”</p>
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ANNEX VI. TABLE XVII: Institutional KII Quotes, Positive Examples

<ul style="list-style-type: none"> ✓ Governance: Boards & Accountability ✓ Systems & Strategic Planning ✓ Ownership through Self-Assessment 	<p>“One big thing that CAP helped us with was to create a fiscal council. Before, we only had a General Assembly and Board of Directors, but CAP helped us to understand that we needed a fiscal council also.”</p> <p>“Before CAP we had no structure: we had no HR manual, no admin or finance manuals, no organogram. Our HR department now has a salary policy and clear terms of references. From strategic direction & planning through financial and other systems, we continue to use all this to this day.”</p> <p>“We had quarterly meetings with CAP where we discussed and planned. We looked at our strong and weak points and made a plan of action based on those.”</p>
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ANNEX VI. TABLE XVIII: Institutional KII Quotes, Challenges/Gaps

<ul style="list-style-type: none"> ✓ High Staff Turnover ✓ Change Management 	<p>“We would like to improve our HR capacities, but we have little capacity to maintain this. We often invest in (staff) and then they leave for another company (because of a higher salary, etc.). Sometimes there is no money for salaries.”</p> <p>“One of our challenges is in preserving institutional memory. We invest in people and then when they leave, sometimes we have to start over again.”</p>
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ANNEX VII. CAP II PROGRESS AGAINST INDICATORS OVER LIFE OF PROJECT

	CAP II TARGETS/RESULTS LOP	Result	Target	% Achieved
1	# of MARP reached with interventions that are based on evidence and/or meet the minimum standards (PEPFAR)	11,637	2,070	562%*
2	# of Key Populations reached with HIV preventive interventions that are based on evidence and/or meet the minimum standards	560	135	196%*
3	# of intended target population reached with preventative interventions based on evidence and/or meet the minimum standards (PEPFAR + MOZ)	122,780	69,498	177%
4	# of each priority population reached who completed a standardized HIV prevention intervention including minimum components during the period	39,748	23,035	173%
5	# of target population reached with HIV preventative interventions based on evidence and/or meet minimum standards (PEPFAR + MOZ)	89,502	75,380	119%
6	Number of targeted condom service outlets	539	162	333%
7	Number of mass media spots	430	74	581%
8	Number of people completing an intervention pertaining to gender norms, that meets minimum criteria	15,014	11,650	129%
9	# of people reached by an intervention or service that explicitly addresses gender-based violence and coercion (GBV)	76,303	41,453	184%
10	# of people reached by an intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS	22,611	7,700	77%*
11	Number of individuals screened for GBV (community partners)	781	295	265%
12	Number of OVC receiving OVC services	24,894	20,704	120%
13	Number of OVC receiving FOOD services	10,723		
14	Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services	803		
15	Number of OVC benefiting from caregiver participation in savings and loan groups	1,990	380	524%
16	Number of individuals who received Counseling and Testing (C&T) services for HIV and received their test results	13,882	3,778	272%*

	CAP II TARGETS/RESULTS LOP	Result	Target	% Achieved
17	Number of people referred to health services by community-based organizations	61,656	13,359	441%*
18	Number of referrals from community-based organizations known to be completed	10,944	4,601	238%
19	Number of Civil Society organizations using USG assistance to improve internal organizational capacity	513	381	135%
20	Number of Mozambican civil society organizations using USG assistance to contribute to the health system	227	257	88%
21	Number of individuals trained in institutional capacity building	6,782	3,692	184%
22	Number of organizations demonstrating increased capacity	104	95	109%
23	Number of organizations demonstrating increased capacity in 2 or more areas	30	23	130%
24	Number of meetings facilitated to share experiences and lessons learned with CBOs/FBOs/NGOs	65	54	120%
25	Increased number of organizations with strong enough systems to graduate from the first level of CAP grants to the advanced level	5	3	167%
26	Increased number of organizations with strong enough systems to graduate from CAP to direct USAID funding	7	5	140%
27	Number of ART defaulters or lost to follow-up actively sought during reporting period	3,010	1,340	211%*
28	Number of ART defaulters or lost to follow-up found during reporting period	1,963	890	203%*
29	Number of individuals referred to ART	1,205	630	174%*
30	Number of ART defaulters or lost to follow-up who returned to treatment during the reporting period	1,003	435	206%*
31	Number of direct participants in savings and loans groups supported by PEPFAR	3,424	300	1141%
32	Number of clients receiving home-based care services	30	56	54%
33	Dollar value of program funds obligated to local organizations	\$ 19,821,883	\$ 19,640,540	101%
34	Number of indicators assessed by a data quality audit	19	14	136%
35	Number of community health care or para social workers who successfully completed a pre-service training program (PEPFAR)	7,413	5,351	139%

* LOP % Achieved adjusted to only include results where targets were also available.

ANNEX VIII. CAP II TIMELINE FOR GRANTS AND INDICATORS SHIFTS BY YEAR, LOP

Timeline for Grants over LOP	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16
Current Grants								
1. Hope for African Children Initiative (HACI)								
2. Associação Niiwanane Wamphula (NIIWANANE)								
3. Associação Nacional para o Desenvolvimento Auto-sustentado (ANDA) MARP								
4. Associação Nacional para o Desenvolvimento Auto-sustentado (ANDA) OVC								
5. Kubatsirana - Associação Ecuménica Cristã								
6. Associação para o Desenvolvimento Sócio Económico (OPHAVELA)								
Closed Grants								
7. Associação de Fomento para o Desenvolvimento Comunitário (ADC)								
8. Associação de Fomento para o Desenvolvimento Comunitário (ADC)								
9. Associação dos Deficientes de Moçambique (ADEMO)								
10. Ajuda Desenvolvimento Povo para Povo (ADPP)								
11. Associação dos Jovens de Nacala (AJN)								
12. Associação da Juventude de Luta contra SIDA e DROGA (AJULSID)								
13. Associação da Juventude de Luta contra SIDA e DROGA (AJULSID)								
14. Associação Moçambicana Mulher e Educação (AMME)								
15. Associação Moçambicana Mulher e Educação (AMME)								
16. Associação de Mineiros Moçambicanos (AMIMO)								
17. Associação Moçambicana para a promoção da Rapariga (AMORA)								
18. Associação Nacional de Enfermeiros de Moçambique (ANEMO)								
19. Associação Nacional de Enfermeiros de Moçambique (ANEMO)								
20. Associação Nacional de Enfermeiros de Moçambique (ANEMO)								

Timeline for Grants over LOP	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16
21. Conselho Cristão de Moçambique-Sofala (CCM-Sofala)								
22. Conselho Cristão de Moçambique-Sofala (CCM-Sofala)								
23. Conselho Cristão de Moçambique-Zambezia (CCM-Zambezia)								
24. Comité Ecuménico para o Desenvolvimento Social (CEDES)								
25. Conselho Islâmico de Moçambique (CISLAMO)								
26. Comunidade Moçambicana de Ajuda (CMA)								
Timeline for Grants over LOP	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16
27. Associação dos Empresários contra o HIV e SIDA, Tuberculose e Malária (ECoSIDA)								
28. Fórum Nacional de Rádios Comunitárias de Moçambique (FORCOM)								
29. Associação para a Promoção do Emprego (Get Jobs)								
30. Hope for African Children Initiative (HACI)								
31. International Breastfeeding Action Network (IBFAN)								
32. Organização de Desenvolvimento Rural (KUKUMBI)								
33. Organização de Desenvolvimento Rural (KUKUMBI)								
34. Organismo de Desenvolvimento Socioeconómico (KULIMA)								
35. Liga dos direitos da Criança da Zambezia (LDC)								
36. Movimento de Mães Intercessoras Contra HIV e SIDA (MMICHS)								
37. Núcleo das Associações Femininas da Zambézia (NAFEZA)								
38. Solidariedade da Zambézia -Delegação de Nampula (Solidariedade)								
39. Monaso Rede Moçambicana de Organizações contra o SIDA- Sofala								
40. Monaso Rede Moçambicana de Organizações contra o SIDA- Sofala								
41. Monaso Rede Moçambicana de Organizações contra a SIDA- Nampula								
42. Monaso Rede Moçambicana de Organizações contra a SIDA - Zambezia								
43. Núcleo das Associações Femininas da Zambézia (NAFEZA)								

Timeline for Grants over LOP	FY 09	FY 10	FY 11	FY 12	FY 13	FY 14	FY 15	FY 16
44. Associação para o Desenvolvimento da Criança e Educação da Rapariga (NAMUALI)								
45. Associação Niiwanane Wamphula (NIIWANANE)								
46. N'weti Comunicação para Saúde (N'WETI)								
47. Organização Nacional de Professores (ONP)								
48. Associação para o Desenvolvimento Sócio Economico (OPHAVELA)								
49. Rede Contra o Abuso de Menores (REDE CAME)								
50. Rede Nacional Contra Droga (UNIDOS)								
TOTAL GRANTS/YEAR	14	24	26	24	24	12	12	6

Indicator Shifts over LOP	FY10	FY11	FY12	FY13	FY14	FY15
Number of ART defaulters or lost to follow-up actively sought during reporting period						
Number of ART defaulters or lost to follow-up found during reporting period						
Number of individuals referred to ART						
Number of ART defaulters or lost to follow-up who returned to treatment during reporting period						
Number of civil society organizations using USG assistance to improve internal organizational capacity						
Number of civil society organizations using USG assistance to contribute to the health system						
Number of individuals trained in institutional capacity building						
Number of organizations demonstrating increased capacity						
Number of organizations demonstrating increased capacity in 2 or more areas						
Number of meetings facilitated to share experiences and lessons learned with CBOs/FBOs/NGOs						
Increased number of organizations with strong enough systems to graduate from CAP first level to advanced						
Increased number of organizations with strong enough systems to graduate from CAP to direct USAID funding						
Number of individuals who received C&T services for HIV and received their test results						
Number of people completing an intervention for gender norms that meets minimum criteria						
Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion (GBV)						
Number of people reached by individual, small group, or community-level intervention or service that explicitly addresses norms about masculinity related to HIV/AIDS						

Indicator Shifts over LOP	FY10	FY11	FY12	FY13	FY14	FY15
Number of individuals screened for GBV (community partners)						
Number of individuals referred to GBV services						
Number of indicators assessed by a data quality audit						
Number of community health care or social workers who successfully completed a pre-service training program						
Number of direct participants in savings and loans groups supported by PEPFAR						
Number of clients receiving home-based care services						
Number of OVC receiving OVC services						
Number of OVC receiving FOOD services						
Number of active beneficiaries receiving support from PEPFAR OVC programs to access HIV services						
Number of OVC benefiting from caregiver participation in savings and loan groups						
Number of MARP reached with interventions that based on evidence and/or meet the minimum standards						
Number of key populations reached with HIV preventive interventions based on evidence and/or meet minimum						
Number of target population reached with preventative interventions based on evidence and/or meet minimum						
Number of each priority population reached who completed a standardized HIV prevention intervention including the specified minimum components during the reporting period						
Number of target population reached with HIV preventative interventions (abstinence/be faithful) based on evidence and/or meet minimum standards						
Number of targeted condom service outlets						
Number of mass media spots						
Number of people referred to health services by community-based organizations						
Number of referrals from community-based organizations known to be completed						
TOTAL INDICATORS/YEAR	14	14	14	22	27	30

ANNEX VIII. TABLE III: SUMMARY TIMELINE OF CAP II MODIFICATIONS, & Shifts in donor priority, INDICATORS & FUNDING

YEAR	CONTRACT MOD/CHANGE	SUMMARY OUTCOME/RESULT
2009	Award granted to AED	<ul style="list-style-type: none"> • \$55,000,000 for Capacity Building of CSOs; Funded by PEPFAR, one of whose priority areas was HSS
2011	Award shifted to FHI 360	<ul style="list-style-type: none"> • Considerable delays in programming, notably in awarding new grants to CAP's partners which affected CAP's ability to hit PEPFAR targets • CAP II's grantees from CAP who were "fast-tracked" due to prior approval, were able to reach targets. At the same time, they invested heavily in intensive efforts to build capacity in program design & proposal development for new partners, to facilitate the grant-making process as soon as they were given green light to advance with the program.
2012	USAID adds 3 GBV indicators: "# people reached with GBV intervention"	<ul style="list-style-type: none"> • In the absence of clear definition/parameters, CAP worked with each partners and in order to aggregate data consistently and across the variety of individual methodologies of each partner.
2012	USAID adds one OD indicator: "Graduation" of grantees to USAID direct funding; <ul style="list-style-type: none"> • > of 2 or more POAP areas removed • USAID asks CAP to provide capacity building to "non-partners" – no indicator added 	<ul style="list-style-type: none"> • The CAP award was modified in November 2012 to include an objective of helping CAP partners graduate to more advanced levels of capacity, and ultimately to graduate to USAID direct funding. • While USAID dropped the POAP indicator, CA kept this, recognizing its importance as one of few OD measures. • As CAP is one of few projects with expertise in capacity development, USAID asked them to build capacity of "non-partners," or organizations not receiving grants, called "Organizational Development Clients." CAP worked with more than 200 of these (some Embassy Small Grant recipients, and su partners of FHI 360 Programa Cuidado Comunitário).
2012	<ul style="list-style-type: none"> • USAID drafts new guidance re: quality of services for OVC • Shifting focus affects indicators definitions & criteria • New requirements added as per new priorities within MMAS 	<ul style="list-style-type: none"> • CAP provided extensive TA to partners to re-orient them in meantime and while awaiting approval of new indicators, changes in definitions, and so on. • Result: delays in implementation, increased investment with partners to continue to refine these as changes and clarifications were ongoing • Complexities in adapting to shifts and new forms, reporting, and so on were challenging and resulting in under reporting or poor quality reporting, requiring yet more TA from CAP.
2013	<ul style="list-style-type: none"> • USAID modifies criteria for "graduation" with intent to provide direct TA to local grantees 	<ul style="list-style-type: none"> • CAP criteria for graduation is reduced so that more "advanced" partners can be recommended, give USAID commitment to provide TA.
2013–2014	<ul style="list-style-type: none"> • PEPFAR budget cuts & priority shift: no monies for prevention (CAP budget drops: US\$7 million) 	<ul style="list-style-type: none"> • Initial CAP II budget ceiling was US\$55 million; reduced by \$7 million over two years, resulting in cuts in CAP staff, and challenges in maintaining high level of support to partners and OD clients, as well as in assisting with roll out and M&E adjustments to adhere with new and shifting indicators. • Funding drop forced CAP to end 14 sub-grants in 2 years; from more than 20 sub-partners to 6 partners at EOP.
2014	<ul style="list-style-type: none"> • Increased funds for GBV; addition of 2 new indicators • GBV screening & ARV LFT 	<ul style="list-style-type: none"> • CAP partners continue to struggle in collection and accurate reporting for these, as they are dependent on the

YEAR	CONTRACT MOD/CHANGE	SUMMARY OUTCOME/RESULT
		<p>willingness/ability to provide accurate data from local health clinics;</p> <ul style="list-style-type: none"> • ARV LFT particularly challenging, as it required
2015	<p>PEPFAR indicator shifts including:</p> <ul style="list-style-type: none"> • <u>Prevention</u>: 2 revisions; one eliminated; one added & one pending/to be added; • <u>GBV</u>: one added & 2 eliminated; • <u>Defaulter Tracing</u>: 3 new indicators: CAP added one to link total # referrals of partners with total # of those returned for treatment. 	<ul style="list-style-type: none"> • Many indicator changes from 2013–15 resulted in an increased emphasis on M&E and TA to partners to both orient them on these and ensure systems, forms, data verification and reporting was sufficient to verify and report on time/with quality, as well as to reach targets in the same period. This change was at the expense of other aspects of OD work planned for in response to POAPs and areas for improvement across all partners. • For both GBV screening and defaulter tracing, CAP chose to add an indicator for each, to link partners outreach work to those receiving services.

ANNEX IX. SUMMARY SUSTAINABILITY TABLE BY AREA

Sustainability - Quotes from KIIs with older versus recent partners

Old Partners: Those whose grants ended in 2013; Medium Partners: Grants ended in 2015; Recent Partners: Grants end in 2016, some still ongoing.

OLD PARTNERS:

I. EcoSida (grant period: 7/12-12/13): "We consider ourselves sustainable"

INSTITUTIONAL - POSITIVE	INSTITUTIONAL - NEGATIVE
The best, most useful components for us were governance, finances and M&E; Before CAP, we had a board but it was not functioning well. The general assembly was not very effective/efficient; sometime people would not show up. CAP helped with this.	The challenges and gaps are different now after CAP. The USG has changed its priorities, from community intervention/prevention to a focus on clinical intervention. Following the priorities of the donor is always a problem. The agenda of the donor does not always translate into current needs/reality.
We loved the fact that the program was structures in two parts; the CD and the grant that helped us to put into practice what we had learned in CD.	
Changes we operate in our organization were the introduction of: Timesheets, financial reporting, creation of an independent board of directors, the concept of cost sharing, manual of procedures, travel policy, salary policy, performance evaluation.	
They transformed the way we worked by introducing rules and regulations: The concept of each employee doing an auto-analysis was transformative. This is a system that we still use today, and it is done every year	
FINANCIAL - POSITIVE	FINANCIAL - NEGATIVE
CAP sends funding opportunities directly to us and this is helpful	We discussed possible funds for GBV, but we did not receive funds, and there was no intervention
TECHNICAL - POSITIVE	TECHNICAL - NEGATIVE
Before CAP we had a complete procedure as we thought but CAP demanded even more! Even Global Fund was impressed.	We were not able to develop the database because CAP's intervention came to an end
CAP came to complement our interventions in the workplace improving what we did; CAP helped us to expand our work from purely AIDS prevention to health issues in general	

2. ANEMO (Grant period: 1/10-9/13): "ANEMO is sustainable in terms of programmatic and institutional capacity; first, the degree of good governance, second, strong internal procedures; third, good project management and technical capacity remains."

INSTITUTIONAL - POSITIVE	INSTITUTIONAL - NEGATIVE
CAP helped us to improve our governance; We reviewed and improved our mission, vision; we got training in organizational management and structure – division of roles and tasks at all levels; how General Assembly should function, social organs, fiscal council and how to define each persons roles and tasks. We were confused and had difficulties about this previously so the clarification was very good.	We would need more training in the project cycle question, especially for our social organs so that they could follow better what we are doing. The training would help the social organs to generate some support for us, now we have only member fees. We succeed to get in some member fees but with a lot of difficulties.
POAP – during the 3 POAPs, done, there was e.g. revision of the organigram. And for the executive staff POAP was good in terms of funds management, the administration and finance sessions. The best part after governance, was the financial health check. We also learned MANGO, That was very good.	Procurement is one area where we need more knowledge
FINANCIAL - POSITIVE	FINANCIAL - NEGATIVE
CAP's help to elaborate manuals for HR, for administration and for finances, and the basic instruments for each; we still use them. Today. This is how and why we succeeded in getting USAID direct funding. Because we did everything right	We got three different periods with CAP but they were all very short, 7-8 months, and just when we had come up a bit, the funds finished. So there was a challenge of "descontinuidade" of the funding
	Another area where we need training is resource mobilization. That would increase our sustainability. We did have a short training on resource mobilization but we would need some more
TECHNICAL - POSITIVE	TECHNICAL - NEGATIVE
First of all we got help in training of the trainers, and their supervision. We do home visits. These were the areas CAP helped us to improve during those different periods of time.	It would be necessary to get some updating in this (GBV) issue. Last year, in November 2015, MoH gave the trainers some "reciclagem." GBV is in our agenda always (ownership).
Through the capacity building of ANEMO and trainers the achievements of CBOs improved – it contributed to better health amongst the target population. We could measure a drastic decline of those patients who were no longer bedridden because of our HBC activities. Also patients on and continuing with TARV improved a lot because of our work, so our outcome is much better among the beneficiaries.	

3. AMME (Grant period: 11/09-12/13): "To this day, we continue to use all the information, tools, etc. that CAP gave us. CAP helped put us on the right track"

INSTITUTIONAL - POSITIVE	INSTITUTIONAL - NEGATIVE
When CAP started with us, we were still in the growing stages/young. In the past, all the various donors had their own policies, and we had to follow them because we didn't have our own. "We followed the donor." But now, we have our own policies and do not have to adhere to each policy that each donor puts on us.	N/A
With CAP we began to do correct management. Our structure before CAP was limited. We did not have a "political" arm (board of directors) before CAP. The "political" arm only existed in Maputo but communication was difficult and we did not ever received feedback on our work	
Our staff went through various trainings. We also developed our Human Resource, administrative and financial policies. We still use the MANGO accounting system. We also developed our salary and travel policies, code of conduct and a sexual harassment policy. This was all done under CAP.	
FINANCIAL - POSITIVE	FINANCIAL - NEGATIVE
We now have 4 donors (Oxfam Novib, IBIS, Right Play and SKIP). Before CAP we had 3 donors (FHI, Oxfam Novib, and Oxfam GB).	A big challenge for us under CAP was: in the CAP program they missed is resource mobilization. They never received this part of the program.
FHI still send us information about funding opportunities, which we find very useful.	We would like more support in the area of having staff know how to read audit reports and understand them. They may read them but if they don't really understand what the report means, they may say everything is ok, when in fact it isn't. We would also like more support in the area of financial management.
TECHNICAL - POSITIVE	TECHNICAL - NEGATIVE
Our current system of formative research was introduced under CAP and not done prior. They also helped us refine our project elaboration skills, another a sustainable benefit of the project.	N/A
-Under CAP, we developed and refined our project elaboration skills.	
Technical training in outreach and gender: Before we didn't have people trained in gender issues but now through CAP we had support and trainings in the areas of gender and gender based violence.	

SUSTAINABILITY QUOTES: 4 MEDIUM PARTNERS (closed 2015)

I. NAFEZA (Grant period: 9/9-9/15): " What will happen to us now that we don't have CAP? We will adapt & continue to be sustainable and carry on with this project. CAP helped us define our vision for our future."

INSTITUTIONAL - POSITIVE	INSTITUTIONAL - NEGATIVE
We have a structure to our governing bodies. Before CAP, the General Assembly and the Board of Directors were the same group. Some didn't understand what exactly their role was. Now we have an actual Board of Directors. The Fiscal Council also exists.	There are organizations that come to us, and they say that we have this opportunity, and NAFEZA as an organization should apply. However, there are some organization who come to put us in danger, they come with their way of doing things, and this does not benefit us.
CAP helped us also with vision, mission and values. We had one before, but it was not very focused on our new realities as an organization.	
CAP helped us a lot in the area of finances and strategic planning that we still use to this day. We know have a strategic direction, we have an HR policy with salary scales and terms of references. In terms of structure, in the beginning, there was no HR manual, no Administration or Finance manual organigram, etc. CAP helped us with that.	
FINANCIAL - POSITIVE	FINANCIAL - NEGATIVE
We benefited from information on the utilization of resources also, and how to mobilize resources. First there was a short training in Beira, the executive team and the social entities, 8 of us went. It was a 5-day training. Later, there was another training in Manica. This was the end of the resource mobilization part. There were meetings every trimester.	One of our biggest challenges is funding. Without a donor it can be hard to advance sustainability, in all areas. Now, we still need more training on resource mobilization. There are fewer donors now, and there are a lot of organizations to be funded. Finding partnerships is a challenge. Hopefully in future we will find a donor to help us became a real network and not just remain an association.
TECHNICAL - POSITIVE	TECHNICAL - NEGATIVE
M&E at NAFEZA was assessed as somewhat weak. For this reason, during the second phase of the project, someone was contracted in the area of M&E. We had a lot of TA visits from CAP to improve these systems, as well as our technical capacity to implement new activities.	we have people who know how to write proposals, and who participated in the training for this under CAP, etc. but we need more training, more support and more knowledge in this area
In 2013, we began to implement GBV projects. We then began to see the importance of finding the connection between what is happening in in the community and GBV programming.	Local leaders sometimes impeded the processes. They always want incentives. We showed them that it was not to our benefit but to the benefit of the community, but still they can be slow to take ownership.

2. CCM-Sofala (Grant period:10/09-05/15): "CAP made us stronger: Organizational capacity has increased and the benefits are sustainable."

INSTITUTIONAL - POSITIVE	INSTITUTIONAL - NEGATIVE
One big thing that CAP helped us with was to create a Fiscal Council which we didn't have before. We simply had a General Assembly and a Board of Directors. With CAP we realized that we needed to create a fiscal council. We formalized our constitution, we made procedure manuals and these were used at the national level, and not just in Sofala.	One of our challenges is in preserving institutional memory. We invest in people and then when they leave, sometimes we have to start over again"
The second project built on the first—the elements were similar but we had improved manuals and made several updates to the programming when needed. We always found positive changes to make throughout the program".	
The POAP was very beneficial to us. It helped us to make a diagnostic check our organization. We did auto evaluations, we learned who we are, we learned strategy, tools and did a study on the concepts of “be”, “do” and “relate”. We identified areas of weakness and increased capacity in both technical and organizational capacity.	
FINANCIAL - POSITIVE	FINANCIAL - NEGATIVE
We have local donors and national donors. Fundraising is done both locally and at the national level. Some of our funders are: Canada, Holanda, MCC. These were local project before CAP. Oxfam, Asor, etc. are other donors. One donor (MCC) saw that because of CAP we had much more capacity so they went from funding just one project, to funding three. CAP shows “that we are stronger than we were”. We learned how to mobilize resources and this is something that is still helping us today. We got in the habit of doing our elevator pitch—a short pitch to donors to showcase our work. We also learned to incorporate strategy and see the importance of visibility”.	
“We had financial tools and capacity already but with CAP, we discovered that though strong, we needed reinforcement. We used Mango and Primavera (accounting software) and we had trainings”.	
TECHNICAL - POSITIVE	TECHNICAL - NEGATIVE
Awareness and services for GBV increased as a result of CAP and our own initiative. When designing the second project we knew that gender was important and CAP introduced the GBV component. Gender has been put into policy so it affects operations and implementation; These components are still being disseminated today with or without funding.”	
Technical capacity, M&E and prevention programs as well as GBV are sustainable. Prevention programs that included SBCC and dissemination of policies on gender. M&E improved significantly under CAP. We did M&E before but we did not have M&E staff and our tools have improved.	

3. KUKUMBI (Grant period: 5/12-10/15):

INSTITUTIONAL - POSITIVE	INSTITUTIONAL - NEGATIVE
The POAP should be part of every organization. The environment that the POAP created showed the strengths, the transparency, the weaknesses, etc. and is a key to the development of an organization. It is useful to developing partnerships	CAP/USAID did not always see the context (the community context and the context of the organization), but only other things. And if you didn't agree with everything, it was not always good for you".
The fourth POAP impacted a lot in thinking critically, and understanding that a healthy organization, it must be connected, respected and credible.	We also wish to be graduated by CAP but that is not in the CAP program... And we would like to have direct funding from USAID as we think we have the capacity".
FINANCIAL - POSITIVE	FINANCIAL - NEGATIVE
In finances we had training and received (a very large) procedures manual. We sent reports and always received very good feedback from CAP staff. We did a financial health check every 2 - 3 months".	With "audits", it would have helped if CAP had respected the legitimacy of their own systems and allowed organizations to "check" their work. This didn't happen.
Some of the tools CAP gave us that we still use today: Operational plans, trimestral meetings, Timesheets.	In terms of systems, it would have been helpful to have financial accounting software. Mango was not given to us.
TECHNICAL - POSITIVE	TECHNICAL - NEGATIVE
Before CAP, M&E was not strictly done. We had our "own way" of doing M&E. What we saw and learned from CAP M&E was useful.	During CAP, we were not necessarily responsible for doing M&E; instead we had TA visits and CAP did M&E for us. We did our normal follow up under CAP but not "formal" M&E. In the end we went back to our old way of doing this.
At the moment, we are creating a database of information on projects, with the number of people reached and where	One of the largest challenges is working in a system that is not holistic or integrated. Complimenting efforts don't happen and CAP could have seen this and helped to join efforts in the communities. USAID should be responsible for doing this—making links to a more integrated, well-run system.

4. IBFAN (Grant period: 9/10-3/15)

INSTITUTIONAL - POSITIVE	INSTITUTIONAL - NEGATIVE
CAP was giving a lot of training and the best thing they taught was governance and how to separate the different roles – the executives and the board /social organs. "In the beginning we didn't really understand it all (this was in 2010) but POAP did help a lot". They learned that no one can decide alone, and the decisions are shared with members.	IBFAN considers itself as a strong organization but having said that, they are really not working now, due to lack of funds.
Also helped with organizational structure and all systems: financial resources, finance and administrative policies and procedures.	
FINANCIAL - POSITIVE	FINANCIAL - NEGATIVE
The finance person got training on how to improve the finance reporting and do it monthly training for project officers on how to calculate the budget for their own activities. Previously we didn't know about the amount of funds but had to go through the coordinator and then the finance officer in order to apply for money for some activity. Now after the training of CAP we are more independent – we know how much there is for a certain activity, and we know how to follow-up the use of funds in their own area"	We were just in the way to expand when the abrupt cut in March 2015 took place. The volunteers in <i>bairros</i> were really committed and wanted to increase the number of mothers they assisted. But then the financial situation changed
We have capacity to elaborate proposals and have at present two different proposals waiting for approval, one at UNICEF and the other at Ibfan Africa.	CIDA Canada didn't continue its funding for Ibfan Africa due to some irregularities, so now we are trying to get direct funds from CIDA locally.
TECHNICAL - POSITIVE	TECHNICAL - NEGATIVE
"We have capacity to elaborate proposals and have at present two different proposals waiting for approval... We consider ourselves as sustainable. We have all the technical capacity. There was nothing missing in CAP training. As soon as we get funds, we can proceed as usual.	Prevention of GBV was in our 2013-14 program but it wasn't done completely. We received only a couple of days training in July 2014. That was about the different types of violence, and it didn't give much. The idea was to have at least 5 days first to the staff and supervisors and then follow with the training for volunteers. This was delayed... Consequently, nothing was done in the field".
They also had a very good training in Monitoring and evaluation. After that they knew how to verify the situation down to the beneficiaries. There were always corrections by CAP if something didn't go well. Tools such as training manuals were created together with how to collect data and use it at M&E and in reporting.	
IBFAN's training of volunteers on counseling was recognized by the Ministry of Health as an improvement on the old one conducted for its staff and in the end they unified the messages, following the IBFAN's. MoH was happy.	

RECENT PARTNERS (closed 2016/Present) - 5 TOTAL

I. HACI (grant period: 10/09-3/16): “The systematic approach to each component of CB was extremely useful for us. There is no doubt that achievements in all categories were sustainable; they have been “engraved” in the organizational culture. The future is optimistic, the future is sure.”

INSTITUTIONAL - POSITIVE	INSTITUTIONAL - NEGATIVE
<p>Thanks to CAP we have our legal existence consolidated by implementing the legal requirements for an organization to exist. We are now legally registered and Save the Children did not have experience in capacity building and CAP filled in this gap. We are happy with CAP because the program made an impact on HACI in capacity, governance, leadership and management and grants.</p>	<p>“We finished the program and we did everything but we are still not graduated. I think it might be for reasons other than programmatic...I was too vocal perhaps, to critical, maybe?”</p>
FINANCIAL - POSITIVE	FINANCIAL - NEGATIVE
<p>We have had/have funding CAP and UNICEF funds, but these have ended/are ending. We had funds through Save the Children/Italian Cooperation, AGIR and the French Embassy. Without CAP, it would have been difficult to have funds.</p>	<p>“We had problems with the “exit strategy”. We wished it would have been clarified from the very beginning of the intervention. Sustainability is all about funds. But sustainability was never there, or was never clear.</p>
TECHNICAL - POSITIVE	TECHNICAL - NEGATIVE
<p>They increased our capacity in the specific are of Grants Management, their niche of work to respond to our gaps.</p>	<p>Mention of CAP’s implementation team: “they imposed many time on us their way of doing things...”</p>

2. ANDA (grant period: 4/12-4/16): "Now we are in a phase that is sustainable. There is a big difference in sustainability before and after CAP."

INSTITUTIONAL - POSITIVE	INSTITUTIONAL - NEGATIVE
We received internal instruments, we made a strategic plan and we did a plan to reinforce our constitution. We advanced a lot.	We taught electronic software systems, but capacity is limited.
We may have come into the program after others but we progressed a lot in the area of governance, division of roles, especially with the Board.	We updated our HR policies and salary policy and resource mobilization we learned but this is hard to put in practice. Also voluntarism is hard in Mozambique, people go after salary.
FINANCIAL - POSITIVE	FINANCIAL - NEGATIVE
We knew about the European donor system but CAP was good for us because we learned about the USG system, which is arguably more rigorous, and different. In 2012, we started negotiating with CAP and since then we have seen big changes.	We are big now, but we still have weakness and finances and personal. We don't know how to manage US finance but in terms of programs we are good, we are in touch with N'weti they have US funds and they are having problems as a small organization how could we manage. We have a procedures manual and we are still working on getting there.
We learned about resources mobilization so because of this we can keep some staff.	We are an NGO and some members are very poor. We have quotas but no one real pays them in Mozambique.
TECHNICAL - POSITIVE	TECHNICAL - NEGATIVE
We work on project design, basic services, and we elaborated a prevention manual. Now because of CAP, we can do programs alone now. We did an initial diagnostic test of our organization. Our technical officers worked on monitoring and information management. This has become sustainable and work with families also—they can now do their part given the programs they participated in: Action, sustainability and impact.	A challenge is with our new night clinic, which was introduced recently (two months ago). But now CAP is leaving before we are sure this is sustainable. We think this will continue but we aren't sure where we will find the funds for subsidies.
We improved and were supported to both provide quality and quantity in services. The visits from CAP helped us with the quality of data. In this way we could "orient" ourselves. We had an archive of all of our records. We receive training on report writing. We still use this knowledge today and evaluation template.	

3. KUBATSIRANA (grant period: 11/12-4/16): "Activities will continue because we are there in the communities and we are part of the cause. Communities and beneficiaries need our help. The majority of the work is done by volunteers."

INSTITUTIONAL - POSITIVE	INSTITUTIONAL - NEGATIVE
We developed HR and procurement policies, as well as operation procedures. For HR, we also made a comprehensive table of salaries (before we only had a table of salaries for each program). We had an old system in terms of procedures, this was updated during CAP.	There were many changes in the project. Indicators changed, objectives changed. Even the actual scope of the Project changed. We added DPs as well as T&C - We saw our work and even with the capacity building plan, still we felt that something was missing.
We formulated a capacity plan under CAP during the POAP. It was a plan for the entire organization. We identified areas that were weak and made a plan based on that information.	
FINANCIAL - POSITIVE	FINANCIAL - NEGATIVE
In finances, we received a lot of training. We learned how to manage USG funds	Mobility/movement was hard for us, we did not a method of transport. Also retaining staff is always difficult, especially senior staff who are qualified. Many times, staff would find a position with a higher salary and would leave because of that
We also designed a resource mobilization strategy. We have program staff who work on fundraising and the Executive Director works in this area	
TECHNICAL - POSITIVE	TECHNICAL - NEGATIVE
In terms of quantity/reach, the Project went as far as we wanted it to go. We saw a lot of improvements with families and children. In terms of quality of services, generally, we work in the seven areas that are standard for work with OVCs	Civil society needs to work like a network. We have a platform/forum, it is easy to influence the government that way. The government institutions do not always work well. To what point should the government be responsible to ensure the work continues? There needs to be a link between all the services

ANNEX X. SUMMARY OF MIDRANGE CSOS – EVIDENCE OF GROWTH

Partner	Grant length	# Grants: \$ Value	External assessments-change	POAP - total change	TOTAL -all scores	Grad?	Donor Increases
1. Niiwanane	6.0	2: \$353,000	4	19	23	No	USAID subgrantee
2. KUKUMBI	3.5	3: \$506,000	4	18	22	Yes	Now: 5 Before CAP: 1
3. ANDA	4.1	2: \$799,000	5	17	22	Yes	Now: 6 Before CAP: 5
4. AMME	4.2	2: \$395,000	3	19	22	Yes	Now: 4, Before CAP: 2
5. IBFAN	4.6	1: \$599,000	1	18	19	N/A	None (3 proposals submitted)
6. NAFEZA	5.5	2: \$695,000	4	13	17	Yes	Now: 4, Before CAP: 1
7. Kubatsirana	3.5	1: \$265,000	3	11	14	No	Now: 6, Before CAP: ??
8. ANEMO	3.7	3, \$675,000	2	11	13	No	Now: 1, Before CAP: ??

Quotes from KIs with partners:

“We have gained institutional capacity and we can show this to potential and current partners and donors.” – Niiwanane

“Now we are in a phase that is sustainable. There is a big difference in sustainability before and after CAP.” – ANDA

“To this day, we continue to use all the information, tools, etc that CAP gave us. CAP helped put us on the right track.” – AMME

“We will adapt and continue to be sustainable and carry on with this project [after CAP ends]. CAP helped us define our vision for the future.” - NAFEZA

“ANEMO is sustainable in terms of programmatic and institutional capacity; first, the degree of good governance, second, strong internal procedures, third, good project management and technical capacity remains.” - ANEMO

4. Niiwanane (grant period: 11/11-4/16): "We have gained institutional capacity and we can show this to potential and current partners."

INSTITUTIONAL - POSITIVE	INSTITUTIONAL - NEGATIVE
<p>The POAP was the key beginning of the elaboration of all policies. We realized through this process that we had not official and completely legalized our association. Only four years after founding the association did we receive all the paperwork.</p>	<p>These [board] positions are all volunteer positions, they are not paid and they receive no subsidies. I retired last year and I have time now but most other people have other jobs and commitments and it is often first hard to find volunteers (especially those who have not been with the project from the very beginning) and those who do fill these post often have limited time</p>
FINANCIAL - POSITIVE	FINANCIAL - NEGATIVE
<p>CAP assisted us with fundraising and funds management - we now a strategy for resource mobilization. We have other resources as well. For example, Elizabeth Glaser is my mentor. We also had a visit from JICA recently (February 2016). We have discussed a possible collaboration with them. We also have worked with FHI (possibly on other projects besides CAP)</p>	<p>We have thought about ways in which we can sustain ourselves and our work. We have discussed [income generation] and other have also come up with ideas for sustainability. But we aren't informed about similar programs; if we were, we could compliment and not duplicate efforts. We know the local communities in which we work and this often helps, but we don't always know everything that is going on. Coordination is difficult between CSOs.</p>
<p>USAID "called on us" to work with OPHAVELA, to compliment the work that they do. We will work in 2 districts, while OPHAVELA will work in 6 districts under this USAID funding. We can complement the abilities of OPHAVELA on this project.</p>	
TECHNICAL - POSITIVE	TECHNICAL - NEGATIVE
<p>At the program level, we received training/support in elaboration of projects. In 2011, when we began with CAP, we did this. We did formative research as well, etc.</p>	<p>We received technical assistance. The monitoring plan happened under CAP. We still need support for our monitoring plan, to be able to understand this completely.</p>
<p>We worked in the area of prevention and OVC. We worked with "reproductive savings accounts" for OVCs. Under CAP, our work was mainly in OVCs and then it became integrated with GBV and other packages. GBV came in in 2014.</p>	<p>The indicators for GBV were not always clear.</p>

5. OPHAVELA (Grant period: 9/12-4/16):

INSTITUTIONAL - POSITIVE	INSTITUTIONAL - NEGATIVE
<p>One of the most important parts of the POAP was the policies and governance. CAP also helped us with leadership, the political structure and policies. CAP identified weaknesses, especially in the social organs, in policies and in the relationship between different entities (executive branch, Board of Directors, etc.). Then there was follow up and an action plan was done. .</p>	<p>At first our relationship was difficult. There were new models and there was disruption. We arrived at a new organizational culture, however which is more professional and more diverse. We had to give financial reports every month, they could not even be one day late before they were calling us/following up.</p>
<p>There was a revision of manuals. We finalized travel policies, we discussed the issue of signatures, a code of conduct, we did training and we learned about archive management. We previously had standard operating procedures manuals from CARE, but we had to update these during CAP</p>	<p>There are political conflicts: fieldwork is affected by this. Sometimes we are seen as being a part of a political party (even though we are not) and this can be a setback</p>
FINANCIAL - POSITIVE	FINANCIAL - NEGATIVE
<p>We received several trainings in different areas including Mango and Primavera (finances) and in resource mobilization. We also did a revision of financial policies.</p>	<p>Fundraising and sustainability in funding is a big challenge. The private sector is still not sensitized to corporate social responsibility and investing in local projects. Headquarters of companies are either in Maputo or outside the country so it is very difficult to get funding through companies here in Nampula... For our sustainability, we need to look at the diversification of funding and donors. We do not have a development team to work on resource mobilization We would have liked to have further training in resource mobilization and other related areas.</p>
<p>On of the biggest benefits that we received from CAP was to prepare us to receive USAID funds.</p>	<p>Under CAP, we had one project for a period of three years. When we started it was difficult, one month into the program they told us there were no longer funds. And then two months later they said we have funds again. People were contracted then had to leave. We would like to improve our HR capacities, we have little capacity to maintain this. We often invest in someone (staff) and then they leave for another company (because of a higher salary, etc.). Sometimes there is no money for salaries.</p>
TECHNICAL - POSITIVE	TECHNICAL - NEGATIVE
	<p>There were challenges in terms of gender. We work in communities that are religious—Muslim. We had conversations/debates about issues related to gender. Women are not always allowed to make decisions. Violence occurs with words, it is not always just physical.</p>

ANNEX XI. CONFLICT OF INTEREST DISCLOSURES

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

USAID Non-Disclosure and Conflicts Agreement- Global Health Program Cycle Improvement Project

As used in this Agreement, Sensitive Data is marked or unmarked, oral, written or in any other form, "sensitive but unclassified information," procurement sensitive and source selection information, and information such as medical, personnel, financial, investigatory, visa, law enforcement, or other information which, if released, could result in harm or unfair treatment to an individual or group, or could have a negative impact upon foreign policy or relations, or USAID's mission.

Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to Sensitive Data, and specifically I understand and acknowledge that:

1. I have been given access to USAID Sensitive Data to facilitate the performance of duties assigned to me for compensation, monetary or otherwise. By being granted access to such Sensitive Data, special confidence and trust has been placed in me by the United States Government, and as such it is my responsibility to safeguard Sensitive Data disclosed to me, and to refrain from disclosing Sensitive Data to persons not requiring access for performance of official USAID duties.
2. Before disclosing Sensitive Data, I must determine the recipient's "need to know" or "need to access" Sensitive Data for USAID purposes.
3. I agree to abide in all respects by 41, U.S.C. 2101 - 2107, The Procurement Integrity Act, and specifically agree not to disclose source selection information or contractor bid proposal information to any person or entity not authorized by agency regulations to receive such information.
4. I have reviewed my employment (past, present and under consideration) and financial interests, as well as those of my household family members, and certify that, to the best of my knowledge and belief, I have no actual or potential conflict of interest that could diminish my capacity to perform my assigned duties in an impartial and objective manner.
5. Any breach of this Agreement may result in the termination of my access to Sensitive Data, which, if such termination effectively negates my ability to perform my assigned duties, may lead to the termination of my employment or other relationships with the Departments or Agencies that granted my access.
6. I will not use Sensitive Data, while working at USAID or thereafter, for personal gain or detrimentally to USAID, or disclose or make available all or any part of the Sensitive Data to any person, firm, corporation, association, or any other entity for any reason or purpose whatsoever, directly or indirectly, except as may be required for the benefit USAID.
7. Misuse of government Sensitive Data could constitute a violation, or violations, of United States criminal law, and Federally-affiliated workers (including some contract employees) who violate privacy safeguards may be subject to disciplinary actions, a fine of up to \$5,000, or both. In particular, U.S. criminal law (18 USC § 1905) protects confidential information from unauthorized disclosure by government employees. There is also an exemption from the Freedom of Information Act (FOIA) protecting such information from disclosure to the public. Finally, the ethical standards that bind each government employee also prohibit unauthorized disclosure (5 CFR 2635.703).
8. All Sensitive Data to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of, the United States Government. I agree that I must return all Sensitive Data which has or may come into my possession (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me access to

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Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.

<u>Lillian K. Bunker</u>	<u>01/03/16</u>
Signature	Date
<u>Lillian K. Bunker</u>	<u>01/03/16</u>
Name	Title

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ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.

Neha Mehta

Signature

Neha Mehta

Date

3/7/2016

Name

Title

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

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ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.

Signature

Date

08/20/16

Name

Title

Me

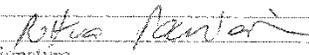
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ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.

	Date
Signature	02.27.2016
RIVA PARVAIEN	Title
Name	

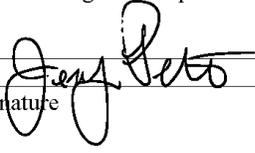
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ACCEPTANCE

The undersigned accepts the terms and conditions of this Agreement.

	
Signature	Date 03 December 2015
Jennifer C Peters	
Name	Title Consultant

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